

COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

900 SOUTH FREMONT AVENUE ALHAMBRA, CALIFORNIA 91803-1331 Telephone (628) 458-5100 http://dpw.lacounty.gov

ADDRESS ALL CORRESPONDENCE TO: P.O. BOX 1460 ALHAMERA, CALIFORNIA 91802-1460

> IN REPLY PLEASE REFER TO FILE

November 01, 2022

MARK PESTRELLA, Director

The Honorable Board of Supervisors County of Los Angeles 383 Kenneth Hahn Hall of Administration 500 West Temple Street Los Angeles, California 90012 BOARD OF SUPERVISORS COUNTY OF LOS ANGELES

ADOPTED

58 November 1, 2022

CELIA ZAVALA EXECUTIVE OFFICER

Dear Supervisors:

SERVICES CONTRACT TRANSPORTATION CORE SERVICE AREA WHITTIER, ET AL., DIAL-A-RIDE SERVICES IN THE UNINCORPORATED COUNTY COMMUNITIES OF AVOCADO HEIGHTS, BASSETT, HACIENDA HEIGHTS, ROWLAND HEIGHTS, SOUTH SAN GABRIEL, AND UNINCORPORATED COUNTY AREAS SURROUNDING THE CITIES OF COVINA, LA PUENTE, WEST COVINA, AND WHITTIER (SUPERVISORIAL DISTRICTS 1, 4, AND 5) (3 VOTES)

SUBJECT

Public Works is seeking Board approval to award a services contract to Empire Transportation, Inc., a Community Business Enterprise, to provide dial-a-ride services in the unincorporated County communities of Avocado Heights, Bassett, Hacienda Heights, Rowland Heights, South San Gabriel, and unincorporated County areas surrounding the cities of Covina, La Puente, West Covina, and Whittier.

IT IS RECOMMENDED THAT THE BOARD:

1. Find that the contract work is statutorily exempt from the provisions of the California Environmental Quality Act for the reasons stated in this Board letter and in the record of the project.

2. Find that these services can be more economically performed by an independent contractor than by County employees.

3. Award and direct the Chair to execute a contract for dial-a-ride services with Empire Transportation, Inc., a Community Business Enterprise for Whittier, et al. This contract will be for a period of 6 months with five 1-year renewal options and a month-to-month extension up to 6 months for a maximum potential contract term of 72 months and a maximum potential contract sum of \$7,622,443.

4. Delegate authority to the Director of Public Works or his designee to renew this contract for each additional renewal option and extension period if, in the opinion of the Director of Public Works or his designee, Empire Transportation, Inc., a Community Business Enterprise, has successfully performed during the previous contract period, and the services are still required; to approve and execute amendments to incorporate necessary changes within the scope of work; and to suspend work if, it is in the best interest of the County to do so.

5. Delegate authority to the Director of Public Works or his designee to annually increase the contract amount up to an additional 10 percent of the annual contract sum, which is included in the maximum potential contract sum for unforeseen additional work within the scope of the contract, if required.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Approval of the recommended action will award a contract to Empire Transportation, Inc., a Community Business Enterprise, for a dial-a-ride service in the unincorporated County communities of Avocado Heights, Bassett, Hacienda Heights, Rowland Heights, South San Gabriel, and unincorporated County areas surrounding the cities of Covina, La Puente, West Covina, and Whittier. These services will provide eligible elderly and persons with disabilities in these communities with transportation to health care facilities, shopping centers, senior centers, and other destinations within the defined service areas, as shown in Enclosure A.

The contract also includes the cost for major vehicle repairs; graphics; and automated transit vehicle system devices, including vehicle locators and video camera equipment for County-provided service vehicles in accordance with the contract.

The current contract will expire on December 31, 2022. The award of this contract will continue the current services by the recommended contractor.

Implementation of Strategic Plan Goals

These recommendations support the County Strategic Plan: Strategy II.2, Support the Wellness of our Communities, Objective II.2.4, Promote Active and Healthy Lifestyles by contracting with the contractor that has the specialized expertise to provide these services accurately, efficiently, timely, and in a responsive manner will support Public Works in meeting these goals.

FISCAL IMPACT/FINANCING

There will be no impact to the County General Fund.

The contract amounts below are based on Public Works' estimated annual utilization of the contractor's service at the prices quoted by the contractor. The sums for each term of the maximum contract period if all optional renewal periods are exercised is as follows:

The sum for the initial 6-month term is \$612,802.

The sum for the first option term is \$1,240,866. The sum for the second option term is \$1,256,261. The sum for the third option term is \$1,271,694. The sum for the fourth option term is \$1,287,088. The sum for the fifth and final option term is \$1,302,488. The sum for the month-to-month option to extend up to 6 months is \$651,244.

The maximum potential contract sum is \$7,622,443 with a maximum contract period of 72 months. The total maximum potential contract amount includes major vehicle repairs; graphics; and automated transit vehicle system devices, including vehicle locators and video camera equipment for County-provided service vehicles; and 10 percent of the annual contract sum for unforeseen additional work within the scope of the contract.

Funding for these services is included in the First, Fourth, and Fifth Supervisorial District's Proposition A Local Return Transit Operations Fund (Fund CP6 - Services and Supplies) Fiscal Year 2022-23 Budget. Funds to finance the contract's option years and 10 percent additional funding for contingencies will be requested through the annual budget process.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The recommended contractor Empire Transportation, Inc., a Community Business Enterprise, is located in Bellflower, California. This contract will commence on January 1, 2023, or upon the Board's approval, whichever occurs last, for a period of 6 months. With the Board's delegated authority, Public Works may renew the contract for five 1-year renewal options and a month-to-month extension up to 6 months for a maximum potential total contract term of 72 months.

County Counsel has approved the recommended contract which has been executed by Empire Transportation, Inc., a Community Business Enterprise, Empire Transportation, Inc. (Enclosure B). The recommended contract was solicited on an open competitive basis and is in accordance with applicable Federal, State, and County requirements.

A standard services contract has been used that contains terms and conditions in compliance with the Board's ordinances, policies, and programs. Enclosure C reflects the proposer's utilization participation and Community Business Enterprise program information. Data regarding the proposer's minority participation is on file with Public Works. The contractor was selected upon final analysis and consideration without regard to race, creed, gender, or color.

This work is being contracted in accordance with procedures authorized under County Charter, Section 44.7, Part 3, and Chapter 2.121 (Contracting with Private Business) of the Los Angeles County Code. The mandatory requirements for contracting set forth in the Los Angeles County Code, Section 2.121.380, have been met.

Empire Transportation, Inc., has agreed to pay its employees the current Living Wage Rate approved by the Board on December 1, 2015, and to comply with the County's Living Wage reporting requirements. The County's Proposition A and Living Wage Ordinance provisions apply to this proposed contract, as County employees can perform these contracted services. The contract complies with all of the requirements of the County Code, Section 2.201.

Using methodology approved by the Auditor-Controller, the Proposition A cost analysis indicates that the recommended contracted services can be performed more economically by the private sector. The Auditor-Controller has reviewed these calculations and concurs.

This Proposition A contract does not allow cost-of-living adjustments for the optional renewal periods. This contract does contain a provision for monthly fuel cost adjustments.

ENVIRONMENTAL DOCUMENTATION

These services are statutorily exempt from the provisions of the California Environmental Quality Act, pursuant to Section 21080(b)(10) of the Public Resources Code. This exemption provides for the implementation of passenger or commuter transit services.

CONTRACTING PROCESS

A notice of the Request for Statement of Qualifications (RFSQ) was released in 2016, and 2019, and it is currently open continuous. RFSQ was placed on the County's "Doing Business with Los Angeles County" website (Enclosure D); Public Works' "Do Business with Public Works" website; Twitter; and advertisement was placed in the Los Angeles Times. Also, Public Works informed 1,198 Local Small Business Enterprises; and 106 independent contractors, various business development centers, and municipalities about this business opportunity.

A total of ten Statement of Qualifications (SOQs) were received in response to the RFSQ. The SOQs were first reviewed to ensure they met the mandatory requirements outlined in the RFSQ. Ten SOQs were then evaluated by an evaluation committee consisting of Public Works staff, utilizing the informed averaging methodology for applicable criteria. The committee's evaluation was based on criteria described in the RFSQ, including experience, work plan, financial resources, performance history/references, and demonstrated controls over labor/payroll recordkeeping. Based on this evaluation, one of the ten SOQs did not receive a score equal to or above the evaluation's minimum passing score and was ineligible to be placed on the Qualified Contractors List. The remaining nine Statements of Qualifications received a passing score and were placed on the Qualified Contractors List.

On February 28, 2022, Public Works issued an Invitation for Bids soliciting bids from the apparent responsive and responsible vendors on the Qualified Contractors List. On March 29, 2022, one bid was received. The bid was evaluated based on the price category. Based on this evaluation, it is recommended that a contract be awarded to the apparent responsive and responsible contractor, Empire Transportation, Inc., a Community Business Enterprise, located in Bellflower, California. Public Works believes the contractor's price to be reasonable for the work requested.

Public Works has accessed available resources to review and assess the proposed contractor's past performance, history of Labor Law violations, and prior performance on County contract.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

The award of this contract will continue the service without disruption to the public and will not result in the displacement of any County employees as this service is presently contracted with the private sector.

CONCLUSION

Please return one adopted copy of this Board letter along with the Contractor Execute and Department Conform originals of the contract to the Public Works, Business Relations and Contracts Division.

Respectfully submitted,

M Potelli

MARK PESTRELLA, PE Director

MP:JQ:ss

Enclosures

c: Chief Executive Office (Chia-Ann Yen) County Counsel Executive Office Internal Services Department, Contracts Division November 1, 2022

SERVICES CONTRACT TRANSPORTATION CORE SERVICE AREA WHITTIER, ET AL., DIAL-A-RIDE SERVICES IN THE UNINCORPORATED COUNTY COMMUNITIES OF AVOCADO HEIGHTS, BASSETT, HACIENDA HEIGHTS, ROWLAND HEIGHTS, SOUTH SAN GABRIEL, AND UNINCORPORATED COUNTY AREAS SURROUNDING THE CITIES OF COVINA, LA PUENTE, WEST COVINA, AND WHITTIER (SUPERVISORIAL DISTRICTS 1, 4, AND 5) (3 VOTES)

This Board letter has large enclosures. Click on the link to access:

11.01.2022-Whittier DAR (FTP Large Enc Rev)

HACIENDA HEIGHTS UNINCORPORATED AREA

HACIENDA HEIGHTS DESTINATION SERVICE AREA

Hacienda Heights, Avocado Heights, Bassett

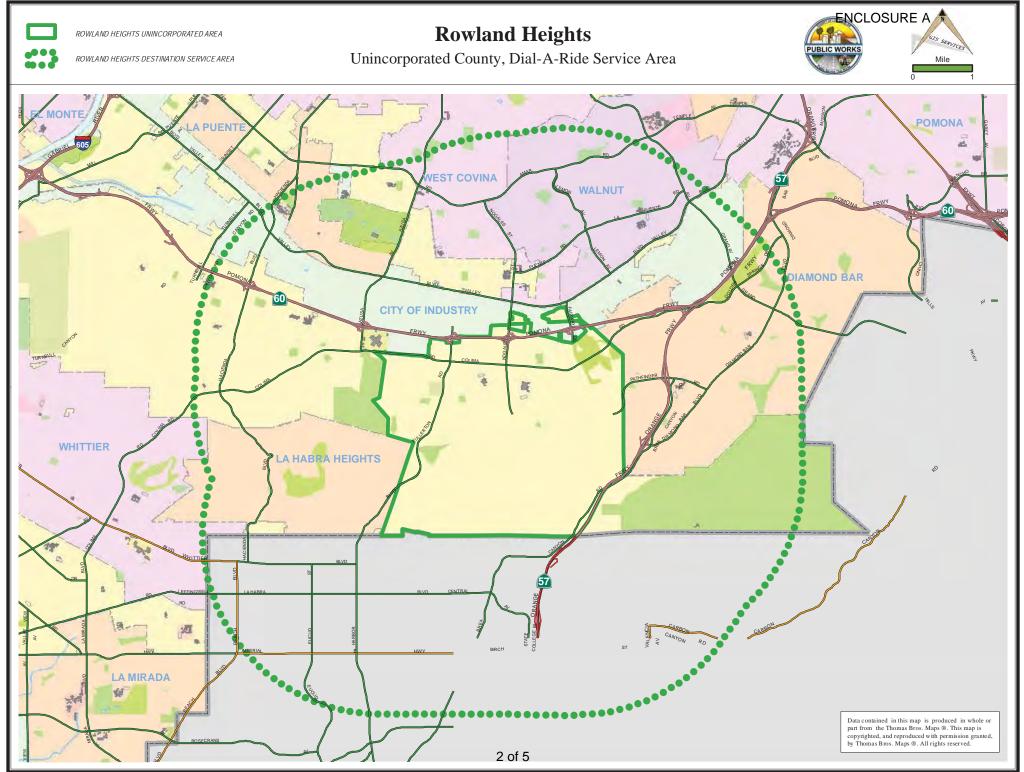
Unincorporated County, Dial-A-Ride Service Area



ENCLOSURE A

Mile

PUBLIC WORK





SOUTH SAN GABRIEL UNINCORPORATED AREA

Unincorporated South San Gabriel

Unincorporated County, Dial-A-Ride Service Area





Survey/Mapping & Property Management Division, Mapping & GIS Services Section

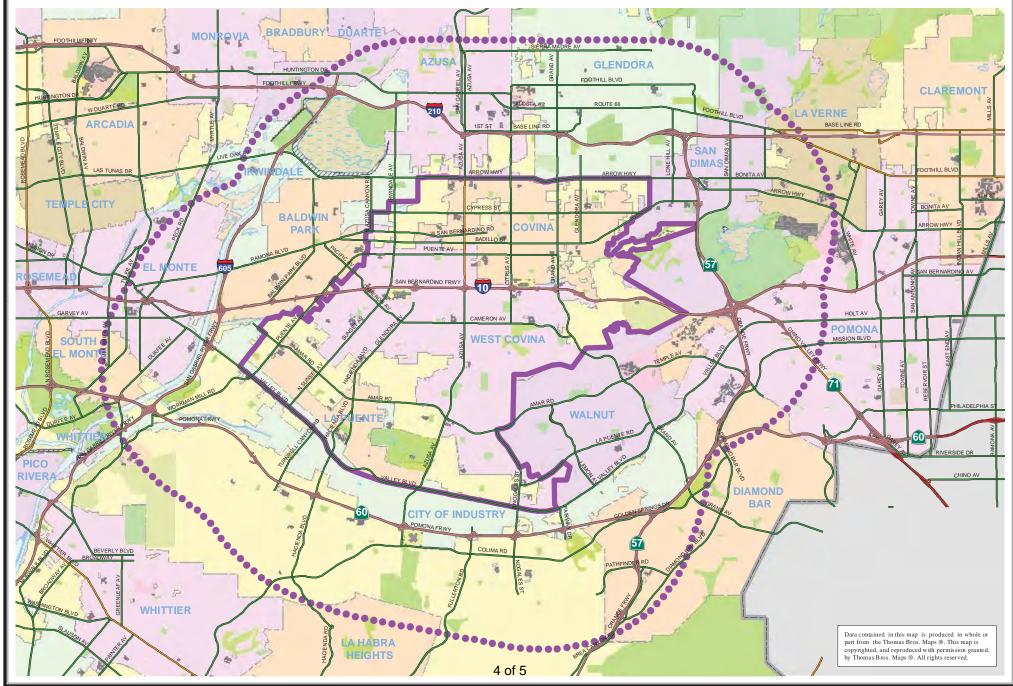
COVINA, WEST COVINA, LA PUENTE UNINCORPORATED AREA

Unincorporated Areas of Covina, West Covina, and La Puente

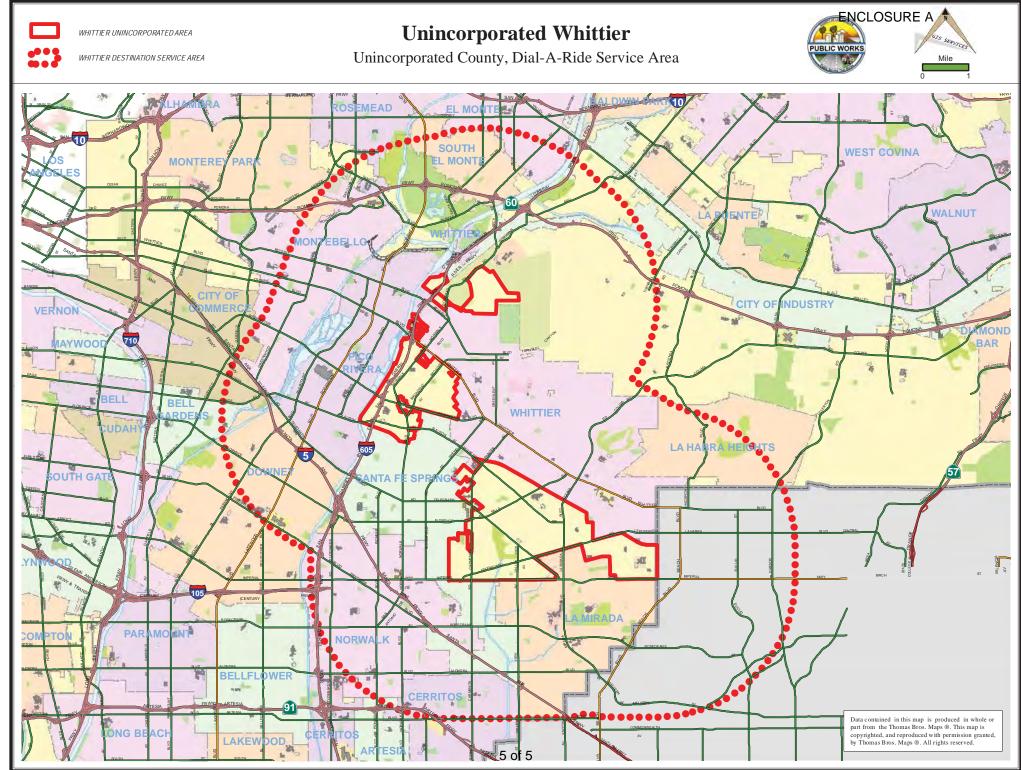


COVINA, WEST COVINA, LA PUENTE DESTINATION SERVICE AREA

Unincorporated County, Dial-A-Ride Service Area



Survey/Mapping & Property Management Division, Mapping & GIS Services Section



REF: \\pwgisfile\GIS_Services\MPMGIS\projects\pdd\Dial A Ride\DAR_Whittier.mxd DATE: 01/08/2013

Agreement





LOS ANGELES COUNTY

BY AND BETWEEN

LOS ANGELES COUNTY PUBLIC WORKS

AND

EMPIRE TRANSPORTATION, INC.

FOR

WHITTIER ET AL. DIAL-A-RIDE SERVICE (BRC0000274)

TABLE OF CONTENTS

AGREEMENT FOR

WHITTIER ET AL. DIAL-A-RIDE SERVICE (BRC0000274)

			PAGE
AGREEMENT			1-4
EXHIBIT A.1 Inten	tionall	y Omitted	1
		lork	
EXHIBIT A.3 Sch	edule c	of Prices	. 1-7
EXHIBIT A.4 Staf	fing Pla	an and Cost Methodology	. 1-6
EXHIBIT B Serv	ice Co	ntract General Requirements	
Section 1	Interp	pretation of Contract	
	Α.	Ambiguities or Discrepancies	B.1
	В.	Definitions	B.1
	C.	Headings	. B.3
Section 2	Stand	dard Terms and Conditions Pertaining to Contract Administration	
	Α.	Amendments	.B.4
	В.	Assignment and Delegation	.B.4
	C.	Authorization Warranty	.B.5
	D.	Budget Reduction	B.5
	Ε.	Complaints	
	F.	Compliance with Applicable Laws	
	G.	Compliance with Civil Rights Laws	. B.6
	Н.	Confidentiality	
	I.	Conflict of Interest	.B.7
	J.	Consideration of Hiring County Employees Targeted for Layoffs or	
		are on a County Re-employment List	
	K.	Consideration of Hiring GAIN and GROW Participants	. B.8
	L.	Contractor's Acknowledgment of County's Commitment to Child	
		Support Enforcement	
	М.	Contractor's Charitable Activities Compliance	B.8
	N.	Contractor's Warranty of Adherence to County's Child Support	
		Compliance Program	
	О.	County's Quality Assurance Plan	
	Ρ.	Damage to County Facilities, Buildings, or Grounds	
	Q.	Employment Eligibility Verification	
	R.	Counterparts and Electronic Signatures and Representations	
	S.	Fair Labor Standards	B.10
	Т.	Force Majeure	
	U.	Governing Laws, Jurisdiction, and Venue	
	V.	Most Favored Public Entity	
	W.	Nondiscrimination and Affirmative Action	
	Х.	Nonexclusivity	B.13

	Υ.	No Payment for Services Provided Following	
		Expiration/Suspension/Termination of Contract	. B.14
	Z.	Notice of Delays	. B.14
	AA.	Notice of Disputes	. B.14
	BB.	Notice to Employees Regarding the Federal Earned Income Credit.	B.14
	CC.	Notices	
	DD.	Publicity	. B.14
	EE.	Public Records Act	
	FF.	Record Retention and Inspection/Audit Settlement	B.15
	GG.	Recycled-Content Paper Products	
	HH.	Contractor's Employee Criminal Background Investigation	
	II.	Subcontracting	
	JJ.	Validity	
	KK.	Waiver	
	LL.	Warranty Against Contingent Fees	B.19
	MM.	Time Off for Voting	
	NN.	Local Small Business Enterprise Utilization	
	00.	Compliance with County's Zero Tolerance Human Trafficking	
	PP.	Method of Payment and Required Information	
	QQ.	Compliance with Fair Chance Employment Practices	
	RR.	Compliance with the County Policy of Equity	
	SS.	Contractor Independence	
Section 3	Term	inations/Suspensions	
	Α.	Termination/Suspension for Breach of Warranty to Maintain	
		Compliance with County's Child Support Compliance Program	B.24
	В.	Termination/Suspension for Convenience	
	C.	Termination/Suspension for Default	
	D.	Termination/Suspension for Improper Consideration	B.26
	E.	Termination/Suspension for Insolvency	
	F.	Termination/Suspension for Nonadherence to County Lobbyists	
		Ordinance	B.27
	G.	Termination/Suspension for Nonappropriation of Funds	B.27
Section 4	Gene	eral Conditions of Contract Work	
	Α.	Authority of Public Works and Inspection	B.28
Section 4	В.	Cooperation	
	C.	Cooperation and Collateral Work	B.28
	D.	Equipment, Labor, Supervision, and Materials	B.28
	E.	Gratuitous Work	
	F.	Jobsite Safety	B.28
	G.	Labor	B.29
	Η.	Labor Law Compliance	B.29
	Ι.	Overtime	
	J.	Permits/Licenses	. B.29
	K.	Prohibition Against Use of Child Labor	
	L.	Public Convenience	
	M.	Public Safety	B.30
		-	

	N.	Quality of Work	B.30
	Ο.	Quantities of Work	B.30
	Ρ.	Safety Requirements	B.30
	Q.	Storage of Materials and Equipment	
	R.	Transportation	
	S.	Work Area Controls	. B.31
	Т.	CARD	B.31
Section 5	Indem	nnification and Insurance Requirements	
	Α.	Independent Contractor Status	B.32
	В.	Indemnification	
	C.	Workplace Safety Indemnification	B.33
	D.	General Insurance Requirements	
	E.	Compensation for County Costs	
	F.	Insurance Coverage Requirements	
Section 6	Contra	actor Responsibility and Debarment	
	Α.	Responsible Contractor	B.39
	В.	Chapter 2.202 of the County Code	.B.39
	C.	Nonresponsible Contractor	
	D.	Contractor Hearing Board	
	E.	Subcontractors of Contractor	
Section 7	Comp	liance with County's Jury Service Program	
	Α. ΄	Jury Service Program	.B.41
	В.	Written Employee Jury Service Policy	
Section 8	Safely	/ Surrendered Baby Law Program	
	Α.	Contractor's Acknowledgment of County's Commitment to the Safely	,
			.B.43
	В.	Notice to Employees Regarding the Safely Surrendered Baby Law.	B.43
Section 9	Comp	pliance with County's Living Wage Program	
	Α. ΄	Living Wage Program	B.44
	В.	Payment of Living Wage Rates	B.44
	C.	Contractor's Submittal of Certified Monitoring Reports	
	D.	Contractor's Ongoing Obligation to Report Labor Law/Payroll	
		Violations and Claims	B.45
	E.	County Auditing of Contractor Records	. B.46
	F.	Notifications to Employees	
	G.	Enforcement and Remedies	.B.46
	H.	Use of Full-Time Employees	
	Ι.	Contractor Retaliation Prohibited	
	J.	Contractor Standards	
	K.	Neutrality in Labor Relations	. B.49
Section 10	Socia	I Enterprise Preference Program	
Section 11		Small Business Enterprise Preference Program	
Section 12		liance with County's Defaulted Property Tax Reduction Program	
Section 13		led Veteran Business Enterprise Preference Program	
Section 14		aced Transit Employee Program	
Section 15		D-19 Vaccination of County Contractor Personnel	

EXHIBIT C	Internal Revenue Service Notice 1015
EXHIBIT D	Safely Surrendered Baby Law Posters
EXHIBIT E	Defaulted Property Tax Reduction Program
EXHIBIT F.2A	Performance Requirements Summary
EXHIBIT G.1	Service Requirements and Area Maps
EXHIBIT H.1	County-Provided Service Vehicles
EXHIBIT I.1	Contractor-Provided Service Vehicle Requirements
EXHIBIT J.1	Service Vehicle Appearance/Cleanliness Checklist
EXHIBIT K.1	Driver's Daily Vehicle Report
EXHIBIT L.1	DPW Vehicle Accident or Incident Form
EXHIBIT M.1	Preventive Maintenance
EXHIBIT N.1	Intentionally Omitted
EXHIBIT 0.1	Controlled Substance and Alcohol Testing Program
EXHIBIT P.1	Transit Security Plan
EXHIBIT Q.1	NTD Paratransit Annual Summary Report
EXHIBIT R.1	Daily Transportation Trip Sheet
EXHIBIT S.	Bid Submission Instructions

P:\aepub\Service Contracts\CONTRACT\Eric\Whittier DAR\2021 IFB\Rebid\01 IFB\05 TOC-AGREEMENT-Whittier.docx

AGREEMENT FOR WHITTIER ET AL. DIAL-A-RIDE SERVICE (BRC0000274)

THIS AGREEMENT, made and entered into this <u>1st</u> day of <u>November</u>, 2022, by and between the COUNTY OF LOS ANGELES, a subdivision of the State of California, a body corporate and politic (hereinafter referred to as COUNTY) and EMPIRE TRANSPORTATION, INC., a California Corporation, located at 8800 Park Street, Bellflower, CA 90706, (hereinafter referred to as CONTRACTOR). COUNTY and CONTRACTOR are each a Party and collectively referred to as the Parties.

<u>WITNESSETH</u>

<u>FIRST</u>: The CONTRACTOR, for the consideration hereinafter set forth and the acceptance by the Board of Supervisors (Board) of said COUNTY of the CONTRACTOR'S Proposal filed with the COUNTY on March 29, 2022, hereby agrees to provide services as described in this Contract for Whittier, et al. Dial-A-Ride Service.

SECOND: This AGREEMENT, together with Exhibit A.1, Intentionally Omitted; Exhibit A.2, Scope of Work; ; Exhibit A.3, Schedule of Prices; Exhibit A.4, Staffing Plan and Cost Methodology; Exhibit B, Service Contract General Requirements; Exhibit C, Internal Revenue Service Notice 1015; Exhibit D, Safely Surrendered Baby Law Posters; Exhibit E, Defaulted Property Tax Reduction Program; Exhibit F.2A, Performance Requirements Summary; Exhibit G.1, Service Requirements and Area Maps; Exhibit H.1, County-Provided Services Vehicle; Exhibit I.1, Contractor-Provided Service Vehicle Requirements; Exhibit J., Service Vehicle Appearance/Cleanliness Checklist; Exhibit K, Driver's Daily Vehicle Report; Exhibit L.1. DPW Vehicle Accident or Incident Form; Exhibit M, Preventive Maintenance; Exhibit N, Intentionally Omitted; Exhibit O, Controlled Substance and Alcohol Testing Program; Exhibit P, Transit Security Plan; Exhibit Q, NTD Paratransit Annual Summary Report; Exhibit R, Daily Transportation Trip Sheet; and Exhibit S, Bid Submission Instructions; the CONTRACTOR'S Statement of Qualifications and Bid Submission, all attached hereto; the Request for Statement of Qualifications (RFSQ) including Exhibits thereto; Addenda to the RFSQ, and the Invitation for Bids and Addenda thereto, all of which are incorporated herein by reference, are agreed by the COUNTY and the CONTRACTOR to constitute the Contract.

<u>THIRD</u>: The COUNTY agrees, in consideration of satisfactory performance of the foregoing services in strict accordance with the Contract specifications to the satisfaction of the Director of Public Works, to pay the CONTRACTOR pursuant to the Schedule of Prices set forth in the Bid and attached hereto as Forms PW-2.1 through PW-2.7, an amount not to exceed the maximum potential contract sum of \$7,622,443 for the entire contract period or such greater amount as the Board may approve (Maximum Contract Sum). The sum for the initial term is \$612,802; the sum for the first optional term is \$1,240,866; the sum for the second optional term is \$1,256,261; the sum for the third optional term is \$1,271,694; the sum for the fourth optional term is \$1,287,088; the sum for the fifth and last optional term is \$1,302,488; and a month-to-month extension up to 6 months at the PW-2.6 rates for \$651,244.

<u>FOURTH</u>: This Contract's initial term shall be for a period of six month commencing on January 1, 2023, or upon the Board's approval, whichever occurs last. The COUNTY shall have the sole option to renew this Contract term for up to five additional one-year period and six month-to-month extension, for a maximum total Contract term of six years. Each such option shall be exercised at the sole discretion of the COUNTY. The COUNTY, acting through the Director, may give a written notice of intent to renew this Contract at least ten days prior to the end of each term. At the sole discretion of the COUNTY, in lieu of renewing the Contract for the full one year, this Contract may be renewed on a month-to-month basis, upon written notice to the CONTRACTOR at least ten days prior to the end of a term. The Director will provide a written notice of nonrenewal at least ten days before the last day of any term, in which case this Contract shall expire as of midnight on the last day of that term. Where all option years have been exercised, the Director will not provide a written notice of nonrenewal.

<u>FIFTH</u>: The CONTRACTOR shall bill monthly in arrears, for the work performed during the preceding month. Work performed shall be billed at the hourly rates quoted in Forms PW-2.1-PW-2.7, Schedule of Prices for the applicable term.

<u>SIXTH</u>: Public Works will make payment to the CONTRACTOR within 30 days of receipt and approval of a properly completed and undisputed invoice. However, should the CONTRACTOR be certified by the COUNTY as a Local Small Business Enterprise, payment will be made in accordance with Board of Supervisors Policy No. 3.035, Small Business Liaison and Prompt Payment Program. Each invoice shall be in triplicate (original and two copies) and shall itemize the work completed. The invoices shall be submitted to:

Los Angeles County Public Works Attention Fiscal Division, Accounts Payable P.O. Box 7508 Alhambra, CA 91802-7508

<u>SEVENTH</u>: In no event shall the aggregate total amount of compensation paid to the CONTRACTOR exceed the amount of compensation authorized by the Board. Such aggregate total amount is the Maximum Contract Sum.

<u>EIGHTH</u>: The CONTRACTOR understands and agrees that only the designated Public Works Contract Manager is authorized to request or order work under this Contract. The CONTRACTOR acknowledges that the designated Contract Manager is not authorized to request or order any work that would result in the CONTRACTOR earning an aggregate compensation in excess of this Contract's Maximum Contract Sum.

<u>NINTH</u>: The CONTRACTOR shall not perform or accept work requests from the Contract Manager or any other person that will cause the Maximum Contract Sum of this Contract to be exceeded. The CONTRACTOR shall monitor the balance of this Contract's Maximum Contract Sum. When the total of the CONTRACTOR'S paid invoices, invoices pending payment, invoices yet to be submitted, and ordered services reaches 75 percent of the Maximum Contract Sum, the CONTRACTOR shall immediately notify the Contract Manager in writing. The CONTRACTOR shall send written notification to the Contract Manager when this Contract is within six months from expiration of the term as provided for hereinabove.

TENTH: No cost-of-living adjustment shall be granted for the optional renewal periods.

<u>ELEVENTH</u>: In the event that terms and conditions, which may be listed in the CONTRACTOR'S Proposal, conflict with the COUNTY'S specifications, requirements, and terms and conditions as reflected in this AGREEMENT including, but not limited to, Exhibits A through S, inclusive, the COUNTY'S provisions shall control and be binding.

<u>TWELFTH</u>: In the event that there are discrepancies in the work requirements between the Scope of Work from the RFSQ document and this IFB's Scope of Work resulting from the RFSQ (2016-SQPA001), per the sole discretion of the Contract Manager, the higher requirements shall prevail and be binding.

<u>THIRTEENTH</u>: The CONTRACTOR agrees in strict accordance with the Contract specifications and conditions to meet the COUNTY'S requirements.

<u>FOURTEENTH</u>: This Contract constitutes the entire agreement between the COUNTY and the CONTRACTOR with respect to the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings. This CONTRACT may be signed by the Parties hereto in separate counterparts, including both counterparts that are executed on paper and counterparts that are in the form of electronic signatures. Electronic signatures include facsimile or e-mail electronic signatures. Each executed counterpart shall be deemed an original. All counterparts, taken together, constitute the executed Agreement.

The Parties hereby acknowledge and agree that electronic records and electronic signatures, as well as facsimile signatures, used in connection with the execution of this Agreement and electronic signatures, facsimile signatures or signatures transmitted by electronic mail in so-called pdf format shall be legal and binding and shall have the same full force and effect as if a paper original of this Agreement had been delivered and had been signed using a handwritten signature. Contractor and County (i) agree that an electronic signature, whether digital or encrypted, of a Party to this Agreement is intended to authenticate this writing and to have the same force and effect as a manual signature, (ii) intend to be bound by the signatures (whether original, faxed or electronic) on any document sent or delivered by facsimile or, electronic mail, or other electronic means, (iii) are aware that the other Party will rely on such signatures, and (iv) hereby waive any defenses to the enforcement of the terms of this Agreement based on the foregoing forms of signature. If this Agreement has been executed by electronic signature, all Parties executing this document are expressly consenting under the United States Federal Electronic Signatures in Global and National Commerce Act of 2000 (E-SIGN) and California Uniform Electronic Transactions Act (UETA)(Cal. Civ. Code § 1633.1, et seq.), that a signature by fax, e-mail or other electronic means shall constitute an Electronic Signature to an Electronic Record under both E-SIGN and UETA with respect to this specific transaction.

- || || || || ||
- || ||
- 11

IN WITNESS WHEREOF, the COUNTY has, by order of its Board of Supervisors, caused these presents to be subscribed by the Chair of said Board and the seal of said Board to be affixed and attested by the Clerk thereof, and the CONTRACTOR has subscribed its name by and through its duly authorized officers, as of the day, month, and year first written above.

OF LOS

COUNTY OF LOS ANGELES

Nitchell

By_ Chair, Board of Supervisors

ATTEST:

CELIA ZAVALA Executive Officer of the Board of Supervisors of the County of Los Angeles

Bv

APPROVED AS TO FORM:

DAWYN HARRISON Acting County Counsel

By Deputy

Carole Suzuki

Type/Print Name

identity of the individua and not the truthfulnes	officer completing this certificate verifies only the who signed the document to which this certificate is attached accuracy or validity of that document	
State of California Subscribed and su	County of <u>LOS</u> <u>Ange es</u> orn to (or affirmed) before me on this <u>20</u> H day	
	2022 by BERTHA AGUIRRE e basis of satisfactory evidence to be the eared before me (seal)	
- NEOL	ILDEFONSO L. KOTICO COMM. #2297.225 Notary Public - California Los Angeles County My Comm. Expires July 16, 2023	

I hereby certify that pursuant to Section 25103 of the Government Code, delivery of this document has been made.

CELIA ZAVALA **Executive Officer** of the Board of Supervisors

ADOPTED BOARD OF SUPERVISORS

COUNTY OF LOS ANGELES

58 November

A.

CELIA[®]ZAVALA EXECUTIVE OFFICER

EMPIRE TRANSPORTATION, INC. By Preside Type/Print Name Bv Its Secretary Type/Print Name

P:\aepub\Service Contracts\CONTRACT\Eric\Whittier DAR\2021 IFB\Rebid\01 IFB\06 AGREEMENT COUNTY CHAIR PROP A EXEC Whittier.doc

Page 4 of 4

EXHIBIT A.1

INTENTIONALLY OMITTED

SCOPE OF WORK

WHITTIER, ET AL., DIAL-A-RIDE SERVICE (BRC0000274)

A. <u>Public Works Contract Manager</u>

Public Works Contract Manager will be Ms. Sandra Perez of the Transportation Planning and Programs Division, who may be contacted at (626) 458-3955, e-mail address: <u>saperez@dpw.lacounty.gov</u>., Monday through Thursday, 7:30 a.m. to 5:00 p.m. The Contract Manager, or his/her designee, is the only person authorized by Public Works to request work from the Contractor. From time to time, Public Works may change the Contract Manager. The Contractor will be notified in writing when there is a change in the Contract Manager.

B. Work Location

This is a community Dial-A-Ride Service (Service) for eligible elderly and persons with disabilities who reside in the unincorporated County areas of Avocado Heights, Bassett, Hacienda Heights, Rowland Heights, and South San Gabriel, and unincorporated County areas surrounding the Cities of Covina, La Puente, West Covina, and Whittier. This Service will provide residents of these areas with transportation to health care facilities, shopping, recreation, senior centers, and other destinations within the defined service area. The service area is defined in Exhibit G.1, Service Requirements and Area Maps.

C. <u>Request of Work from Contractor</u>

The County reserves the right to determine if any work is or will be needed and/or requested under this Contract at the County's sole and absolute discretion. The Contractor waives all claims against the County for damages or loss of any nature resulting from the County's failure to use the Contractor's services including, but not limited to, lost profit.

D. Contract Cost

All services required in this Exhibit A, Scope of Work, shall be included in the price quoted by the Contractor in Forms PW-2.1-2.5, Schedule of Prices, unless stated otherwise in the Contract. The term Form PW-2 herein refers collectively to all of the Forms PW-2.1-2.5, unless otherwise specified.

E. <u>Work Description</u>

The work under these specifications shall be the implementation of a Paratransit (Dial-A-Ride) Service. Passengers requesting a ride on this curb-to-curb demand responsive service will be required to call the Contractor's reservation dispatcher at least 24 hours in advance for their preferred pickup and return time.

The Contractor shall operate the Service subject to the provisions and requirements of this Contract. The Contractor shall do all of the following, including, but not limited to, providing executive and administrative management; employment and supervision of all personnel, including supervisors, Service Vehicle operators, dispatchers, mechanics, and other maintenance personnel; operation of training and safety programs; maintenance and repair of Service Vehicles and equipment; processing of warranty claims for the County's Service Vehicles; assisting in public relations, promotions, and patron complaints; mailing, processing, and storing client applications and correspondence, maintaining a database of client information and ridership records; preparation of reports and analysis of financial and other matters; clerical, statistical, and bookkeeping services; and providing all Service Vehicle operations, facilities, equipment, parts, and supplies required in the operation of Service, unless specifically identified to be contributed by the County.

The County has established the Service requirements and the Service area as described in Exhibit G, Service Requirements and Area Map. If Contract Manager determines that Service may be improved by revisions to scheduling, Service Vehicle assignment, fleet size, or areas serviced, Contract Manager and Contractor shall plan and institute such changes jointly within the terms of this Contract.

The County is committed to ensuring that no patron is excluded from participation in, or denied the benefits of, its services on the basis of race, color or national origin as protected by law including Title VI of the Civil Rights Act of 1964, as amended. The Contractor must comply with these requirements.

- F. Equipment
 - 1. Paratransit (Dial-A-Ride) Vehicles

Service shall be provided by the Contractor using County-provided vehicles. The Contractor will operate Paratransit (Dial-A-Ride) Service utilizing County-provided vehicles to the maximum extent possible. When County-provided vehicles are unavailable, Contractor-provided vehicles shall be used for this Service. The Contractor shall use only Contractor-provided vehicles for all administrative purposes.

a. County-Provided Service Vehicles

The County may lease to the Contractor eleven revenue Service Vehicles as described in Exhibit H.1, County-Provided Service Vehicles, hereinafter referred to as "County Service Vehicles". The County Service Vehicles may be leased to Contractor at the rate of \$1.00 per month. Upon receiving County Service Vehicles, Contractor shall be responsible for the operation and maintenance of the vehicles and for all costs for insurance, servicing, and storage.

b. Contractor-Provided Service Vehicles

The Contractor may be required to furnish eleven replacement revenue Service vehicles, as described in Exhibit I.1 Contractor-Provided Service Vehicles Requirements, hereinafter referred to as "Contractor Service Vehicles", to either replace a loss of County Service Vehicles (due to traffic accidents, vehicle fires, etc.) or furnish additional revenue service vehicles as supplemental Service Vehicles because of changes in Service demand. The Contractor shall also be required to provide an appropriate number of spare Service Vehicles (a minimum of one spare vehicle).

Contractor-provided vehicles described must meet or exceed the requirements in Exhibit I.1, Contractor-Provided Service Vehicle Requirements.

c. Temporary and/or Supplemental Contractor-Provided Service Vehicles

The Contractor may be instructed by the Contract Manager to provide temporary and/or supplemental Contractor-provided Service Vehicle(s) for Service in the event County Service Vehicles have been prematurely removed from the Service and not replaced or the demand for Service exceeds the capacity provided by the County Service Vehicles, or County Service Vehicles will be out-ofservice for a prolonged period of time (e.g., major repairs, accident damage, Service Vehicle has reached its service life, etc.) in excess of 24 consecutive hours. The Contract Manager shall approve these Service Vehicles provided by the Contractor prior to being placed in Service. The County will pay the hourly rate for Contractor-provided Service Vehicles as specified in Form PW-2, Schedule of Prices.

The Contractor shall be responsible for providing sufficient and adequate Service Vehicles, including spare Service Vehicles, which meet or exceed the requirements described in Exhibit I.1, Contractor-Provided Service Vehicle Requirements. The Contractor shall provide the Contract Manager with copies of current DMV registrations for Contractor-provided Service Vehicles and provide updated registrations throughout the duration of this Contract.

The County does <u>NOT</u> commit to replacing the existing County Service Vehicles, or to replacing any Contractor-provided

Service Vehicles with County Service Vehicles. However, the County may do so at its discretion.

As required by the California Air Resources Board, any new Service Vehicle introduced into Service shall be low emission alternatively fueled (i.e., propane, natural gas, or electric) or low emission gasoline.

d. Support Service Vehicles

The Contractor shall provide all other Service Vehicles necessary for adequate supervisory, maintenance, and support in providing the Service. These Service Vehicles shall be in good operating condition and appearance. These Service Vehicles shall be provided at no additional cost.

e. Supplemental Taxi Service

The Contractor may provide supplemental taxi service, as necessary, to ensure on-time performance. Supplemental taxi service may also be used in the event that Service Vehicles are out-of-service for the day and return trips have not been completed.

2. General Terms for Paratransit Vehicles

Contractor shall acknowledge the receipt, condition, and working order of any County Service Vehicles and equipment. This acknowledgement applies to County Service Vehicles and equipment received at start of Service as well as those subsequently added to the fleet.

Contractor shall maintain all Service Vehicles, related accessories, equipment, and facilities required per this Contract in good order and in a condition satisfactory to the Contract Manager. Upon request by Contract Manager, reports regarding the Service Vehicles' condition, operation status, complaints, or other relevant information pertaining to the Service shall be forwarded to the Contract Manager. The Contractor shall not seek additional compensation for any costs incurred to meet the requirements in this paragraph.

In the event that one of the County Service Vehicles assigned to the Service breaks down, the Contractor shall provide the necessary spare Americans with Disabilities Act (ADA) - compliant Service Vehicle(s) equipped with air conditioning and lift equipment within 30 minutes. The spare Service Vehicles shall be similar in kind to the County Service Vehicles being used in this Service or as specified in Exhibit I.1, Contractor-Provided Service Vehicle Requirements. The cost of the spare Service Vehicles shall be included in the Contractor's overall Service operating costs. The Contractor's equipment and facilities shall meet all requirements of applicable Federal, State, and local ordinances and laws, including, but not limited to, the California Highway Patrol (CHP), the California Air Resources Board, South Coast Air Quality Management District, and ADA.

Contractor shall be prohibited from the sale, assignment, or sublease of County Service Vehicles or equipment. The Contractor shall also be prohibited from using County Service Vehicles or equipment for any purpose other than providing the Service as specified in this Contract.

Upon termination or suspension of this Contract, the Contractor shall return and deliver all County Service Vehicles, equipment, and all other peripheral equipment to the County (date, time, and address to be specified by the Contract Manager) with no deferred maintenance or damages with the exception for reasonable wear and tear.

Contract Manager may inspect Service Vehicles, equipment and all other peripheral equipment prior to the Contract's termination to assess condition of the Service Vehicles and equipment. The Contractor shall be responsible for performing all the work necessary to correct any deficiencies noted. Contract Manager, at his/her own discretion, may withhold up to the final two months of Service payment until Contractor completes repair or deduct the cost of correcting the deficiencies from payment due to Contractor, if Contractor fails to perform the necessary work to correct the deficiencies within the time specified by Contract Manager.

Contractor shall, at its sole expense, repair or replace any County Service Vehicle and/or equipment, which may be damaged or lost by reason of collision, fire, negligence, abuse, vandalism, or other like cause. If the equipment is to be replaced by the Contractor, it shall be with a County-approved exact duplicate or as stipulated by the County. In lieu of a replacement Service Vehicle or equipment, the County may accept, at the Contract Manager's sole option, insurance funds plus the Contractor's deductible or the County's Net Book Value of the Service Vehicle or equipment, whichever is greater. The Contractor shall pay the County the original cost of the Service Vehicle for any total loss within the first 90 days that a new Service Vehicle is placed into service.

The County's Net Book Value of Service Vehicles shall be based upon the straight-line depreciation over the years of useful life, from the date of final sale through the date of loss (DOL). Salvage value, if any, will be determined by the market value of the damaged asset at the DOL, as determined by the County, and will be credited to the Contractor. The original cost of the new Service Vehicle(s) is to be used as the basis for depreciation. All payments shall be made within 90 calendar days of DOL.

Liquidated Damages may be assessed each month for claims unresolved after 120 calendar days.

Should Contractor-provided Service Vehicles be required, the Contractor shall supply a sufficient number of adequate Service Vehicles, all well maintained and in good and clean condition. Their air conditioning and lift equipment shall be in good working order. The Contractor shall supply spare Service Vehicles in the event of a County Service Vehicle shortage, not exceeding a period of 48 consecutive hours, and substitute Service Vehicles in the event of a County Service vehicle shortage aperiod of 48 consecutive hours.

Contractor shall supply a two-way communication dispatch system in all spare and substitute Service Vehicles to ensure a consistent fulfillment with the terms of this Contract. Shortages may occur when County Service Vehicles are out-of-service for repairs, when Service Vehicles are in the process of being replaced, or if demand has exceeded the availability of County Service Vehicles.

Further, the Contractor shall actively monitor its compliance with the above-mentioned equipment requirements and shall at all times during the term of this Contract ensure that such requirements are satisfied.

3. Communication Equipment

Contractor, in the performance of this Contract, shall comply with all laws and regulations, including any and all contained within the California Vehicle Code (VC).

Contractor shall provide adequate two-way radio communication equipment for all Service equipment for a base station and a sufficient number of "repeater stations" to permit uninterrupted communication between the dispatch center and the Service Vehicles while in Service. As a supplemental communication system between the dispatch center and the vehicle operators, the use of hands-free mobile cell phones are permitted.

Contractor shall be responsible for the proper maintenance of said equipment on all Service Vehicles and shall comply with all applicable Federal statutes and regulations in connection with such use. The Contractor shall be responsible for the licensing of radio communication equipment. Citizen's Band communication equipment is not acceptable.

For the convenience of residents telephoning to make reservations, the Contractor shall provide a multiline telephone service with a feature to queue incoming calls. This feature will answer all calls by the fourth ring and provide call-in patrons with their estimated wait time and or their position within the queue. 4. County Telephone Number

Contractor shall be required to operate and maintain the County's Dial-A-Ride Service telephone number, 1(800) 439-0439.

5. Dispatch Software and Advanced Vehicle Electronics

Contractor shall deploy a comprehensive dispatch system. The required system shall process each of the following elements (hardware and software):

- a. A comprehensive and integrated dispatching software (e.g. "Trapeze"). This software shall:
 - i. Take inputs (pick-up locations) and provide the optimal routes with schedules, based on available vehicles.
 - ii. Dynamically adjust with changes or new inputs (new pickups, cancellations, etc.)
 - iii. Provide management/performance reports.
- b. Mobile Data Terminals (MDT) shall be installed in each Service vehicle collecting real time schedule and passenger information. This is the interface for the driver to both receive and input information. This shall be integrated and interfacing with the dispatching system in real-time.
- c. Global Positioning Satellite (GPS) receivers shall be installed in each Service vehicle; if a portable system is used, one GPS receiver is assigned to each Service vehicle. This is to provide real time location of the Service vehicle and shall be integrated and interfacing with the dispatching system in realtime.

The dispatching software shall be integrated with both the MDT and the GPS receivers installed in each Service vehicle. The dispatching software must be able to sort patrons by specified area.

The Contractor shall equip Service vehicles with MDT and GPS at its own expense. The Contractor shall remove its equipment from the County Service Vehicles upon the completion of this Contract. Contractor is given 120 calendar days from the start of the Contract to purchase, install, train personnel, and to complete the implementation for use of the system described above. The Contractor's failure to implement the dispatch software and the MDT and GPS by the deadline may be grounds for the immediate termination or suspension of the Contract at the County's discretion based upon progress made to date.

6. Automated Vehicle Locator (AVL) Devices

The County may install Automated Vehicle Locator (AVL) devices on the County Service Vehicles. The AVL devices are permanently installed and contain GPS functionality along with remote diagnostic information. These units will report to the County and Contractor any engine or emission malfunction. These devices can also provide real time data about location, vehicle speed, excessive idling, etc.

Once installed, the AVL device does not require servicing/maintenance. Therefore, the AVL device is not to be handled or adjusted in any way by the Contractor. If the County installs these AVL devices on the County Service Vehicles, it will be the Contractor's responsibility to ensure that the devices are not disconnected, damaged, or removed. If the device is damaged, lost, or stolen, the Contractor shall be responsible for the cost to replace and install the lost or damaged unit. The device shall be replaced within two weeks of the date of loss/damage unless otherwise approved by the County due to unforeseen circumstances. The device shall be provided and installed by a County approved vendor.

Contractor is responsible for ensuring that installation of these AVL devices does not violate any collective bargaining agreements between Contractor and its employees, and shall hold the County harmless from any claim by its employees against the County arising out of the installation or use of these devices.

7. Internet Access and E-Mail

The Contractor shall maintain Internet access and valid e-mail addresses throughout the duration of this Contract. The Contractor shall provide unique e-mail addresses for the Program Manager and the Maintenance Manager. The Contractor shall provide the County with these e-mail addresses before Service begins.

The Contractor is given 30 calendar days from the notice that it has been awarded the Contract to purchase, install, train, and fully implement an Internet access and e-mail system as described above.

The required periodic items and other communication, including the monthly reports, identified in this Contract, may be done through e-mail for convenience and timeliness. To the maximum extent possible, all of the Contractor reports (even items transmitted by mail or personally delivered) shall also be transmitted to the County electronically.

8. Office Staff Computer Skills

The Contractor shall ensure that staff assigned to this Contract are familiar with the Microsoft Office Professional suite of programs (Microsoft Word, Microsoft Excel, and Microsoft Outlook) and/or their equivalent. Staff shall possess the required skills to create, edit, and transmit data supplied in the above Microsoft Office Professional software formats or their equivalent.

9. Business Contact Telephone Number

The Contractor shall provide County with a business contact telephone number that shall be answered by a live person during Service operating hours. The person answering the telephone shall be able to put the Contract Manager, or his/her designee, in contact with key management personnel in case of an emergency.

10. 24-Hour Contact Information

The Contractor shall maintain a 24-hour emergency contact system that utilizes a pager, cellular telephone, management telephone tree, or other means to contact a manager 24 hours per day and 365 days per year. The Contractor shall provide Contract Manager with information on how to contact a manager through the emergency contact system before the Service begins. A manager shall contact the Contract Manager within one hour after being so requested, including during non-business hours. This manager shall be able to address operational issues in case of an emergency.

G. <u>Vehicle Storage, Maintenance, and Fueling Facilities</u>

The County will not provide any storage or maintenance facilities for the Contractor.

The Contractor shall provide appropriate vehicle storage and maintenance facilities for the garaging, servicing, and cleaning of both Service Vehicles and equipment. The facilities shall include:

- 1. An enclosed workspace sufficient to allow maintenance personnel to repair Service Vehicles and be protected from the weather.
- 2. A concrete shop floor capable of withstanding the maximum weight of Service Vehicles.
- 3. A security-fenced, paved, and lighted area for overnight Service Vehicle parking with adequate spaces for all Service Vehicles.
- 4. A compressed air supply.
- 5. Tire changing equipment.

- 6. Battery maintenance equipment and spare batteries.
- 7. Vehicle lubrication equipment.
- 8. All tools and equipment necessary to perform required preventive maintenance activities.
- 9. All tools and equipment necessary to service vehicles, to perform component adjustments, and to make mechanical repairs.
- 10. Equipment necessary to wash and clean vehicles in accordance with this Contract.
- 11. Adequate secured storage area for tools, equipment, and parts.
- 12. A lighted maintenance pit or an appropriate State of California Occupational Safety and Health Administration (Cal/OSHA) or American National Standards Institute (ANSI) approved hydraulic lift capable of fully lifting the heaviest Service Vehicle six feet above the floor for maintenance purposes.
- 13. Fueling facilities are the responsibility of the Contractor. The Contractor shall make appropriate arrangements to fuel Service Vehicles before or after scheduled service hours. Each vehicle should start the day with a full fuel tank to avoid the need of refueling during service hours. The fueling should be completed early enough so that an early pickup may be accommodated at the start of service.
- 14. Fueling facility and ability to provide liquefied petroleum gas (LPG) or compressed natural gas (CNG) if vehicle specified and/or when County purchases new vehicles. It is acceptable for Contractor to obtain CNG fuel off-site.

H. <u>Service Vehicle and Equipment Maintenance</u>

1. Service Vehicle Condition

All Service Vehicles, vehicle equipment, and any other equipment necessary to provide this Service, shall be maintained by the Contractor to acceptable appearance standards and in good repair and in a condition satisfactory to the Contract Manager and in accordance with the manufacturers' recommended maintenance procedures, as well as with applicable Federal and State regulations. Contractor shall maintain a "Satisfactory" California Highway Patrol (CHP) terminal inspection rating throughout the life of this Contract.

If the Contractor receives a rating below "Satisfactory" including "Conditional" or "Unsatisfactory" from the CHP, Contractor shall so notify

Contract Manager immediately and outline steps to be taken to correct each deficiency.

Failure of the Contractor to take the necessary actions to improve their terminal inspection rating to a "Satisfactory" rating within six months of receiving a rating below "Satisfactory" shall be grounds for termination or suspension of the Contract. The Contractor shall not seek additional compensation for any costs incurred to meet the requirements in this paragraph.

2. Warranty Work (County Service Vehicles Only)

Contract Manager will provide the Contractor with the written manufacturer's warranty, if any, for each County Service Vehicle. The Contractor shall become the County's designated warranty agent for all County Service Vehicles provided for Service. The Contractor shall be responsible for ensuring that the Service Vehicle manufacturers and all component manufacturers perform or reimburse the Contractor for all work and parts that are covered under warranty.

The Contractor shall diligently follow the preventive maintenance program so any warranty coverage of County Service Vehicles is not lessened or invalidated. The Contractor shall not seek additional compensation for any costs incurred to meet the requirements in this paragraph.

3. Service Vehicle Appearance/Cleaning/Fumes

The Contractor shall be responsible for maintaining the appearance of all Service Vehicles used in this Service using Exhibit J.1, Service Vehicle Appearance/Cleanliness Checklist. The Contractor shall maintain an upto-date record of all washings and major cleanings. Said record shall be made available to the Contract Manager upon request. The Contract Manager may remove Service Vehicles from Service for unacceptable appearance.

a. Service Vehicle Interior

The interior of all Service Vehicles shall be kept free of litter and debris to the maximum extent practicable throughout the operating day. Service Vehicles shall be swept, wet mopped, and dusted daily. Water wash down or "hosing out" of Service Vehicle interiors shall not be allowed. A minimal amount of soap/cleaning solution and/or water shall be utilized. Interior panels, windows, and upholstery shall be cleaned of marks as necessary. The interiors of all Service Vehicles shall be thoroughly washed at least once per week, including all windows, seats, floor, stanchions, and grab rails.

All foreign matter, such as gum, grease, dirt, and graffiti shall be removed from all interior surfaces during the daily interior cleaning process. Any damage to seat upholstery shall be repaired in a professional manner immediately upon discovery.

If seat upholstery has been damaged, the Service Vehicle shall not be returned to revenue Service until it has been repaired. The Contractor shall replace seat covers and/or seat boards that are worn or damaged and cannot be professionally repaired using materials that are identical in specifications and color as those materials being repaired. Ceilings and walls shall be thoroughly cleaned weekly or more often as necessary to maintain a clean appearance and maximize visibility. Contractor shall ensure that the interiors of Service Vehicles are kept free of rodents, insects, vermin, and pests at all times while in operation and shall take such steps as are necessary, at Contractor's expense, to exterminate said pests in the event that they occur in the Service Vehicles.

b. Service Vehicle Exterior

The exteriors of all Service Vehicles shall be washed every other day during dry conditions and every day during rainy conditions to maintain a clean, inviting appearance. The exterior washing shall include Service Vehicle body, all windows, and wheels. All rubber or vinyl exterior components such as, tires, bumper fascia, fender skirts, and door edge guards, etc., shall be cleaned and treated with a preservative at least once per month or as necessary to maintain an attractive appearance.

The Contractor shall be responsible for maintaining the artwork and decals on the exterior of the Service Vehicles.

c. Fumes

At all times the interior passenger compartments of Service Vehicles shall be free of fumes from the engine, engine compartment, and exhaust emissions system of Service Vehicles.

d. Graffiti

The County has a zero tolerance policy for graffiti. Any Service Vehicle that is vandalized with graffiti shall be removed from revenue Service. The Service Vehicle shall not be returned to Service until the graffiti has been completely removed by the Contractor. 4. Daily Pre-trip and Post trip Service Vehicle Inspection and Servicing

Prior to being placed in Service each day, each Service Vehicle shall receive a daily pre-trip inspection by the operator. At the end of each day, each Service Vehicle shall receive a daily post trip inspection by the operator.

Contractor's daily Pre-trip and Post trip Service Vehicle Inspection Report forms shall be submitted to the Contract Manager in a format approved by the Contract Manager, and at a minimum, shall include all items from Exhibit J.1, "Service Vehicle Appearance/Cleanliness Checklist". The daily pre-trip and the post trip inspections shall be supplemented by regular weekly maintenance inspections to ensure safe and proper operating condition of Service Vehicles. Daily pre-trip and post trip inspections shall also include physical operation of the wheelchair lift or ramp to ensure ADA-compliance. Prior to the next pullout, the Contractor shall repair or replace any Service Vehicle that has defects and/or possesses a safety or operational problem detected during inspection. Each Service Vehicle operator performing the daily pre-trip and post trip inspections shall be required to fill out an inspection report form and turn it in to the Maintenance Manager. A record of all such inspections shall be kept by the Contractor and shall be submitted to County upon request.

Contractor shall perform daily servicing on all Service Vehicles used in the Service. Daily servicing shall include, but is not limited to, checking and adding fuel, engine oil, coolant, water, and transmission fluid; performing brake, light, and flasher checks; inspecting tires and tire pressure; inspecting wheelchair lift or ramp; interior sweeping and dusting; exterior and interior visual inspection; and the checking of all Service Vehicle performance defects reported by the driver(s) to identify potential safety and reliability items requiring immediate attention.

Contractor shall document the daily servicing on the daily Pretrip and Post trip Service Vehicle inspection reports in a written checklist format (example shown in Exhibit K.1, Driver's Daily Vehicle Report).

5. Wheelchair Lifts or Ramps

Contractor shall inspect, maintain, and repair wheelchair lifts or ramps to assure safe and proper operation and to ensure ADA compliance. Wheelchair lifts or ramps shall be fully operational whenever a Service Vehicle is used in Service. It is unlawful to assign Service Vehicles to revenue Service with defective lift/ramp equipment on concurrent days without repairs having been made.

- 6. Maintenance Program
 - a. General Scope

Contractor, at its sole cost and expense, shall provide all fuel, lubricants, repairs, cleaning, parts, supplies, labor, maintenance, major components, and component rebuilding and replacement along with the necessary Service facilities to provide the maintenance required for the operation of all equipment pursuant to this Contract. Contractor shall be fully responsible for the maintenance of all Service Vehicles, radios, Advanced Vehicle Information (AVI) systems, passenger counters, and all equipment to be used to perform this Service in strict conformity to all State and Federal regulations and orders, including CHP regulations and orders. Contractor's duty and responsibility to maintain all Service Vehicles and equipment cannot be delegated to any other person, firm, or corporation without prior written approval of the Contract Manager.

b. Parts/Fluids Specifications and Requirements

All parts, materials, tires, lubricants, fluids, oils, and procedures used by the Contractor on all Service Vehicles and equipment shall meet or exceed original equipment manufacturer specifications and requirements. All parts, except for the two-way radio, GPS Receivers, and MDTs installed by the Contractor on County Service Vehicles shall become the property of the County.

c. Service Vehicle Damage

Contractor shall, at its expense, cause any Service Vehicle damaged, as a result of an accident or otherwise, to be replaced or repaired immediately in case of damage impairing the proper and safe mechanical operation of the Service Vehicle. All other Service Vehicle damage resulting from any accident, or otherwise, shall be repaired within two weeks or as otherwise required by Contract Manager, law, or regulation. If the Contractor cannot complete the work within the time specified, the Contractor shall notify Contract Manager in writing of the reason for the delay and the estimated completion date. At Contract Manager's sole discretion, the deadline may be extended. Contractor shall log and keep an accurate and up-to-date record of all Service Vehicle repairs.

d. Preventive Maintenance

Routine preventive maintenance and servicing is required on all Service Vehicles for this Service as recommended by the Original Equipment Manufacturer (OEM) or as set forth by Contract Manager (see Exhibit M.1, Preventive Maintenance). Contract Manager will allow a window of plus or minus 500 miles for scheduled preventive maintenance as recommended by the Service Vehicle manufacturer's maintenance specifications. This window of 500 miles cannot be added to successive maintenance intervals. For instance, if the Service Vehicle manufacturer recommends maintenance at a 3,000 mile interval, then the Contractor would be allowed to perform the preventive maintenance at 3,000 miles plus or minus 500 miles; 6,000 miles plus or minus 500 miles; etc.

All scheduled and preventive maintenance shall be completed in a timely manner, and the Contractor shall keep all Work Order cards and a Preventive Maintenance Inspection (PMI) Record on each Service Vehicle indicating the date each inspection took place, a description of all work done to the Service Vehicle, the parts and supplies used, employee identification, signatures of the mechanics who performed the work, and the maintenance supervisor who inspected the work. PMI reports shall be submitted along with monthly service invoice.

Adherence to preventive maintenance schedules shall not be regarded as reasonable cause for deferred maintenance in specific instances where the Contractor's employees observe that maintenance is needed in advance of the schedule.

Contractor shall not defer maintenance for reasons of shortage of maintenance staff, parts, equipment, or operable Service Vehicles, nor shall Service be interrupted due to lack of prior written consent to perform maintenance.

e. Brake Inspection/Adjustment

Brake inspections and adjustments on all Service Vehicles shall be performed at intervals that ensure the safe and efficient operation of the braking system. Detailed brake inspections on brake systems shall occur every 30 calendar days or more frequently in accordance with the number of miles the Service Vehicle was in operation since the prior inspection. In addition, visual inspections of the brake systems shall occur weekly and be recorded as part of the maintenance records.

f. Heating, Ventilation, and Air Conditioning

The Heating, Ventilation, and Air Conditioning (HVAC) systems shall be maintained and used to ensure that the passenger compartment temperature is comfortably maintained under all climatic conditions at all times while the Service Vehicle is in Service.

The Contractor shall maintain the Service Vehicles' HVAC system in an operable condition at all times throughout the year.

g. Spare Parts

The Contractor shall establish and maintain an ongoing spare parts inventory sufficient to maintain Service Vehicles in operating condition at all times.

h. Service Vehicle Towing

In the event that towing of any Service Vehicle is required due to mechanical failure, damage, or any other reason, Contractor shall be responsible to provide such towing at Contractor's sole expense.

Contractor shall ensure that the requirements and procedures for towing Service Vehicles are followed and that proper towing methods and equipment are used. Towing may be subcontracted; however, it is the Contractor's responsibility to supervise the subcontractor.

7. Service Vehicle Maintenance Record Keeping

Contractor shall maintain an up-to-date maintenance file for each Service Vehicle containing, at a minimum, the following information:

- a. Make
- b. Model
- c. Serial Number/County Fleet Number
- d. License Number
- e. Date Received
- f. Unit Repairs (mechanical)
- g. PMI Reports
- h. Daily Pre-trip Service Vehicle Inspection Reports
- i. Daily Post trip Service Vehicle Inspection Reports
- j. Work Orders

- k. Warranty Work
- I. Major Mechanical Repair/Unit Replacement
- m. Body/Interior Repairs (cosmetic)

The Contractor shall make available and submit the entire file to Contract Manager, the CHP, and/or other regulatory agency upon a request to do so at any time.

8. Applicable Service Vehicle Codes and Regulations

All Service Vehicles utilized in Service shall be maintained in a safe condition for operation on public streets and freeways and meet all the requirements in the California Vehicle Code for a paratransit (Dial-A-Ride) Service Vehicle as applicable. All parts of Service Vehicles and all equipment mounted on or in Service Vehicles shall conform to the California Vehicle Safety Standards and the California Code of Regulation (CCR), Title 13.

Contractor shall comply with the CHP Motor Carrier Safety Regulations provided in Title 13, Division 2 of the CCR. Each Service Vehicle is required to be available to be inspected annually by Contract Manager and/or by the CHP. The Terminal Manager's Compliance Checklist Exhibit N.1, is provided as guidance. Contract Manager shall be immediately notified of inspections performed by a governmental agency other than the County. The results of inspections shall be provided to Contract Manager within one business day, and any applicable signed certification shall be displayed or carried on the Service Vehicles. Contractor shall expeditiously correct any deficiencies on any CHP vehicle inspection report and inform Contract Manager of correction.

I. <u>Fares</u>

The Contractor shall charge a fare of 50 cents per one-way ride for the Service. The escorts for persons with disabilities shall not be charged a fare.

All fares shall be retained by the Contractor to partially finance the cost of Service and shall be subtracted from the monthly invoice for the Service. The monthly revenue amount is subject to audit and shall be reported in the monthly statement to Contract Manager. The Contractor shall, upon request of Contract Manager, accept passes or vouchers issued by the County in lieu of the cash fare specified herein. The County may alter the fare to be charged and the Contractor shall adhere to any changes to the fare structure.

J. Fare Security

The Contractor shall be responsible for the protection of fare box revenues. The Contractor shall establish and maintain fare collection and security policies and procedures, subject to the approval of the County. The Contractor shall keep an accurate accounting of all revenue received, as the Contractor shall be held responsible for any lost, stolen, or uncollected revenue. The Contractor shall conduct or assist in any investigation of revenue security as determined necessary by the County.

K. Rates and Compensation

Unless otherwise provided for herein, the "Vehicle Rate" and the "Supplemental Rate" shall cover all Contractor costs for the Service to be provided pursuant to this Contract.

1. County Service Vehicles

For County Service Vehicles, the County will pay the Contractor on a monthly basis an amount equal to the sum of i) the number of Service Vehicle Revenue Hours provided with County Service Vehicles times the hourly rate reflected in Form PW-2, Schedule of Prices, Item 1, hereinafter referred to as "County Service Vehicle Rate;" ii) less fares; iii) less County Service Vehicle monthly rental fees of \$1.00 per month per Service Vehicle; and iv) less any and all liquidated damages pursuant to this Contract. Service Vehicle Revenue Hours are defined as the actual hours of revenue Service starting from the point of first pickup to the last drop-off minus driver lunches, vehicle fuelings, and time without passengers exceeding 30 minutes. The Service Vehicle Revenue Hours shall be subject to review and approval of the Contract Manager, as needed, to provide the Service described in Exhibit G.1, Service Requirements and Area Maps.

2. Contractor-Provided Service Vehicles

The Contractor may be instructed by Contract Manager to provide and/or operate additional and/or substitute Service Vehicle(s) for this Service in the event demand for the Service exceeds the capacity provided by County Service Vehicles. Increased demand may result from an increase in ridership and/or Service Vehicle shortage. Shortages may occur when Service Vehicles are out-of-service due to maintenance, repair, replacement or other reasons that are beyond the Contractor's control. The substitute Service Vehicles provided by the Contractor are to be approved by Contract Manager prior to being placed into Service.

For Contractor-provided Service Vehicles, the County will pay the Contractor on a monthly basis an amount equal to the sum of i) the number of Service Vehicle Revenue Hours provided with -A.18- 2022-BRC0000274 Whittier, et al., Dial-A-Ride Contractor-Provided Service Vehicles times the hourly rate reflected in Form PW-2, Schedule of Prices, Item 2, hereinafter referred to as "Contractor-Provided Service Vehicle Rate;" ii) less fares; and iii) less any and all liquidated damages pursuant to this Contract. Service Vehicle Revenue Hours are defined as the actual hours of revenue Service starting from the point of first pickup to the last drop-off minus driver lunches, vehicle fuelings, and time without passengers exceeding 30 minutes. The Service Revenue Hours shall be subject to review and approval of the Contract Manager, as needed, to provide the Service described in Exhibit G.1, Service Requirements and Area Maps.

3. Coordinated Service Vehicles

In the event that the Contractor uses Contractor-provided Service Vehicles to coordinate rides with other jurisdictions or programs during the Service hours specified in Exhibit G.1, Service Requirements and Area Maps, the Service Vehicle Revenue Hours between those jurisdictions shall be prorated as follows: the County's share of the Service Vehicle Revenue Hours for the Contractor-Provided Service Vehicle(s) will be determined by dividing the number of County riders to the total number of riders on the Contractor-Provided Service Vehicle(s), and multiplying it by the number of Service Vehicle Revenue Hours where the Contractor-Provided Service Vehicle(s) transported County patrons simultaneously with patrons from other jurisdictions. The County shall not be charged for more than its prorated share of Service Vehicle Revenue Hours.

4. Supplemental Taxi Service

The County will pay the Contractor on a monthly basis an amount equal to the number of taxi service miles provided with supplemental Service Vehicles times the taxi service mile rate, hereinafter referred to as "Taxi Rate." Taxi Service miles are defined as the actual miles traveled from the point of pickup to drop-off destination. The Taxi Service mile rate for the term of this Contract is reflected in Form PW-2, Schedule of Prices.

5. Fuel Cost Adjustment Mechanism

The rate adjustment will apply only to the Vehicles in the fleet that use gasoline. There will be no adjustment for vehicles that use propane. Rate adjustments for other alternative fuels are subject to Contract Manager approval.

In addition to items 1, 2, 3, and 4, stated above, the Director may adjust up to 10 percent of the hourly rate of compensation set forth in Form PW-2 (Schedule of Prices) based on the increase or decrease in the fuel price published in the Official Energy Statistics from the United States Energy Information Administration (EIA) website at https://www.eia.gov/dnav/pet/PET_PRI_GND_DCUS_SCA_M.htm or other County approved website for Diesel (On-Highway) and Gasoline - All Grades (Regular) for California, "as appropriate to the vehicle used, beginning on the month of this Contract's start date and thereafter at each successive one month interval, which shall be the effective date for any such fuel adjustment. The percentage change in the fuel price shall be obtained using the fuel prices published three months preceding the proposal submission date and the fuel price published three months preceding each effective date of the adjustment.

However, when the percentage increase or decrease in the fuel price is less than five percent, no fuel adjustment will be granted. In the event the fuel adjustment is granted, the fuel adjustment (increase or decrease) will be added to or subtracted from, as applicable, the hourly rate of compensation to establish the adjusted hourly rate of compensation in the Schedule of Prices (PW-2). Public Works shall be permitted to audit the Contractor's fuel usage, fuel costs, and fuel procurement methods for the vehicles used in providing the service and the Contractor shall provide records pertaining to its fuel costs upon the County's request. Contractor shall immediately notify the County if the Contractor changes from purchasing fuel using market prices, to a long-term agreement for fuel purchases.

Following sample data will be used to calculate sample calculation of fuel adjustment:

Sample Calculations for Purchasing Fuel at Market Prices Hourly Rate from PW-2, Schedule of Prices: \$35.00 Proposal due date: December 2017 Contract start date: July 2018

Fuel Adjustment (FA) Component for Gasoline Price	
Gasoline (Regular) - September 2017	345.02 cents per gallon
Gasoline (Regular) - April 2018	383.23 cents per gallon
Percent change in Gasoline	11.1% increase*

Adjusted Hourly Rate (FA component)		
= (10% of hourly rate) x (Percent change in Gasoline Price)		
= [(10%) x (\$35.00)] x (11.1%)		
= (\$3.50) x (11.1%)		
= \$0.39 Fuel Adjustment (increase)		
Adjusted Hourly Rate for July 2018	\$35.00 + \$0.39 = \$35.39	

Sample Calculations for Purchasing Fuel Under Long-Term Fuel Supply Agreement

Hourly Rate from PW-2, Schedule of Prices: \$35.00

Proposal due date: December 2017 (Long-Term Fuel Price: \$3.00 per gallon)

Contract start date: July 2018

Renegotiation of Fuel Price: January 2018 (renegotiated price is \$3.25 per gallon)

Fuel Adjustment (FA) Component for Gasoline Price	
Gasoline (Regular) - December 2017	300.00 cents per gallon
Gasoline (Regular) - January 2018	325.00 cents per gallon
Percent change in Gasoline	8.3% increase*

Adjusted Hourly Rate (FA component)		
= (10% of hourly rate) x (Percent change in Gasoline Price)		
= [(10%) x (\$35.00)] x (8.3%)		
= (\$3.50) x (8.3%)		
= \$0.29 Fuel Adjustment (increase)		
Adjusted Hourly Rate for January 2018	\$35.00 + \$0.29 = \$35.29	

L. Pass-Through Costs

County recognizes that there are items not covered under this Contract for which the Contractor is not compensated under the aforementioned rate. County shall allow Contractor to pass through the amounts necessary to cover the following specific items only if Contract Manager has authorized the work in writing prior to Contractor's initiation of work for the item(s). Claims for payment of pass-through costs shall include all supporting documentation of costs, approvals, and copies of vendor invoices.

1. Engines/Transmissions/Differential Units (County Service Vehicles Only)

County recognizes that during the term of this Contract, engines, transmissions, and/or differential units of County Service Vehicles, that are no longer under warranty, may have to be rebuilt or replaced. If Contractor determines that an engine, transmission, and/or differential unit requires rebuilding or replacement, Contractor shall notify Contract Manager immediately after making such determination and, subsequently, in writing, detailing the reason for such a determination. After inspection by Contract Manager, Contract Manager may direct Contractor in writing to proceed with work. Only the cost of the parts, as approved by the Contract Manager, will be reimbursed by the County. Labor costs

associated with the removal and replacement of engines, transmissions, and differential units, including associated replacement of attachment devices, gaskets, seals, etc., are the responsibility of Contractor and are not eligible for reimbursement.

Please note that if the Contract Manager determines that the damage to engines, transmissions, and/or differential units were caused or were the result of negligence or lack of action (including timely preventive maintenance and warranty lapses) by the Contractor, the costs associated to make such repair(s) will not be eligible for reimbursement.

2. Air Conditioning Units (County Service Vehicles Only)

The County recognizes that during the term of this Contract the air conditioning compressors, used in County Service Vehicles equipped with air conditioning systems utilizing refrigerant may be prone to failure. If the Contractor determines that an air conditioning compressor, and/or compressor clutch unit, requires replacement due to operational failure of said compressor, the Contractor shall notify the Contract Manager immediately after making such determination and, subsequently, in writing, detailing the reasons for such a determination. After inspection by the Contract Manager, the Contract Manager may direct the Contractor in writing to proceed with the recommended work. Only the cost of the parts, as approved by the Contract Manager, will be reimbursed by the County.

Labor costs associated with the removal and installation of the air conditioning compressor/clutch unit, filter and refrigerant (in addition to part repairs) are the responsibility of the Contractor and are not eligible for reimbursement.

Please note that if the Contract Manager determines that the damage to the air conditioning compressors and or compressor clutch unit were caused or were result of negligence or lack of action (including timely preventive maintenance and warranty lapses) by the Contractor the costs associated to make such repair(s) will not be eligible for reimbursement.

3. Vehicle Repaint/Graphics

Contractor may pass through costs to County associated with painting and/or graphics/decaling on County Service Vehicles or Contractor-provided Service Vehicles per County's request.

Should a County Service Vehicle require a complete exterior repaint and/or decaling due to normal wear and tear as determined by Contractor, Contractor shall notify Contract Manager in writing detailing the reasons for such a determination. After inspection by Contract Manager, Contract Manager may direct the Contractor in writing to proceed with the work. Contractor will only be permitted to pass through to the County only costs related to the repaint and/or graphics/decaling.

If the County Service Vehicle is in an accident, all costs associated with the vehicle repair, in order to restore the vehicle to County specifications, shall be the responsibility of the Contractor.

Costs associated with the damage to the painted surface, lettering, and/or decal work that Contract Manager determines was caused or attributed to the negligence or lack of action by the Contractor will not be eligible for reimbursement. All work related to the pass-through costs shall be approved in writing, by Contract Manager before Contractor commences work.

4. Rehabilitation of County Service Vehicles

If Contractor believes that a County Service Vehicle may require a complete mechanical overhaul, and/or rehabilitation, that is not covered by the Service Vehicle's warranty, Contractor shall notify Contract Manager in writing in order to ensure that any work performed on County Service Vehicles meets or exceeds County's specifications and/or requirements. In such instances, County will inspect the vehicle and make a determination of work to be accomplished. Contractor shall then obtain the services of a known and qualified facility equipped to perform the work necessary as part of County's assessment.

The facility shall employ mechanics properly certified in order to perform the necessary work. County reserves the right to inspect and approve the facility where the work shall be performed and the right to perform preproduction, on-time, pre-delivery, post-delivery, conditional acceptance, and final acceptance inspections on the vehicle. After the completion of the overhaul and/or rehabilitation of the County Service Vehicle, Contractor shall invoice County for such work along with all necessary and required documentation, as determined by Contract Manager. Contractor shall withhold 5 to 10 percent of the total amount due to the selected facility until Contract Manager's final acceptance of the vehicle.

The final acceptance will be made after the County Service Vehicle has reentered revenue Service for a reasonable time frame or reasonable mileage.

Contractor and Contract Manager shall agree to the percentage of the withholding fee and the time period applicable in each instance. County will withhold the applicable percentage from the amount due to the Contractor until the Service Vehicle passes the testing period. Contractor

shall invoice the County for any remaining balance after Contract Manager's final acceptance of the vehicle.

Subject to final acceptance and approval by Contract Manager, payment will normally be made within 30 calendar days of approval.

5. AVL Devices (County Service Vehicles Only)

If an AVL device installed on a County Service Vehicle malfunctions as a result of a manufacturer identified problem or error after the warranty period, the County will be responsible for the cost of replacement.

6. Other Pass-Through Costs

County recognizes that during the term of this Contract, there may be needed repairs or modifications to County Service Vehicles that are beyond the control of the Contractor and have not been identified elsewhere in this Contract. In order to be eligible for pass-through costs for items not specifically mentioned above, the Contractor shall present the required scope of work to be performed to Contract Manager. Contractor shall obtain Contract Manager's approval of the work to be performed, in writing, prior to commencing any work.

- M. Monitoring and Auditing Service
 - 1. Monitoring Service

In order to document the Service, Contractor shall maintain all Service records as requested by County and as required for good business practices. Contractor shall monitor the Service, schedules, and ridership in a method approved by County. Based on this monitoring, Contractor shall indicate the need to maintain, reduce or increase the hours of operation or the frequency of operations.

County shall have the right to have authorized County personnel board, at no cost to the County, all Service Vehicles utilized by the Contractor in the performance of this Service for the purpose of monitoring the Service.

2. Auditing and Inspection of Service

Contractor shall permit authorized representative(s) of County to examine all data and records related to this Service or the Contractor's operation of any similar service upon request by the County and approval by the other agency. All Service records prepared by Contractor shall be owned by County and be made available to County at no additional charge. County, or any person authorized by County, shall at all times have access and the right to inspect Contractor's equipment and facilities utilized in the performance of this Contract.

3. Surveys and Questionnaires

Additional documentation of this Service may be provided through passenger surveys. These surveys may be administered by authorized representatives of County or by Contractor if so requested by Contract Manager. It is the responsibility of the Contractor to ensure the cooperation of all personnel with any operational procedures pertaining to survey work, including the distribution of survey questionnaires, etc.

N. <u>Personnel</u>

County shall have the right to demand removal from the Service, for reasonable cause, any personnel furnished by Contractor. Contractor shall not, absent prior written notice to and consent by County, remove or reassign any of the key management personnel, such as the Project Manager or Maintenance Manager, as described below, at any time prior to or after the execution of this Contract.

Contractor shall train all personnel who are likely to be in contact with public to give courteous, accurate information concerning Service. Contractor shall require that all personnel report all passenger complaints and/or operational problems to the Project Manager, as described below. The Contractor shall maintain a daily diary (log) for this purpose and shall be subject to inspection by County.

Upon notice from County concerning the conduct, demeanor, or appearance of any person in the employment of Contractor not conforming to the provisions contained herein, Contractor shall take all steps necessary to remove or alleviate the cause of concern.

1. Project Manager

The Contractor shall designate a Project Manager who has a minimum of three years of experience providing the same or similar paratransit services for governmental or social service agency (ies) whose responsibility shall be to oversee the day-to-day operations of the Service. Project Manager shall have full authority to act for Contractor and shall be reachable via office or cellular telephone during the hours of Service.

Project Manager shall provide both on-line supervision and management of the Service's accounts and operating records. Project Manager shall have an e-mail address and access to a computer during Service hours and shall be able to use Microsoft Office Professional suite of programs (Microsoft Word, Microsoft Excel, Microsoft Outlook) and/or their equivalent. Contract Manager may, at his/her discretion, communicate with Project Manager via e-mail. Other than the Project Manager and Contract Manager, the Contractor shall not appoint any other agent to communicate with the County regarding this Contract except with the express written consent of the County, which consent is at the sole discretion of the County. This provision does not limit the County's ability to communicate with any employee of the Contractor.

a. On-Line Supervision

On-line Supervision shall include, but is not limited to, the following duties:

- i. Training and scheduling of all regularly assigned Service personnel.
- ii. Arranging the assignment of quality back-up personnel whenever necessary.
- iii. Distribution and collection of operating reports.
- iv. Daily monitoring of ridership and the collection of all fares.
- v. Supervision of all Service staff to ensure the provisions of quality service meet or exceed the requirements of this Contract.
- b. Service Management

Service management shall include, but is not limited to, the following:

- i. Preparation of monthly summaries of operations data on a per Service Vehicle basis.
- ii. Maintenance of Service accounts.
- iii. Preparation of a monthly invoice that will document all charges minus the total amount of fares collected and any possible liquidated damages for missed trips, incomplete service, etc.
- iv. Responsibility for the complete operation of all County Service Vehicles and Contractor-provided Service Vehicles, including all ancillary equipment, e.g., wheelchair lifts, air conditioning, fare boxes, schedule holders, destination signs, etc.

- v. Immediate responsibility for any operational problems and/or passenger complaints and accurately reporting these problems to the County in a timely manner.
- 2. Road Supervisor

The Contractor shall employ a minimum of one Road Supervisor who shall be reachable by Project Manager via office or cellular telephone during the scheduled hours of Service.

Road Supervisor duties include, but are not limited to, the following:

- a. Ensure quality service delivery on a regular basis;
- b. Facilitate fleet deployment while performing pre-trip and post trip inspections;
- c. Monitor and document on-time performance;
- d. Provide extensive field support in an effort to minimize service interruption;
- e. Address specific service problems and service interruptions; and
- f. Complete specific services, as requested.
- 3. Telephone Reservation and Dispatch Personnel

The Contractor shall employ telephone reservationists and dispatching personnel with excellent customer service skills. Special care and attention shall be made to recruit and continuously train staff on the methods required when working with seniors and persons with disabilities to meet the requirements specified in this Contract.

4. Office Personnel

Contractor shall employ personnel during Service operating hours to answer inquiries from the public and respond to complaints regarding the Service. Office personnel shall have an e-mail address and have access to a computer during Service hours. Furthermore, office personnel shall be able to use the following three Microsoft Office Professional suite programs: Microsoft Word, Microsoft Excel, Microsoft Outlook, and/or their equivalent. Office personnel shall be able to research Contract Manager's questions and respond to Contract Manager via e-mail.

Contractor shall employ personnel to monitor the two-way radios and dispatcher's console during all hours of Service operation. Required duties shall include the preparation of data, forms, and/or reports and be

proficient in the preparation of such documents with an emphasis on the highest level of accuracy and reliability. The responsible person shall have experience collecting National Transit Database (NTD) information for a community Dial-A-Ride service located within the County of Los Angeles.

Their duties shall also include, but are not limited to, the preparation of daily, weekly, monthly, biannual, and annual reports required by the County.

5. Office Personnel - Training Program

Office personnel, including, but not limited to, telephone reservationists and dispatchers, must complete training before they begin to work with customers independently and must receive periodic refresher courses. The Contractor is responsible for having or developing a training program that includes at a minimum of the following topics:

- Customer Service
- Telephone Etiquette
- Proper Handling of telephone inquiries
- Dealing with difficult situations
- Sensitivity training for working with persons with disabilities
- Sensitivity training for working with the elderly
- Reservations
- Dispatcher training
- Project Management training

The Contract Manager will review and must approve Contractor's training program. All training material must be submitted to Contract Manager upon request.

The training program submitted for the Contract Manager's review must include samples of the training material for each topic listed above and any other training material Contractor will use for topics not listed. It must identify the trainer and provide their job title. The training program must include a schedule indicating the frequency of training and refresher sessions. Contractor is responsible for maintaining records of all training provided to each employee during the duration of this Contract. Contractor will notify Contract Manager with any changes, deletions, or additions to the training program within three working days. The Contract Manager has the right to reject changes.

This training, in full or in part, may be given to other staff in addition to mandatory training programs applicable to their duties that are conducted by "certified" instructors and are required to meet all Federal, State, and local requirements and standards as specified in this Scope of Work.

6. Service Vehicle Operators

Contractor shall employ a sufficient number of properly licensed and qualified personnel to operate Service Vehicles and equipment and to provide the required Service. Contractor shall be responsible for the recruitment selection, controlled substance and alcohol testing, screening, training, scheduling, supervision, discipline, termination, and all other functions with regard to the Service Vehicle operators.

a. Operator Recruitment and Selection

Contractor shall review a current California Department of Motor Vehicles (DMV) report on all applicants who would operate or maintain Service Vehicles and shall reject any applicant who failed to appear in court for "Driving Under the Influence" or any other information that warrants rejection.

Contractor shall check California DMV records (Pull Notice Program) at least every six months, beginning at the start of Service, for accidents, Vehicle Code violations, and valid commercial driver's licenses of those employees whose job requires them to operate any Service Vehicle. Contractor shall notify County within five business days of the results of said checks and corrective actions taken, if any.

Contractor shall join the Pull Notice Program, whereby Contractor shall be notified of any activity on a vehicle operator's or mechanical staff's driving record. Any Service Vehicle operator or mechanical staff exceeding the California DMV point system, or with a revoked or suspended license, shall not be allowed to operate a Service Vehicle.

b. Operator Requirements

Contractor shall be responsible for each Service Vehicle operator in meeting the following requirements. All Service Vehicle operators shall:

i. Have a valid California Class B driver's license (with a minimum of a "P" endorsement) and a valid medical -A.29- 2022-BRC0000274 Whittier, et al., Dial-A-Ride

examination certificate, ADA training, nondiscrimination training as well as any other required licenses or endorsements required by Federal, State, and local regulations. A Service Vehicle operator, who does not pass the medical examination, shall not be permitted to operate a Service Vehicle.

- ii. Assist passengers confined to wheelchairs in boarding Service Vehicles, assist with tie-downs, and assist with securing lap belts if requested by the passenger.
- iii. Be in uniform acceptable to County. Uniform shall include either shirt/blouse or Polo-type top with collar and skirt/slacks or Bermuda-type walking shorts. Uniform coats, sweaters, and caps may be worn. Service Vehicle operators shall display their name tag/badge.
- iv. Assist passengers who have difficulty negotiating the steps of the vehicle.
- v. Be available and on time daily to ensure consistent and reliable Service.
- vi. Carry current certification of cardiopulmonary resuscitation (CPR) and first-aid training at all times during Service Vehicle operations.
- c. Operator Training

The Contractor shall be responsible for all Service Vehicle operator training. The Contractor's training programs shall be conducted by a "certified" instructor and meet all Federal, State, and local standards. At a minimum, the training program shall include the following:

- i. Proper operation of the Service Vehicle to be used in Service, including defensive driving and Service Vehicle handling. Proper operation of Service Vehicles equipment wheelchair lifts/ramps/tie-downs, communication equipment, and other equipment to be used on Service Vehicles.
- ii. Training in passenger relations, ADA, nondiscrimination requirements, fare collection, the Service area, schedule orientation, and on-time performance requirements. In addition, drivers shall be trained in the use of any special vehicle electronics including, but not limited to, the Advanced Vehicle Information (AVI) system's Mobile Data Terminals

(MDT), Advanced Vehicle Locators (AVL), and the two-way radio communications equipment.

- iii. Ongoing customer service and safety program training to ensure a safe operating environment. Training shall place significant emphasis on techniques for dealing with the public in a helpful and courteous manner to achieve the maximum level of customer satisfaction. This education and training will include courtesy and empathy towards the needs of senior citizens and those with disabilities. This requirement pertains to relief Service Vehicle operators as well as regularly assigned Service Vehicle operators.
- iv. DMV regulations and company policies.
- v. Service area, fare structure, and attendant policies for escorts traveling with persons with disabilities or mental impairments.
- vi. Accident and emergency procedures and reports.
- vii. American Red Cross or County-approved equivalent training for CPR and first aid.
- viii. Regular and on-going formal safety instruction for all operating personnel assigned to perform any activities under this Scope of Work. Personnel shall be required to attend scheduled safety meetings at least four times per year.
- ix. Ongoing training programs as well as refresher training programs for its drivers. These regularly scheduled classes shall include various topics, including the areas of defensive and safe driving, emergency and/or crisis management, understanding work expectations, Terrorist Activity and Public Transit, and other relevant topics. Contractor shall submit an annual preplanned training schedule to Contract Manager. Contractor may be required to hold additional training on issues and/or subjects pertinent to the Service. Authorized County personnel will have the right to attend and/or audit any such Contractor training programs or classes.
- 7. Maintenance Personnel

Contractor shall supply a sufficient number of properly qualified maintenance personnel with the expertise to maintain and service all vehicles for Service. Contractor shall be responsible for the recruitment, screening, testing, selection, training, scheduling, supervision, discipline, termination, and all other functions with regard to the maintenance personnel.

Maintenance personnel shall be supervised by a designated Maintenance Manager, who shall have a minimum of three years of experience in maintaining similar fleets of paratransit vehicles. Contractor's maintenance personnel shall have knowledge of engines, transmissions, diagnostic procedures, electrical systems, HVAC, wheelchair lifts and related mechanical parts, methods and procedures normally used in servicing mechanical equipment for transit vehicles.

The Contractor shall ensure that all mechanic staff assigned to this Contract, as indicated on Form PW-18.1, are Automotive Service Excellence (ASE) certified in A5 ASE Automobile & Light Truck Brakes test. If the Contractor cannot meet this requirement at the start of Contract, Contractor will be granted 12 months, from the start of the Contract, to comply provided that Contractor ensures that all vehicle maintenance is performed by an outside service facility that has ASE certified personnel during this 12-month period. Any new maintenance personnel will have 12 months from the date of hire to obtain ASE certification. By the end of each subsequent year until the end of the contract, each mechanic must obtain a minimum of one (1) additional ASE certification per year from the Automobile & Light Truck Series.

In an effort to address the development of qualified/trained maintenance personnel and compliance with the ASE certification requirement, Contractor is encouraged to provide training classes that cover one (1) ASE test area per ASE test cycle. Contractor shall budget appropriately for training fees per mechanic per ASE test cycle. The Contractor shall provide and budget for ongoing training for all mechanics that is relevant to their duties, on an annual basis, in the areas of air brake systems, air conditioning systems, engine performance, fire suppression/methane detection systems, wheel chair lifts, bus electrical systems, etc. The training program is subject to review and input by County. The Contractor shall develop a formal training program necessary to maintain highly qualified, well-trained maintenance personnel and to keep abreast of new equipment and maintenance techniques.

In addition, the Contractor shall ensure that, at all times, at least one member of the Contractor's maintenance staff assigned to this Contract must be trained and certified under Section 609 of the Clean Air Act - Motor Vehicle Air Conditioning, or possess the equivalent Automotive Service Excellence (ASE) Refrigeration Recovery and Recycling Program certification. A list of Environmental Protection Agency (EPA) approved training and certification programs is available at http://www.epa.gov/ozone/title6/609/technicians/609certs.html.

The Contractor shall provide proof of Section 609 of the Clean Air Act certification or its equivalent ASE Refrigeration Recovery and Recycling Program certification to the County prior to Contract award. At any time, if a Section 609 certified personnel leaves the service of the Contractor, the Contractor shall immediately provide an equivalent certified maintenance personnel replacement. The Contractor shall notify the Contract Manager of any change in maintenance personnel.

8. Project Safety Official

The Contractor shall designate in writing a Project Safety Official who shall be thoroughly familiar with the Contractor's Injury and Illness Prevention Program and Code of Safe Practices. The Contractor's Project Safety Official shall be available at all times to abate any potential safety hazards and shall have the authority and responsibility to shut down an operation, if necessary. Failure by the Contractor to provide the required Project Safety Official shall be grounds for the County to direct the suspension of all work activities and operations at no cost to the County until such time as the Contractor is in compliance.

O. <u>Marketing and Advertising</u>

County will routinely provide marketing, public relations, and advertising materials. Contractor shall place such materials on or in the vehicles as requested by County and shall distribute literature on Service Vehicles as requested by County. The posting of Service-related notices shall be subject to prior approval by the Contract Manager.

Contractor shall not place any form of advertising inside or outside of any Service Vehicle unless directly authorized in writing by Contract Manager. The terms and conditions of such advertising shall be subject to approval by Contract Manager. Proceeds of any advertisement shall be remitted to County.

P. <u>Operating Performance Standards</u>

1. Service Vehicles

Contractor shall operate Service Vehicles with due regard for the safety, comfort, and convenience of persons with disabilities and senior citizen passengers.

If Contractor has knowledge that any Service Vehicle herein described will be nonoperational at any time during the Service, Contractor shall immediately notify Contract Manager and Contractor shall arrange for substitute equipment as approved by the Contract Manager. Contractor shall furnish a substitute vehicle subject to all the conditions of this Contract.

2. Service

Contractor shall provide Service as scheduled or according to any adjusted schedule established by County, including Service area modifications required as a result of a declared emergency. The Contractor shall strive to maintain on-time performance.

Contractor shall be required to attain certain levels of performance. Failure to achieve the performance levels, as outlined in this Contract, may result in assessed liquidated damages and potentially the termination or suspension of this Contract for default.

Contractor shall strive at all times to provide Service in a manner that will maximize productivity and at the same time maximize customer service. Recognizing that the goals of productivity and customer service may conflict, the following standards are intended to be reasonably attainable to Contractor, fair to the customer, and consistent with the County expectations:

a. Ridership Per Hour

The Contractor, at a minimum, shall transport an average of 3.5 passengers per hour (total passengers/total Service Vehicle revenue hours) of Service Vehicle operations.

b. On-Time Service

Service shall be provided as scheduled or according to any adjusted schedule established by County, including service area modifications required as a result of a declared emergency.

However, Contractor will not be held responsible for the failure to provide on-time Service due to extraordinary weather or traffic conditions, road closures or detours, Service Vehicle malfunctions that are clearly beyond Contractor's control, naturally occurring disasters, or other reasonably unpredictable situations. Contractor shall provide sufficient documentation of each situation to County on a timely basis.

For scheduled service requests for each calendar month, 95 percent of all requests shall be picked up within 20 minutes after scheduled pickup time.

Maximum dwell time shall not exceed 10 minutes. An exception would be a customer who is within the eyesight of the Service

Vehicle operator and is clearly making his and or her way to the Service Vehicle. The Director's expectation would be for the dwell time to be extended permitting the passenger to arrive and board the Service Vehicle.

c. Curb to Curb

Service shall be curb to curb. While the County's expectation is to provide this Service as a curb-to-curb type operation, if and/or when future governmental legislation and/or regulations are changed requiring a modification in operational mode from curb to curb, the Contract Manager will work with the Contractor to modify the Service as required.

3. Phone Wait Time

Contractor shall provide a telephone call sequencer, which provides statistical reports on phone calls. The sequencer shall answer calls by the fourth ring. Within 60 seconds of the sequencer answering the call, a live person shall answer 95 percent of all calls in each calendar month.

4. Length of Rides

Passenger trip lengths shall be kept to a minimum. In no event shall Service be scheduled such that a passenger is forced to remain on the Service Vehicle for more than 59 minutes from the scheduled pick up point to the scheduled drop-off point.

5. Complaints

Complaints shall be resolved as soon as possible but no later than two business days after the complaint was received. In the event that a complaint is received by Contractor, Contractor shall notify Contract Manager within one business day regarding the nature of the complaint received and within three business days regarding the Contractor's recommended action for resolving and preventing future such complaints.

Repeated and substantiated complaints of the same type may result in the assessment of liquidated damages and potentially the termination, or suspension of the Contract.

6. Road Calls

In the event of an In-Service breakdown of a Service Vehicle, the maximum response time for the substitute Service Vehicle to reach the patrons of the failed Service Vehicle shall be 30 minutes. All breakdowns shall be handled to ensure maximum availability of Service Vehicles.

Replacement Service Vehicles and/or drivers shall continue Service within 30 minutes. Replacement Service Vehicles shall be ADA-compliant. Failure to provide a replacement Service Vehicle and/or driver will be a material breach of contract and may be cause to terminate this Contract.

County reserves the right to establish additional criteria regarding the reliability of the response in the event of an In-Service Vehicle breakdown.

7. County Service Vehicles

If the Contractor has knowledge that any County Service Vehicle herein described will be non-operational for a period of more than 48 hours during the term of this Contract, the Contractor shall notify Contract Manager and Contractor shall arrange for substitute equipment, (spare Service Vehicle) as approved by Contract Manager. The Contractor shall furnish a substitute Service Vehicle subject to all the conditions of the Contract.

If Contractor operates other Service Vehicles, equipment, or facilities in conjunction with providing other services to be covered under this Contract, which have excess capacity, Contractor may utilize said Contractor-provided Service Vehicles, equipment, and facilities to partially or completely satisfy this Contract's requirements, except said Contractor-provided Service Vehicles, equipment, and facilities shall meet all applicable provisions of this Contract and shall not create unreasonable inconvenience to the patrons to be served under this Contract, including, but not limited to, applicable provisions herein regarding response times to requests for service. Any such Contractor-provided Service Vehicle shall be acceptable to Contract Manager.

Contractor shall track trip request turndowns, on-time performance, and scheduled pickup time versus actual pickup time. This information shall be forwarded to Contract Manager upon request.

Q. <u>Operation During a Declared Emergency</u>

Upon declaration of any emergency by appropriate government representatives, County Sheriff is responsible for a number of transportation-related activities, including the development of emergency travel routes and the coordination with other agencies supplying common carrier services.

In the event of a declared emergency, Contractor shall cooperate with and deploy Service Vehicles in a manner described by the County Sheriff or local police. In addition, Contractor shall notify Contract Manager the same business day of the request to alter deployment of any Service Vehicle.

R. Special Service Operation to Support a Non-emergency

Contractor may be asked by Contract Manager to provide service in support of special events or community programs. Contractor shall provide this service pursuant to the terms of this Contract.

S. <u>Service Records and Reports</u>

1. General Requirements

Contractor shall maintain separate complete and accurate books, records, and reports that relate to Service and as required herein. Contractor shall retain all records relating to this Contract for a minimum period of three years following expiration, termination, or suspension hereof unless otherwise provided for herein. All such records shall be available for inspection by designated auditors of the County and the State of California at reasonable times during normal working hours.

Contractor shall maintain and make available to the County, and/or appropriate State agencies, records pertaining to said Service in accordance with the State Controller's Uniform System of Accounts for Public Transit Operators.

2. Service Operation Reports

These reports provide documentation of daily operations and will serve as a database to monitor and evaluate the productivity of Service, its requirements, and methods. Unless stated otherwise, the reports listed shall be submitted with the monthly invoice, no later than the 15th day of the following month, and shall be made in a format approved by County.

Operational reports shall include, but are not limited to, the categories described below. Reports shall be in the format provided by the County in Exhibit J.1-R.1. If a report format is not provided by the County, the Contractor shall prepare a format for each of the reports described below and submit the format to County for approval. Contractor shall be responsible for maintaining an adequate supply of each report form, including the preparation of all necessary copies.

a. Trip Reports

Contractor shall require each vehicle operator of each Service Vehicle to prepare a daily report on a form, indicating Service Vehicle fleet number, mileage ("begin" and "end" odometer), time of departure and the time of arrival at time points, the number of passengers that boarded each Service Vehicle, the amount of revenue collected on each Service Vehicle, and the number of wheelchair boardings. The report shall be on a Service Vehicle and trip-by-trip basis for each Service Vehicle (Exhibit R.1, Daily Transportation Trip Sheet). The report shall be compiled for the period of a month and shall include a summary thereof. The summary shall include an indication of average daily passengers and passengers per hour. The summary shall indicate any trips that departed early or late in a format approved by County.

b. Monthly Service Reports

Contractor shall submit to the County a report that includes, but not limited to the following: ridership, actual number of Service Vehicle Revenue Hours, Service Vehicle Revenue Miles, total Service Vehicle Hours, total Service Vehicle Miles operated, safety/security incidents and fuel used (type and amount per Service Vehicle).

c. On-Time Service Report

Contractor shall submit a report on Service Vehicle on-time performance. The report shall include as a minimum a trip-by-trip Service Vehicle dwell time and on-time performance. Information shall be compiled and provided for each Service Vehicle on a daily basis for each monthly period and shall include a summary thereof. The report shall include date, patron's name, address, scheduled pickup, actual pickup, and in the window (Y/N). The summary report shall include total number of trips on time, total late trips, total early trips, and the on-time performance ratio.

d. Reservation Telephone Reports

Contractor shall submit to County a monthly telephone log of the patron reservation system. This report shall include, at a minimum, the name of the patron, the date of the call, the time of day the call was received, the wait time on hold before the call was answered (remained in the wait queue) and the total length of time of the call once contact was made with a dispatcher. Information shall be compiled and provided on a daily basis for each monthly period and shall include a summary thereof.

e. Daily Pre-trip and Post Trip Service Vehicle Inspection Reports

Contractor shall instruct each vehicle operator of each Service Vehicle to perform a daily pre-trip and post trip Service Vehicle inspection and daily Service Vehicle servicing as required herein. Each such inspection and servicing shall be documented on a report that shall be completed and signed by each Service Vehicle operator assigned to a Service Vehicle each day (an example is shown in Exhibit K.1, Driver's Daily Vehicle Report). The Daily Pre-trip and Post trip Service Vehicle Inspection Reports shall be retained on file by the Contractor for a minimum of three years after Contract expiration/termination/suspension. f. Weekly Maintenance Inspection Report

A report of the weekly maintenance inspections, which supplement the daily pre-trip and post trip inspections, shall be kept by Contractor as well as being submitted to the County. The Weekly Maintenance Inspection Reports shall be retained on file by the Contractor for a minimum of three years after contract expiration/termination/suspension.

g. Missed Trip Report

A trip is considered missed when the Contractor fails to pick up the scheduled rider. A summary report of missed trips for the month shall be submitted. The explanation for the missed trip(s) shall be specified, along with the dates and times, Service Vehicle number and trip number, and the affected total revenue miles and hours.

h. California Highway Patrol (CHP) Reports

Contractor shall provide County with copies of all CHP inspection reports within 24 hours of receipt.

i. Passenger Complaint Reports

Project Manager shall document passenger concerns, problems, and complaints and describe any action taken to resolve these issues. Copies of said documentation shall be submitted to Contract Manager by the business day following identification of the problem or receipt of any passenger complaint. Contractor shall submit to Contract Manager a summary of passenger problems, concerns, and complaints no later than the 15th day of the following month. In the event that there were no passenger problems, concerns, or complaints received for the previous month, a written statement of this fact may be submitted to the County in place of a monthly report no later than the 15th day of the following month.

j. Operational Problems, Safety Concerns, and Deficiencies

Any unlawful or unusual problems or complaints, including any related to safety or serious operational deficiencies, shall be reported to Contract Manager by telephone within one hour of its occurrence.

In addition, Contractor shall submit a written report to Contract Manager describing any operational problems or complaints and action taken within two business days following identification of such problems or complaints.

k. Accident/Incident Data Reports

Contractor shall submit a monthly summary report of all accidents (collision and non-collision) involving Service Vehicles. The monthly summary shall include the date, Service Vehicle number, location, operator, and accident description, including any damage and/or injuries. The monthly summary shall also include cumulative accident data that indicates the number of accidents per 100,000 Service Vehicle miles. Within 24 hours of an accident or incident involving a Service Vehicle or passengers, Contractor shall provide a written report, per Exhibit L.1, DPW Vehicle Accident or Incident Form to the Contract Manager.

In the event of an emergency during after hours, Contractor shall call the Public Works radio room at (626) 458-HELP.

Contractor shall notify County within 24 hours of any of the following accidents/incidents:

- i. Collisions between a Service Vehicle and another Service Vehicle, person, and/or object.
- ii. Passenger accidents, including falls while passengers are entering, occupying, or exiting the Service Vehicle.
- iii. Passenger disturbances, fainting, sickness, deaths, assaults, etc.
- iv. Any accidents witnessed by the Contractor's operator(s).
- v. Vandalism to Service Vehicle.
- vi. Passenger complaints of injury or property damage or other circumstances likely to result in the filing of claims against Contractor and/or County.
- vii. Any passenger, driver, supervisor, or Service complaint that arises from an accident. If the accident/incident involves injuries or extensive property damage, County shall be notified immediately (regardless of hour or day).
- viii. After each traffic accident or incident involving a County Service Vehicle, Contractor shall complete Exhibit L.1, Vehicle Accident or Incident Form. The form shall be submitted to Contract Manager within one business day along with any other supporting information about the Service Vehicle accident or incident (e.g., driver's statement, police report, witness contact information, photos, etc.).

I. National Transit Database (NTD) Report

Contractor will partner with the County in collecting data, reporting and submitting the annual NTD report. On a monthly basis, the Contractor will be required to collect NTD data/reports electronically, on the form provided in Exhibit Q.1, NTD Paratransit Annual Summary Report. Contractor will provide County with an accurate and complete annual summary of paratransit data in Exhibit Q.1. This data will be used for the annual NTD report to the Federal Transit Administration (FTA).Contractor shall maintain and make available, for a minimum period of three years after Contract expiration/termination/suspension, to County, and or appropriate agencies, records and backup information pertaining to the NTD Paratransit Annual Summary Report.

m. Financial Records

Contractor shall establish and maintain, within a separate account, all Service revenue and expenditures and any other relevant financial records or documents for a minimum period of three years after Contract expiration/termination/suspension.

n. Maintenance Records and Reports

Contractor shall maintain an individual file for each Service Vehicle. Each file shall include detailed records for the reporting period and an analysis of any trends. All such records and reports shall be prepared and maintained in accordance with any applicable Federal, State, and CHP requirements as well as any needs of County to enable it to accurately evaluate Contractor's maintenance performance and the operating expense associated with County Service Vehicles and equipment.

Contractor shall submit the following reports to County with the monthly invoice:

i. Preventive Maintenance Inspection Reports

Reports shall include the Service Vehicle fleet number, the Service Vehicle identification number (VIN) and license number, a description/detail of the maintenance performed, when maintenance was completed, and if maintenance was done on time as required by Service Vehicle manufacturer's and/or County recommendations. These reports shall also include copies of the completed oil analysis for engine oil and transmission oil in accordance with the service vehicle mileage requirements stated in Exhibit M.1, Preventative Maintenance. Daily "Vehicle Condition" reports shall be submitted to County upon request. Contractor shall retain the PMI Reports on file for a minimum of three years after Contract expiration/termination/suspension.

ii. Road Call Performance Report

A road call is defined as any time a repair is required in the field on a Service Vehicle or a Service Vehicle exchange is made, whether or not it resulted in a loss of time. A report of road calls shall include the fleet number, VIN, mileage, time, location of incident, route, direction of travel, reason for call, and what was done to fix the problem.

iii. Service Vehicle Downtime Report

Report shall include details of which Service Vehicle(s) were down, how long, and the cause.

iv. Mechanical Defect Reports

Contractor shall submit a monthly summary of all Service Vehicle mechanical problems including Service Vehicle number, odometer reading, dates/times out of Service (if applicable), summary of problem(s), and corrective action(s) taken.

T. <u>Controlled Substance and Alcohol Testing</u>

Contractor shall implement, as a minimum, the Controlled Substance and Alcohol Testing Program as specified in Exhibit O.1, Controlled Substance and Alcohol Testing Program, as may be required by rules and regulations issued by the United States Department of Transportation and described in Title 49, Code of Federal Regulations (CFR), Part 655, "Prevention of Alcohol Misuse and Prohibited Drug use in Transit Operations" and Part 40, "Procedures for Transportation Workplace Drug and Alcohol Testing Programs. Contractor's policies may supersede policies specified in Exhibit O.1 only when they can be shown to County's satisfaction to be more stringent. Contractor shall indemnity and hold the County harmless for any claims resulting from disciplinary actions imposed as a result of required testing. Contractor shall report results of the random testing and other associated tests to County on a quarterly basis on the form shown in Exhibit O.1. Such reports shall be submitted to County within 15 calendar days after the end of the quarter.

U. <u>Transit Security Plan</u>

Following the events of September 11, 2001, the Federal Transit Administration (FTA) and the Transportation Security Administration (TSA) developed security plans and emergency preparedness resources for transit agencies. Accordingly,

the Contractor is required to submit a written Transit Security Plan before Service begins. The Contractor will base the plan on materials available from the FTA, TSA, or other government agency.

A few items for review are the FTA's Security and Emergency Preparedness for Transit Agencies Action Items (https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/508_new_top_17.pdf), and Effective Practices in Bus Transit Safety (https://www.transit.dot.gov/sites/fta.dot.gov/files/docs/regulations-andguidance/safety/117621/effective-practices-bus-transit-safety-emergencyresponse.pdf).

In addition, the Contractor will subscribe to the Department of Homeland Security's National Terrorism Advisory System (NTAS), which communicates information about terrorist threats to the public, government agencies, first responders, airports and other transportation hubs, and the private sector. The subscription information is available on the NTAS webpage at <u>https://www.dhs.gov/national-terrorism-advisory-system</u>.

The details of the Transit Security Plan will be negotiated with Contract Manager to ensure that the County's needs are adequately addressed. The final County approved Transit Security Plan will be attached as Exhibit P.1.

All Contractor operators shall be expected to observe all applicable State of California Occupational Safety and Health Administration (Cal/OSHA) and Public Works' safety requirements.

V. <u>Removal of Debris</u>

All debris derived from this service shall be removed from County property and become the property of the Contractor. The Contractor shall dispose of all debris from these services in a legally established area appropriate for type of debris being disposed. Disposal shall be at the Contractor's expense. The Contractor shall not allow any debris from its operations under this Contract to be deposited in the storm drains, catch basins, gutters, manholes, and/or roadways in violation of the National Pollutant Discharge Elimination System regulations.

The Contractor is advised that due to the nature of this Contract, discarded hazardous waste may be encountered during the performance of this Contract. In the event an unknown substance or hazardous material is discovered, the Contractor shall immediately notify the Contract Manager. The Contractor shall NOT attempt to perform any type of hazardous waste remediation not included under the Scope of Work of this Contract, including identifying, containing, cleaning, moving, disposing, etc. The Contractor shall exercise extreme caution in the event unknown waste is encountered.

W. <u>Funding</u>

The County may use local sales tax funds in accordance with LACMTA's guidelines for the Proposition A Local Return Program to finance this Service. Other sources of funds, such as FTA, may also be used. Contractor agrees to be bound by applicable provisions of Proposition A Local Return Program guidelines or any other guidelines/regulations pertaining to other funding sources.

X. Nonconflict with Local, State, and Federal Laws/Requirements

Nothing herein shall be in conflict with or modify the Contractor's obligation to comply with the requirements of local, State, and Federal laws such as, FTA, ADA, Department of Transportation (DOT), or other applicable laws, rules, regulations, directives, or ordinances.

Y. <u>Responsibilities of the Contractor</u>

The Contractor and Project Manager shall maintain a minimum of three years of experience providing the same or similar paratransit services for governmental or social service agency (ies). A subcontractor is not allowed to meet this requirement.

Z. <u>Permits/Licenses/Certification</u>

The Contractor shall be fully responsible for possessing or obtaining any required permits/licenses from the appropriate Federal, State, or local authorities for work to be accomplished under this contract.

The Contractor shall ensure that each mechanic staff assigned to this Contract is in compliance with this Exhibit's Section N.7, Maintenance Personnel.

At least one of the Contractor's Maintenance Technicians must be certified in the MACS Section 609 Refrigerant Recycling and Recovery or the equivalent ASE vehicle air conditioning system.

Contractor shall provide proof of the required ASE and MACS certifications to County prior to contract award.

AA. <u>Utilities</u>

The County will not provide utilities.

BB. <u>Service Modification</u>

The County has established Service areas and schedules as described in Exhibit G.1, Service Requirements and Area Maps. If the Contract Manager determines that the Service may be improved by revisions to scheduling, vehicle assignment,

fleet size, or areas served, the Contract Manager and Contractor shall plan and institute such changes jointly within the terms of this Contract. The Contract Manager will provide any proposed modification to the Contractor at least 30 calendar days prior to implementation of any Service revision unless a shorter time period is mutually agreed to by both parties.

CC. Additional Locations

Additional location(s) may be added during the Contract period. Upon request by the Contract Manager, the Contractor shall provide a written quotation for any additional location(s), based on the rates quoted in Form PW-2, Schedule of Prices. The Contractor shall be paid per Service Vehicle Revenue Hours for additional locations according to the rate quoted in form PW-2. Upon Contract Manager's negotiation and acceptance of the Contractor's written quotation, and subject to approval of the Director, the additional location(s) may be added to the Contract by amendment or change order.

DD. Incentives

The following incentive is to be applied to the Contractor when found in compliance:

Ridership Productivity

An incentive payment of \$500 will be paid to the Contractor for each calendar month the average passenger per hour level of Service (total passengers/total Service Vehicle Revenue Hours) exceeds 4 passengers per hour.

EE. Liquidated Damages

- 1. In any case of the Contractor's failure to meet specified performance requirements, the County may, in lieu of other remedies provided by law or the Contract, assess liquidated damages in specified sums. However, neither the provision of a sum of liquidated damages for nonperformance, untimely, or inadequate performance nor the County's acceptance of liquidated damages shall be construed to waive the County's right to reimbursement for damage to its property or indemnification against third-party claims.
- 2. The amount of liquidated damages has been set in recognition of the following circumstances existing at the time of the formation of the Contract.
 - a. All the time limits and acts required by both parties are of the essence of the Contract;

- b. The parties are both experienced in the performance of the Contract work;
- c. The Contract contains a reasonable statement of the work to be performed in order that the expectations of the parties to the Contract are realized. The expectation of the County is that the work will be performed with due care in a workmanlike, competent, timely, and cost-efficient manner while the expectation of the Contractor is a realization of a profit through the ability to perform the Contract work in accordance with the terms and conditions of the Contract at the Proposal price;
- d. The parties are not under any compulsion to contract;
- e. The Contractor's acceptance of the assessment of liquidated damages against it for unsatisfactory and/or late performance is by Contract and willingness to be bound as part of the consideration being offered to the County for the award of the Contract;
- f. It would be difficult for the County to prove the loss resulting from nonperformance or untimely, negligent, or inadequate performance of the work; and
- g. The liquidated sums specified represent a fair approximation of the damages incurred by the County resulting from the Contractor's failure to meet the performance standard as to each item for which an amount of liquidated damages is specified.
- 3. The Contractor shall pay Public Works, or Public Works may withhold and deduct from monies due the Contractor, liquidated damages in the following sums if the Contractor fails to complete work within the time specified unless otherwise provided in this Contract.
 - a. Ridership Productivity

In the event Contractor fails to meet the average monthly passenger per hour level of Service of 3.5 passengers per hour, Contractor may be assessed liquidated damages in the amount of \$500 per month.

b. On-Time Performance

In the event the Contractor fails to meet an on-time performance level of 95 percent in any month, Contractor may be assessed liquidated damages in the amount of \$500 per month. Should ontime performance fall below 90 percent, Contractor may be assessed liquidated damages in the amount of \$1,000 per month. Should on-time performance fall below 85 percent, Contractor may be assessed liquidated damages in the amount of \$2,000 per month.

The maximum monthly amount assessed for on-time performance will be limited to the amount of the lowest level not achieved for the monthly period.

c. Length of Rides

If the Contractor fails to disembark a rider at the scheduled destination within 59 minutes from the rider embarking, Contractor may be assessed \$200 per occurrence up to a maximum of \$1,000 per month.

d. Valid Complaints

In the event of any valid passenger's complaint, the liquidated damages shall be \$250 per complaint, up to a maximum of \$2,000 per month. The County and the Contractor shall jointly determine which complaints are valid, (i.e., as a result of the Contractor's actions which could have reasonably been prevented). However, the final decision on the validity of any passenger complaints shall rest with the Contract Manager.

e. Repeated Patron Valid Complaints

In the event of repeated (three or more) valid complaints concerning the same passenger over a six-month period (e.g., their reservation was misplaced, their length of ride was greater than 59 minutes, the wait time past their scheduled pickup was greater than our permitted window of 20 minutes) or valid passenger complaints on the same item repeated (item occurred repeatedly to three or more passengers) over a six-month period, liquidated damages shall be \$250 per complaint, up to a maximum of \$2,000 per month. The County and the Contractor shall jointly determine which complaints are valid (i.e., as a result of the Contractor's actions which could have reasonably been prevented). However, the final decision on the validity of any passenger complaints shall rest with Contract Manager.

f. Trips Not Made

In the event that any scheduled trip is not made, Contractor may be assessed liquidated damages in the amount of \$250 per trip, up to a maximum of \$2,000 per month.

g. Non ADA Compliant Vehicle

In the event Contactor replaces a Service Vehicle with a non-ADA compliant Vehicle, the liquidated damages will be \$500 for the first time and \$1,000 for each subsequent time during the life of this Contract.

h. Reporting

Contractor shall submit monthly reports, including boardings, ridership, on-time performance, driver logs, fuel data, maintenance, safety, and marketing activities in the form and number approved by Contract Manager within 15 calendar days after the end of each month unless more time is approved by Contract Manager. The NTD Paratransit Annual Summary Report, as described in this Contract, shall be submitted within the due date described. Liquidated damages of \$100 per calendar day may be assessed for late reports, up to a maximum of \$1,000 per month.

Monthly reports and the NTD Paratransit Annual Summary Report should be mostly free from errors. Liquidated damages of \$200 may be assessed for each report with more than 10 errors, up to a maximum of \$1,000 per month. The County and the Contractor shall jointly determine errors in reports. However, the final decision on the validity of any errors shall rest with Contract Manager.

i. Shutdown of Service Vehicles

If any Service Vehicle has been removed from Service, as a result of an "Unsatisfactory" rating by the CHP, Contractor may be assessed liquidated damages of \$250 per day per Service Vehicle up to a maximum of \$1,000 per Service Vehicle per month.

j. Preventive Maintenance

PMI shall be performed per the OEM and Exhibit M.1, Preventive Maintenance. PMI documents must be submitted monthly with the service invoice. Contractor shall also include copies of the completed oil analysis reports for engine oil and transmission oil in accordance with the service vehicle mileage requirements stated in Exhibit M.1. Inspections shall never exceed the specified intervals by 500 miles or more. Failure to meet any of these maintenance requirements may result in nonpayment of Service miles or hours operated by vehicles exceeding the PMI intervals or liquidated damages of \$500 per vehicle per day, whichever is higher, up to a maximum of \$5,000 per month.

k. Weekly Maintenance Inspections

The weekly maintenance inspections are called an "I" Service.

This "I" Service shall be performed per the OEM and Exhibit M.1, Preventive Maintenance. If the Contractor fails to meet this standard, Contractor may be assessed liquidated damages of \$200 per Service Vehicle per Service day up to a maximum of \$2,000 per month.

I. Daily Vehicle Inspection (DVI) Reports

Failure to perform a satisfactory DVI (pre-trip and post trip) may include, but are not limited to, fluid levels noted low twice within a 10-day period without any visible leaks and/or a Vehicle in revenue Service with a non-operating wheelchair ramp or lift on consecutive dates of Service. If the Contractor fails to meet this standard, Contractor may be assessed liquidated damages of \$100 per Service Vehicle per Service day up to a maximum of \$1,000 per month.

m. Deficient Service Vehicle Condition

In the event any Service Vehicle is rejected by Contract Manager as a result of deficient mechanical condition, unacceptable Service Vehicle operating conditions as specified in this Contract, or unacceptable Service Vehicle appearance, \$250 per day per Service Vehicle in liquidated damages will be assessed until the condition is corrected to the satisfaction of Contract Manager, up to a maximum of \$1,000 per Service Vehicle per month.

If Contractor has documentation indicating that the condition of the Service Vehicle cannot be corrected due to the availability of parts or others reasons beyond the Contractor's control, then Contract Manager may waive the liquidated damages for the period of the excused delay.

n. Permanent Service Vehicle Rejection

In the event Contract Manager rejects any Service Vehicle permanently as a result of Service Vehicle condition, Contractor may be assessed \$250 per day per Service Vehicle, up to a maximum of \$1,000 per Service Vehicle per month, in liquidated damages until the Service Vehicle is replaced with one that is satisfactory to Contract Manager.

o. Vehicle Emissions (Engine Smog)

Each Service Vehicle shall fully comply with any and all applicable Federal, State, and local emissions rules, regulations, and

requirements. If any Service Vehicle fails to pass its smog test, receives a complaint, or is cited for an engine emissions violation by the California Air Resources Board, South Coast Air Quality Management District, the CHP, or other governmental agency authorized to issue such a citation, the Contractor shall be liable for the citation as well as liquidated damages.

Contractor shall notify Contract Manager within one business day and provide Contract Manager with an action plan to verify and/or correct the deficiencies as well as a timeline for completing the action plan. If the Contractor is found to be in violation, the Contractor may be assessed \$500 in liquidated damages for each Service Vehicle that is cited for an engine emissions violation. If such complaint is found to be without merit, or beyond the Contractor's control, Contract Manager may waive the liquidated damages.

If the Contractor does not submit the required smog check certificates to Contract Manager biennial (every two years) within 30 days after State vehicle emissions testing has been performed, the Contractor will be assessed \$200 in liquidated damages per County Service Vehicle that was not or has not passed its smog check. The Contractor shall provide a spare Service Vehicle at no charge to the County if the County has to take a County Service Vehicle to have an emission check performed or make repairs to the vehicle before passing a smog check.

p. Violation of Subcontracting of Maintenance

In the event that the Contractor is either performing maintenance and/or subcontracting maintenance in violation of this Exhibit's Section G, Vehicle Storage, Maintenance, and Fueling Facilities, as determined by Contract Manager, Contractor may be assessed \$1,000 in liquidated damages per Service Vehicle per Service day, up to a maximum of \$4,000 per Service Vehicle per month.

q. Storage of County Service Vehicles

If Contractor fails to store County Service Vehicles in accordance with this Contract, Contractor may be assessed \$200 in liquidated damages per Service Vehicle per Service day, up to a maximum of \$2,000 per Service Vehicle per month.

r. Implementation of Dispatch Software and Advanced Vehicle Electronics

If Contractor fails to implement the required fully operational comprehensive and integrated Advanced Vehicle Information (AVI) -A.50- 2022-BRC0000274 and dispatch system with the required elements of Service Vehicle-installed MDT's, Service Vehicle-installed AVL's or Service Vehicle-assigned mobile AVL units; and/or fails to use the system and train the personnel within the time periods allotted within this Contract, Contractor may be assessed, \$200 in liquidated damages per business day after the deadline, up to a maximum of \$2,000 per month.

s. Implementation of E-mail and Internet Access

If Contractor fails to implement Internet access and e-mail and fails to use/maintain the system and/or train the personnel (e.g., Project Manager, Road Supervisor, and Maintenance Manager) within the time periods allotted in this Exhibit's Section F, Equipment, Contractor may be assessed \$100 in liquidated damages per business day after the deadline, up to a maximum of \$1,000 per month.

t. Service Vehicle Warranty

If due to the Contractor's negligence of Service Vehicle preventive maintenance program, as determined by Contract Manager, any warranty coverage of the County Service Vehicles is lessened or invalidated, and/or warranty items are not covered due to neglect, liquidated damages of at least 50 percent and up to 100 percent, of the cost to repair each item may be assessed.

u. Operating Outside of Service Areas

If a Service Vehicle is operated outside of its assigned Service area as specified in this Contract and without prior approval from the County, Contractor may be assessed, liquidated damages of \$100 per occurrence per Service Vehicle, up to a maximum of \$1,000 per Service Vehicle per month.

v. Controlled Substance and Alcohol Testing

Contractor shall report the results of random testing and other associated tests to the County on a quarterly basis on the form shown in Exhibit O.1, Controlled Substance and Alcohol Testing Program Quarterly Report. All reports shall be submitted to the County within 15 days after the end of each quarter.

Liquidated damages of \$100 per calendar day (including nonbusiness days, weekends, and holidays) up to a maximum of \$1,000 per month may be assessed for late reports.

w. Maintenance Personnel

All maintenance on Service Vehicles shall be performed by ASE and/or Mobile Air Conditioning Society (MACS) certified personnel as specified in this Exhibit. If maintenance personnel are not ASE and/or MACS certified, liquidated damages of \$500 per maintenance employee per month may be assessed, up to a monthly maximum of \$1,000.

x. Unresolved Vehicle Claims

If a settlement is not made within 90 calendar days of the date of loss (DOL) for a vehicle stolen, damaged, or lost by reason of collision, fire, negligence, abuse, vandalism, or other like cause in accordance with this Exhibit's Section F.2, General Terms for Paratransit Vehicles, Contractor may be assessed liquidated damages in the amount of \$1,000 per week, up to a maximum of \$4,000 per month. Liquidated damages shall begin 120 calendar days after the DOL. However, in no event shall the liquidated damages exceed the total number of service hours times the actual cost differential between a Contractor-Provided Replacement Service Vehicle and the County Service Vehicle for a given month.

y. Misuse of County Service Vehicles

County Service Vehicles are to be used to provide Service as specified in this Exhibit. The County will determine if any County Service Vehicle is being misused. If the County is made aware that, a County Service Vehicle is used for purposes other than the specified Service or if the Service Miles for any County Service Vehicle exceeds Revenue Miles by at least 25% in any calendar month, the County may assess liquidated damages of \$1,000 per month per occurrence.

z. Service Vehicle Transfer Audit

At the discretion of the County, the Contractor may be required to transfer County Vehicles to another Service Contractor. The Contract Manager may schedule a pre-transfer inspection and a transfer inspection. The Contractor assuming responsibility for the Service (new contractor) shall conduct both inspections. The Contractor shall have appropriate staff on-site to review work identified. It is the responsibility of the Contractor to ensure that County Vehicles are in good mechanical condition and have good/clean appearances. The Contractor shall ensure all items listed in Exhibit K.1, Driver's Daily Vehicle Report, including each vehicle's brakes and tires, meet specified minimums. Any and all mechanical defects identified during the pre-transfer and the transfer inspections are the responsibility of the Contractor. Preventive Maintenance Inspections (PMI's) shall be current. PMI records of County Vehicles are County property and shall be turned over to the new contractor by the Contractor. One week after the completion of the transfer of service, liquidated damages in the amount of \$100 per County Vehicle per week may be assessed for PMI records that are not provided by the Contractor for any County Vehicle.

Repairs identified during these inspections not made by the Contractor shall be performed by the new contractor. The Contract Manager will review and validate repair costs (including internal and external body damage, preventive maintenance that was not performed as required and other vehicle repairs). To recover the cost of repairs and/or maintenance of County Vehicles, the Contract Manager may withhold up to two monthly Service invoice payments from the Contractor transferring County Service Vehicles.

Upon satisfactory completion of County Service Vehicle repairs and/or outstanding PMI's, the balance remaining from the monthly service invoices being withheld minus the cost of repairs and/or maintenance will be released to the Contractor. If the repair costs exceed the total balance withheld from the monthly Service invoices, the County will invoice the Contractor for the difference.

aa. <u>Health, Safety, and Comfort</u>

In the event any Service Vehicle has a wheelchair ramp/lift, air conditioning, and/or heating system failure while in service, \$250 per day per vehicle in liquidated damages may be assessed if the vehicle is placed in Service during the next Service day(s) without repairs, up to a maximum of \$1,000 per Service Vehicle per month.

bb. <u>Fines by Regulatory and Governmental Agencies</u>

If the County is fined by a local, regional, State or Federal regulatory or governmental agency as a result of the Contractor's negligence or failure to comply with any Federal, State, or local rules, regulations, or requirements, the Contractor may be assessed liquidated damages in an amount equal to the fine(s) charged to the County by a regulatory or governmental agency.

cc <u>AVL Devices</u>

The Contractor is not to handle or disconnect any AVL device installed on a County Service Vehicle. If an AVL device is damaged, removed, lost, or stolen, the Contractor may be

assessed \$50 in liquidated damages per AVL device per Service day after the two-week period following date of loss/damage (unless additional time is approved by County for unforeseen circumstances), until the AVL device is replaced, up to a maximum of \$1,000 per month.

dd. <u>Timely Repairs to County-Provided Service Vehicles</u>

If a County-Provided Service Vehicle is removed from revenue service or is not able to operate in revenue service, as a result of needed repairs, for more than 15 continuous service days or more than 20 service days within a two-month period, the Contractor may be assessed liquidated damages in the amount of \$500 per day, per service vehicle, up to a maximum of \$2,500 per service vehicle per month, until the condition of the County-Provided Service Vehicle is corrected to the satisfaction of the County.

If Contractor has documentation indicating that the condition of the County-Provided Service Vehicle cannot be repaired due to the unavailability of parts or other valid reasons beyond the Contractor's control, then the Contract Manager may waive the liquidated damages.

4. In addition to the above, Public Works may use Exhibit F.2, Performance Requirements Summary, to evaluate Contractor's performance.

FF. Contractor's Quality Control Plan

Contractor shall establish and maintain a Quality Control Plan to assure the requirements of this Contract are met. An updated copy shall be provided to the Contract Manager prior to the Contract start date and whenever changes occur. The plan shall include, but not be limited to, the following:

- a. It shall specify the activities to be evaluated on either a scheduled or an unscheduled basis, how often these evaluations shall take place and the title of the individual(s) who will be responsible for evaluating.
- b. The methods for identifying and preventing deficiencies in the quality of service performed before the level of performance becomes unacceptable.
- c. A file of all evaluations conducted by Contractor and, if necessary, the corrective action taken. This documentation shall be made available as requested by the County during the term of this Contract.

- d. The methods for continuing service to the County in the event of a strike involving the Contractor's employees.
- e. Control system in place to prevent vehicle loss.
- GG. <u>Gratuities</u>
 - 1. Contractor is advised that it is improper for any County officer, employee, or agent to solicit consideration, in any form, from Contractor with the implication, suggestion, or statement that Contractor's provision of the consideration, or failure to provide consideration, may cause favorable or unfavorable treatment, respectively, for the Contractor relating to the amendment or extension of the Contract or the making of any determinations with respect to Contractor's performance under this Contract. A Contractor shall not offer or give, either directly or through an intermediary, such improper consideration, in any form, to a County officer, employee, or agent for the purpose of securing favorable treatment as described herein.
 - 2. A Contractor shall immediately report any attempt by a County officer, employee, or agent to solicit such improper consideration. The report shall be made either to the County manager charged with the supervision of the employee or to the County Auditor-Controller's Employee Fraud Hotline at (800) 544-6861.
 - 3. Among other items, such improper consideration may take the form of cash; discounts; services; and the provision of travel, entertainment, or tangible gifts.
 - 4. Note that Contractor's failure to adhere to this requirement could subject this Contract to termination for improper consideration under Section 3 Termination/Suspensions of Exhibit B

P:\tpppub\Transit\(PARATRANSIT)\Whtr_Wstpk\RFP 2021-22\Exhibit A-Scope of Work.doc

FORM PW-2.1 Initial 6 Month Term

SCHEDULE OF PRICES FOR WHITTIER ET AL. DIAL-A-RIDE SERVICE (BRC0000274)

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

ltem	Description	Hourly Rate	Estimated Hours	Proposed Price (Hourly Rate x Estimated Annual Hours)
1.	Rate for County-Owned Service Vehicle	\$ <u>60.68</u> /Hour	8,500	\$515,780.00
2.	Rate for Contractor-Provided Service Vehicle ¹	\$65.25/Hour	250	\$16,312.50
	ESTIN			
	PROPOSED PRICE			\$532,092.50

OPTIONAL SUPPLEMENTAL TAXI RATE				
ltem	Description	Cost Per Mile	Estimated Miles	Optional Supplemental Taxi Price (Cost Per Mile x Estimated Annual Mile)
1.	Supplemental Taxi Rate per Mile – (Optional)	\$ <u>3.79</u> /Mile	1,500	\$5,685.00

The optional Supplemental Taxl Rate will not be calculated as part of the Total Proposed Price

LEGAL NAME OF BACKER		
Empire Transportation, Inc.		
SIGNATURE OFFERSON AUTROPARED TO SUPPORT FAD		
TITLEOF AUTHORIZED PERSON	Dete	· · ·
Trilebr Auflighted Person President & COO	03/21/2022	

¹ We estimate 250 Vehicle Revenue hours for FY 2023 In case a County Vehicle Is in an accident and is out of service for an extended period of time.

FORM PW-2.2 Option Year 1

SCHEDULE OF PRICES FOR WHITTIER ET AL. DIAL-A-RIDE SERVICE (BRC0000274)

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

ltem	Description	Hourly Rate	Estimated Annual Hours	Proposed Annual Price (Hourly Rate x Estimated Annual Hours)
1.	Rate for County-Owned Service Vehicle	\$ <u>61.47</u> /Hour	17,000	\$ <u>1,044,990.00</u>
2.	Rate for Contractor-Provided Service Vehicle ¹	\$66.14/Hour	500	\$33,070.00
	ESTIMATED TO			
		\$		

OPTIONAL SUPPLEMENTAL TAXI RATE					
item	Description	Cost Per Mile	Estimated Annual Miles	Optional Supplemental Taxi Price (Cost Per Mile x Estimated Annual Mile)	
1.	Supplemental Taxi Rate per Mile – (Optional)	\$/Mile	3,000	\$11,370.00	

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

Legal Name of Dicoer Empire Transportation, Inc.	
SIGNATURE OF ERBON ANTHORSED TO SLEAK BRO	
TITLEOF AUTHONISES PERSON	DATE
President & COO of Empire Transportation	03/21/2022

¹ We estimate 500 Vehicle Revenue hours for FY 2023-24 in case a County Vehicle is in an accident and is out of service for an extended period of time.

FORM PW-2.3 Option Year 2

SCHEDULE OF PRICES FOR WHITTIER ET AL. DIAL-A-RIDE SERVICE (BRC0000274)

The undersigned Bidder offers to perform the work described in the invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

ltem	Description	Hourly Rate	Estimated Annual Hours	Proposed Annual Price (Hourly Rate x Estimated Annual Hours)
1.	Rate for County-Owned Service Vehicle	\$ <u>62.27</u> /Hour	17,000	\$1,058,590.00
2.	Rate for Contractor-Provided Service Vehicle ¹	\$ <u>66.93</u> /Hour	500	\$33,465.00
	ESTIMATED TO			
		\$		

OPTIONAL SUPPLEMENTAL TAXI RATE					
Item	Description	Description Cost Per Mile		Optional Supplemental Taxi Price (Cost Per Mile x Estimated Annual Mile)	
1.	Supplemental Taxi Rate per Mile – (Optional)	\$/Mile	3,000	\$ <u>11,370.00</u>	

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

LEGAL NAME OF BIODEA					
Empire Transportation, Inc.					
SIGNATURE OF PERSON AUTI ICHINENO TO SUBNIT BIO					
President & COO	Date 03/21/2022				

¹ We estimate 500 Vehicle Revenue hours for FY 2024-25 in case a County Vehicle is in an accident and is out of service for an extended period of time.

FORM PW-2.4 Option Year 3

SCHEDULE OF PRICES FOR WHITTIER ET AL. DIAL-A-RIDE SERVICE (BRC0000274)

The undersigned Bidder offers to perform the work described in the invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual guantities, whatever they may be.

ltem	Description	Hourly Rate	Estimated Annual Hours	Proposed Annual Price (Hourly Rate x Estimated Annual Hours)
1.	Rate for County-Owned Service Vehicle	\$ <u>63.07</u> /Hour	17,000	\$
2.	Rate for Contractor-Provided Service Vehicle ¹	\$ <u>67.79</u> /Hour	500	\$33,895.00
	ESTIMATED TO			
		\$		

OPTIONAL SUPPLEMENTAL TAXI RATE				
ltem	Description	Cost Per Mile	Estimated Annual Miles	Optional Supplemental Taxi Price (Cost Per Mile x Estimated Annual Mile)
1.	Supplemental Taxi Rate per Mile – (Optional)	\$ <u>3.80</u> /Mile	3,000	\$ <u>11,400.00</u>

The optional Supplemental Taxl Rate will not be calculated as part of the Total Proposed Annual Price

LEGAL NAME OF BIODER	
Empire Transportation, Inc.	
SIGNATURE OF PERSON AUTHORIZED TO SUMMI BID	
TITLE OF AUTHORAGED PERSON	Date
President & COO /)	03/21/2022

¹ We estimate 500 Vehicle Revenue hours for FY 2025-26 in case a County Vehicle is in an accident and is out of service for an extended period of time.

FORM PW-2.5 Option Year 4

SCHEDULE OF PRICES FOR WHITTIER ET AL. DIAL-A-RIDE SERVICE (BRC0000274)

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

item	Description	Hourly Rate	Estimated Annual Hours	Proposed Annual Price (Hourly Rate x Estimated Annual Hours)
1.	Rate for County-Owned Service Vehicle	\$ <u>63.87</u> /Hour	17,000	\$
2.	Rate for Contractor-Provided Service Vehicle ¹	\$ <u>68.58</u> /Hour	500	\$34,290.00
	ESTIMATED TO	TAL ANNUAL HOURS	17,500	
		PROPOSED AN	NUAL PRICE	\$1,120,080.00

· · · · ·	Ö	TIONAL SUPPLEMENTAL 1	AXI RATE	
ltem	Description	Cost Per Mile	Estimated Annual Miles	Optional Supplemental Taxl Price (Cost Per Mile x Estimated Annual Mile)
1.	Supplemental Taxi Rate per Mile – (Optional)	\$/Mile	3,000	\$ <u>11,400.00</u>

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

LEGAL NAME OF BILDER Empire-Transportation, MC.	
SHOWNTURE OF FORSON AUTHORIZED TO SUPART BID	
TITLE OF AUTHORIZED PERBON	Смте
President & COO	03/21/2022

¹ We estimate 500 Vehicle Revenue hours for FY 2026-27 in case a County Vehicle is in an accident and is out of service for an extended period of time.

FORM PW-2.6 Option Year 5

SCHEDULE OF PRICES FOR WHITTIER ET AL. DIAL-A-RIDE SERVICE (BRC0000274)

The undersigned Bidder offers to perform the work described in the invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

ltem	Description	Hourly Rate	Estimated Annual Hours	Proposed Annual Price (Hourly Rate x Estimated Annual Hours)
1.	Rate for County-Owned Service Vehicle	\$ <u>64.67</u> /Hour	17,000	\$ <u>1,099,390.00</u>
2.	Rate for Contractor-Provided Service Vehicle ¹	\$ <u>69.38</u> /Hour	500	\$34,690.00
L <u></u>	ESTIMATED TO	TAL ANNUAL HOURS	17,500	
		PROPOSED AN	NUAL PRICE	\$

	OF	TIONAL SUPPLEMENTAL 1	AXI RATE	
ltem	Description	Cost Per Mile	Estimated Annual Miles	Optional Supplemental Taxi Price (Cost Per Mile x Estimated Annual Mile)
1.	Supplemental Taxi Rate per Mile – (Optional)	\$ <u>3,80</u> /Mile	3,000	\$ <u>11,400.00</u>

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

LEGAL NAME OF BIDDER	
Empire Transportation, Inc.	
SIGNATURE OF PERSINAL THE ACED TO SUPART BID	
TITLE OF AUTHORIZED PERSON	Ожте
President & COO	03/21/2022

¹ We estimate 500 Vehicle Revenue hours for FY 2027-28 in case a County Vehicle is in an accident and is out of service for an extended period of time.

FORM PW-2.7

SCHEDULE OF PRICES FOR WHITTIER ET AL. DIAL-A-RIDE SERVICE (BRC0000274)

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

	TERMS	PROPOSED PRICE FOR EACH TERM
1	WHITTIER ET AL. DIAL-A-RIDE SHUTTLE SERVICE – INITIAL 6 MONTH TERM	\$ 532,092.50
2	WHITTIER ET AL. DIAL-A-RIDE SHUTTLE SERVICE - OPTION YEAR 1	1,078,060.00
3	WHITTIER ET AL. DIAL-A-RIDE SHUTTLE SERVICE OPTION YEAR 2	1,092,055.00
4	WHITTIER ET AL. DIAL-A-RIDE SHUTTLE SERVICE – OPTION YEAR 3	1,106,085.00
5	WHITTIER ET AL. DIAL-A-RIDE SHUTTLE SERVICE - OPTION YEAR 4	1,120,080.00
6	WHITTIER ET AL. DIAL-A-RIDE SHUTTLE SERVICE OPTION YEAR 5	1,134,080.00
	TOTAL PRICE FOR TERMS 1 THROUGH 6	\$6,062,452.50

LEGAL NAME OF BIDDER		
Empire Transportation, Inc.	Λ	
SIGNATURE OF PERSON AUTHORIZED TO SUBMY BID	K	
TITLE OF AUTHORIZED PERSON	\sim ()	
President & COO		
DATE	STATE CONTRACTOR'S LICENSE NUMBER	LICENSE TYPE
03/21/2022	TCP-21507 CA: 326916	PUC & CHP
BIDDER'S ADDRESS		
8800 Park Street, Bellflower CA	90706	
E-MAL		
baguirre@emptransportation.com	1	
Phone	MOBLE	Facsinile
562-529-2676 Ext 114	310.562.2241	562.529,2220

C/Users/C2D20-Z61pi/Desktop/Whittier Rebid/01 IFB/04.1 FORM PW-2 Sched of Prices Whittier.doc

BIODER: Empire Transportation. Inc.

POSITION/TITLE *			ЮН	OURS PER DAY	DAY			HOURS PER	ANNUAL HOURS	HOURLY WAGE		
(LIST EACH EMPLOYEE SEPARATELY)	sun	MON	TUE	WED	THU	FRI	SAT	WEEK		RATE **	COST	
Operator 1	Ľ	8	80	8	80	8	0	40	1000	17.68	\$	17,680.00
Operator 2		8 8	80	8	0	8	0	40	1000	17.68	\$	17,680.00
Operator 3,4,5		0 24	24	24	24	24	0	120	3000	17.68	\$	53,040.00
Operator 6	7.5	8	0	0	8	8	6	40.5	1012.5	17.68	\$	17,901.00
Operator 7,8,9		0 24	24	24	24	24	0	120	3000	17.68	\$	53,040.00
Operator 10		0	8	8	8	8	6	41	1025	17.68	\$	18,122.00
Operator 11	6.5	8	8	8	0	0	6	39.5	5 987.5	17.68	\$	17,459.00
Road Supervisor		0 8	80	8	8	8	0	40	1000	18.25	\$	18,250.00
Dispatchers (2)	7.5	8	80	16	16	16	6	80.5	2012.5	20.00	5	40,250.00
Reservationists (2)	7.5	5 16	16	8	8	15.5	6	80	0 2000	19.00	\$	38,000.00
Mechanic A	3	8 8	80	Ø	80	8	80	56	1400	27.50	69	38,500.00
Mechanic B	3	8				8	8	24	t 600	31,00	\$	18,600.00
Comments/Notes:										Total Salaries	\$	348,522.00
Omportant:HOURLY RATE LISTED ON LW-8S MUST BE EITH	/-8S MU	IST BE E			(1) Vacal	tions, S	ick Leav	(1) Vacations, Sick Leave, Holiday			\$	13,341.06
<u>CHIGHER</u> OF THE TWO LIVING WAGE RATE YEARS <u>OR</u> YOU	TE YEA	GF RAT	YOU MUST	MUST Health Insurance ***	(2) Healt	h İnsura	ance ***				\$	ł
BS PER EACH YEAR'S RATE	S RATE				(3) Payro	oll Taxe:	s & Wor	(3) Payroll Taxes & Workers' Compensation	ation		\$	73,820.06
O Mechanic(s)		Hourly Wage	age Rate		(4) Welfare and Pension	are and	Pension				\$	4
9 Mechanc(s) Hourly Rate		\$31.00							Total Employee I	Employee Benefits (1+2+3+4)	\$	87,161.12
Mechanc(s) Hourly Rate		\$27.50			(5) Equip	ment C	osts(In	ciudes Fuei an	(5) Equipment Costs(Includes Fuel and the Cost of Parts)		\$	64,421.36
Mechanc(s) Hourly Rate \$	ф				(6) Service and Supply Costs	ce and :	Supply C	Costs			\$	3,517.50
					(7) Gene	ral and	Adminis	trative Costs (In	(7) General and Administrative Costs (Insurace Cost Included)	ed)	\$	28,470.52
					(8) Profit						\$	
									Total Oth	Total Other Costs (5+6+7+8)	Ş	96,409.38
										TOTAL PRICE	\$	532,092.50

All employees shown must be FULL-TIME employees of the bidder, unless exemption to use Part-Time employees has been granted by the County.

** Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program. Hourly rates that are not in compliance may

subject your proposal to rejection.

laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated Note: This cost methodology is to show, in detail, how the Bidder arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance requested. These costs, plus the gross labor costs and projected profit, must match the total to the Bidder's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy annual allowances for vacation, sick, holiday, health and welfare, and pension. Bidder's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as between the price quoted in Form PW-2, Schedule of Prices, and this cost methodology, Form LW-8, the correctly calculated price indicated in Form PW-2, Schedule of Prices, shall prevail.

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the Bid.

Empire Transportation, Inc. Name of Proposer

Signature

3/21/2022 Date

BIDDER: Empire Transportation, Inc.

			ПОН	OURS PER DAY	DAY			HOURS PER	ANNUAL HOURS	HOURLY WAGE	H	
(LIST EACH EMPLOYEE SEPARATELY)	SUN	MDN	TUE	WED	THU	FRI	SAT	WEEK	(52 x Hrs per wk)	RATE **	600	
Operator 1		0	8 8	8	8	8	0	40	2080	17.97	s	37,377.60
Operator 2		8	8 8	8	0	8	0	40	2080	17.97	\$	37,377.60
Operator 3.4.5		0 24	4 24	24	24	24	0	120	6240	17.97	\$	112,132.80
Operator 6	7.5		8 0	0	8	80	6	40.5	2106	17.97	\$	37,844.82
Operator 7,8,9		0 24	4 24	24	24	24	0	120	6240	17.97	\$	112,132.80
Operator 10		0	0 8	8	8	8	o	41	2132	17.97	\$	38,312.04
Operator 11	6.5		8	8	0	0	6	39.5	2054	17.97	\$	36,910.38
Road Supervisor		0	8 8	8	8	8	0	40	2080	18.75	\$	39,000.00
Dispatchers (2)	7.5		8 8	16	10	16	6	80.5	4186	20.50	\$	85,813.00
Reservationists (2)	7.5		16 16	8	8	15.5	6	80	4160	19.50	\$	81,120.00
Mechanic A		8	8 8	8	8	8	8	56	2912	28.00	64	81,536.00
Mechanic B		8				8	8	24	1248	31.50	\$	39,312.00
Comments/Notes:										Total Salaries	64	738,869.04
Omportant: HOURLY RATE LISTED ON LW-8s MUST BE EITHER THE	/-8s ML	JST BE I	EITHER	THE	(1) Vaca	tions, SI	ick Leav	(1) Vacations, Sick Leave, Holiday			S	23,682.13
CHIGHER OF THE TWO LIVING WAGE RATE YEARS <u>OR</u> YOU	TE YE/	ARS <u>OR</u> AGE RAT		LST HF I W	MUST N THF I w (2) Health Insurance ***	h Insura	nce ***			-	\$	ł
8 PER EACH YEAR'S RATE	RATE				(3) Payro	oli Taxe:	s & Worl	(3) Payroll Taxes & Workers' Compensation	tion		\$	155,560.44
JO Mechanic(s)		Hourly Wage	Vage Rate	8	(4) Welfare and Pension	are and	Pension				\$	1
O Mechanc(s) Hourly Rate		\$31.50							Total Employee	Total Employee Benefits (1+2+3+4)	\$	179,242.57
Mechanc(s) Hourly Rate		\$28.00			(5) Equil	ment C	osts(In	cludes Fuel an	(5) Equipment Costs(Includes Fuel and the Cost of Parts)		Ş	108,842.72
Mechanc(s) Hourly Rate \$	69				(6) Service and Supply Costs	ce and	Supply (Costs			\$	5,251.00
					(7) Gene	irai and	Adminis	trative Costs (Ir	(7) General and Administrative Costs (insurace Cost Included)	ed)	\$	45,854.67
					(8) Profit						\$	ť
									Total Oth	Total Other Costs (5+6+7+8)	\$	159,948.39
										TOTAL PRICE	\$	1,078,060.00

All employees shown must be FULL-TIME employees of the bidder, unless exemption to use Part-Time employees has been granted by the County.

** Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program. Hourly rates that are not in compliance may subject your proposal to rejection.

aborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated Note: This cost methodology is to show, in detail, how the Bidder arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance requested. These costs, plus the gross labor costs and projected profit, must match the total to the Bidder's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, shall prevail. annual allowances for vacation, sick, holiday, health and welfare, and pension. Bidders's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the Bid.

Empire Transportation, Inc. Name of Proposer

3/21/2022 Date

STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT:

WHITTIER, ET AL., DIAL-A-RIDE SERVICE BRC0000274)

FORM LW-8.3 OPTION YEAR 2 Estimated Dates July 1, 2024 - June 30, 2025

BIDDER: Empire Transportation. Inc.

POSITION/TITLE *			HOURS	10URS PER DAY	AY			HOURS PER	ANNUAL HOURS	HOURLY WAGE	TaOD	
(LIST EACH EMPLOYEE SEPARATELY)	SUN	NOM	 10E	WED	Ŧ	FRI	SAT	WEEK	(52 x Hrs per wk)	RATE **	1000	
Operator 1	0	8	8	8	8	ø	0	40	2080	18,55	\$	38,584.00
Operator 2	8	8	80	æ	0	80	0	40	2080	18.55	\$	38,584.00
Operator 3,4,5	0	24	24	24	24	24	0	120	6240	18.55	\$	115,752.00
Operator 6	7.5	8	0	0	80	8	6	40.5	2106	18.55	\$	39,066.30
Operator 7,8,9	0	24	24	24	24	24	0	120	6240	18.55	\$	115,752.00
Operator 10	0	0	8	8	8	8	6	41	2132	18.55	\$	39,548.60
Operator 11	6.5	8	80	8	0	0	6	39.5	2054	18.55	Ş	38,101.70
Road Supervisor	0	8	80	8	80	80	0	40	2080	19.25	\$	40,040.00
Dispatchers (2)	7.5	8	8	16	16	16	6	80.5	4186	21.00	\$	87,906.00
Reservationists (2)	7.5	16	16	8	8	15.5	6	80	4160	20.00	\$	83,200.00
Mechanic A	80	8	80	8	8	80	æ	56	2912	28.50	\$	82,992.00
Mechanic B	8					8	8	24	1248	32.00	\$	39,936.00
Comments/Notes:										Total Salaries	Ş	759,462.60
Cumportant:HOURLY RATE LISTED ON LW-8s MUST BE EITH	-8s MUS	T BE EIT	HER THE) Vacati	ons, Sic	K Leave	(1) Vacations, Sick Leave, Holiday			\$	25,102.60
CHIGHER OF THE TWO LIVING WAGE RATE YEARS OR YOU	E YEAR	ts <u>or</u> YO SE β∆τες	U MUST	I W/	(2) Health Insurance ***	Insurar	Ice ***				\$	
CUEAREI SHOW HILE INVO DHT ENELINE ENVIRO	RATE) Payrol	Taxes	& Work	(3) Payroll Taxes & Workers' Compensation	tion		\$	160,051.30
Mecha	Ť	Hourly Wag	e Rate	4	(4) Welfare and Pension	e and F	ension				\$,
9 Mechanc(s) Hourly Rate		\$32.00							Total Employee	Total Employee Benefits (1+2+3+4)	\$	185,153.90
Mechanc(s) Hourly Rate		\$28.50		3)	i) Equipr	nent Co	ists(Inc	ludes Fuel and	(5) Equipment Costs(Includes Fuel and the Cost of Parts)		\$	108,842.72
Mechanc(s) Hourly Rate \$	\$			9	(6) Service and Supply Costs	e and S	upply C	osts			\$	5,251.00
) Genera	al and A	dminist	rative Costs (In	(7) General and Administrative Costs (Insurace Cost Included)	ed)	S	33,344.78
				8	(8) Profit						\$	•
									Total Oth	Other Costs (5+6+7+8)	\$	147,438.50
										TOTAL PRICE	1,1	1,092,055.00

All employees shown must be FULL-TIME employees of the bidder, unless exemption to use Part-Time employees has been granted by the County.

** Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program. Hourly rates that are not in compliance may subject your proposal to rejection.

taborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated Note: This cost methodology is to show, in detail, how the Bidder arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance annual allowances for vacation, sick, holiday, health and welfare, and pension. Bidders's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Bidder's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, shall prevail.

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the Bid.

Empire Transportation, Inc. Name of Proposer

Signat

3/21/2022 Date

BIDDER: Empire Transportation, Inc.

Estimated Dates July 1, 2025 - June 30, 2026

POSITION/TITLE *			INOH	HOURS PER DAY	DAY			HOURS PER	ANNUAL HOURS	HOURLY WAGE	Haco	
(LIST EACH EMPLOYEE SEPARATELY)	SUN	NOM	TUE	WED	THU	FR	SAT	WEEK		RATE **		
Oberator 1	0		8 8	8	8	80	0	40	2080	19.14	₩	39,811.20
Operator 2	8		8	80	ō	80	o	40	2080	19.14	\$	39,811.20
Operator 3.4.5	0	24	1 24	24	24	24	0	120	6240	19.14	\$	119,433.60
Operator 6	7.5		8 0	0	8	8	6	40.5	2106	19,14	, \$	40,308.84
Operator 7,8,9	0	24	1 24	24	24	24	0	120	6240	19.14	\$	119,433.60
Operator 10	0		0 8	8	8	8	6	41	2132	19.14	\$	40,806.48
Operator 11	6.5		8 8	8	0	0	6	39.5	2054	19.14	\$	39,313.56
Road Supervisor	0		8 8	80	8	œ	0	40	2080	19.75	в	41,080.00
Dispatchers (2)	7.5		8 8	16	16	16	6	80.5	4186	21.00	\$	87,906.00
Reservationists (2)	7.5	16	5 16	80	8	15.5	6	80	4160	20.00	69	83,200.00
Mechanic A	8		8 8	8	8	8	8	99	2912	28.50		82,992.00
Mechanic B	8					8	8	24	1248	32.00	\$	39,936.00
Comments/Notes:										Total Salaries	\$	774,032.48
TUmportant:HOURLY RATE LISTED ON LW-8s MUST BE EITHER THE	/-8s MU	ST BE E	ELTHER		(1) Vaca	tions, S	ick Leav	(1) Vacations, Sick Leave, Holiday			67	25,101.60
WHIGHER OF THE TWO LIVING WAGE RATE YEARS OR YOU MUST	TE YEA	RS OR	YOU ML		(2) Health Insurance ***	h Insura	Ince ***				63	١
DEPART SHOW THE INVOLUTION LIVING WIT	RATE				(3) Payrc	il Taxe:	s & Warl	(3) Payroll Taxes & Workers' Compensation	tion .		1	163,023.35
Mecha		Hourly W	Hourly Wage Rate		(4) Welfare and Pension	tre and	Pension	-			8	•
O Mechanc(s) Hourly Rate		\$32.00							Total Employee	Total Employee Benefits (1+2+3+4)	64	188,124.95
Mechanc(s) Hourly Rate		\$28.50			(5) Equip	ment C	osts(In	ciudes Fuei an	(5) Equipment Costs(Includes Fuel and the Cost of Parts)		1	108,842.72
Mechanc(s) Hourly Rate \$	\$				(6) Service and Supply Costs	ce and	Supply C	Casts			\$	3,251.00
					(7) Gene	ral and	Adminis	trative Costs (In	(7) General and Administrative Costs (Insurace Cost Included)	ed)	\$	31,833.85
					(8) Profit						\$	•
									Total Oth	Total Other Costs (5+6+7+8)	S	143,927.57
										TOTAL PRICE	5	1 106.085.00

All employees shown must be FULL-TIME employees of the bidder, unless exemption to use Part-Time employees has been granted by the County.

** Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program. Hourly rates that are not in compliance may subject your proposal to rejection.

laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated Note: This cost methodology is to show, in detail, how the Bidder arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance annual allowances for vacation, sick, holiday, health and welfare, and pension. Bidders's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Bidder's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, shall prevail.

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the Bid.

Empire Transportation, Inc. Name of Proposer

3/21/2022 Date

BIDDER: Empire Transportation, Inc.

Position/Title •			ЪР	OURS PER DAY	YAC			HOURS PER	ANNUAL HOURS	HOURLY WAGE	TO CO	
(LIST EACH EMPLOYEE SEPARATELY)	SUN	NOM	TUE	WED	THU	FRI	SAT	WEEK	(52 x Hrs per wk)	RATE **	1900	
Operator 1	0	8	8	8	8	ø	0	40	2080	19.75	\$	41,080.00
Operator 2	80	8		8	0	8	0	40	2080	19.75	S	41,080.00
Operator 3.4.5		24	24	24	24	24	0	120	6240	19.75	\$	123,240.00
Operator 6	7.5	80		0	8	œ	6	40.5	2106	19.75	\$	41,593.50
Operator 7,8,9	0	24	24	24	24	24	0	120	6240	19.75	в	123,240.00
Operator 10	0	0	8	8	8	8	6	41	2132	19.75	Ф	42,107.00
Operator 11	6.5	8	8	8	0	0	6	39.5	2054	19.75	69	40,566.50
Road Supervisor		80	8	80	æ	80	0	40	2080	20,25	69	42,120.00
Dispatchers (2)	7.5	80	8	16	16	16	6	80.5	4186	21.50	Ф	89,999.00
Reservationists (2)	7.5	16	16	8	8	15.5	6	80	4160	20.50	S	85,280.00
Mechanic A	ω	8	8	8	8	8	Ø	56	2912	29.00	ø	84,448.00
Mechanic B	8					8	8	24	1248	32.50	ю	40,560.00
Comments/Notes:										Total Salaries	ы	795,314.00
TUMPORTANT: HOURLY RATE LISTED ON LW-8s MUST BE EITHER THE	-8s MU	ST BE E	ITHER	1	(1) Vaca	lions, Si	ck Leav	(1) Vacations, Sick Leave, Holiday			в	28,012.85
WIGHER OF THE TWO LIVING WAGE RATE YEARS OR YOU	LE YEA	RS OR	YOU MUST	IST HE I WI	J MUST (2) Health Insurance ***	h İnsura	nce ***				9	-
CURRENT STOW THE TWO BIT CICLUST FRAME AND COMPANY	RATE				(3) Payrc	il Taxes	& Worl	(3) Payroll Taxes & Workers' Compensation	tion		¢	167,958.68
Mecha		Hourly Wage	/age Rate		(4) Welfare and Pension	are and I	Pension	_			\$	÷
O Mechanc(s) Hourly Rate		\$32.50							Total Employee	Total Employee Benefits (1+2+3+4)	\$	195,971.53
Mechanc(s) Hourly Rate		\$29.00			(5) Equip	ment C	osts(Inc	cludes Fuel an	(5) Equipment Costs(Includes Fuel and the Cost of Parts)		\$	93,751.03
Mechanc(s) Hourly Rate \$	Ś				(6) Service and Supply Costs	ce and {	Supply C	Costs			Ş	3,251.00
					(7) Gene	ral and ,	Adminis	trative Costs (Ir	(7) General and Administrative Costs (Insurace Cost Included)	ed)	\$	31,792.44
					(8) Profit						\$	ł
									Total Oth	Total Other Costs (5+6+7+8)	\$	128,794.47
										TOTAL PRICE	\$	1,120,080.00

All employees shown must be FULL-TIME employees of the bidder, unless exemption to use Part-Time employees has been granted by the County.

** Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program. Hourly rates that are not in compliance may subject your proposal to rejection.

(aborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated Note: This cost methodology is to show, in detail, how the Bidder arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance annual allowances for vacation, sick, holiday, health and welfare, and pension. Bidders's costs for insurance, supplies, equipment, overhead, and any othar miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Bidder's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, shall prevail.

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the Bid.

Empire Transportation, Inc. Name of Proposer

3/21/2022 Date

BIDDER: Empire Transportation. Inc.

Estimated Dates July 1, 2027 - June 30, 2028

POSITION/TITLE *			HOUR	URS PER DAY	AY			HOURS PER	ANNUAL HOURS	HOURLY WAGE	T900	
(LIST EACH EMPLOYEE SEPARATELY)	NNS	MON	TUE	WED	ΠH	FRI	SAT	WEEK	(52 x Hrs per wk)	RATE **		
Operator 1	0	8	8	œ	8	8	0	40	2080	20.38	\$	42,390.40
Oberator 2	8	80	ß	8	0	8	0	40	2080	20.38	7 \$	42,390.40
Oberator 3.4.5	0	24	24	2	24	24	o	120	0 6240	20.38	\$	127,171.20
Operator 6	7.5	8	0	0	8	8	6	40.5	2106	20.38	\$	42,920.28
Operator 7,8,9	0	24	24	24	24	24	0	120	0 6240	20,38	\$	127 171.20
Operator 10	0	0	8	8	8	80	6	41	1 2132	20.38	7 \$	43,450.16
Operator 11	6.5	80	8	ø	0	0	6	39.5	2054	20.38	7 \$	41,860.52
Road Supervisor	0	80	8	8	8	8	0	40	2080	20.75	\$	43,160.00
Dispatchers (2)	7.5	80	œ	16	16	16	6	80.5	5 4186	22.00	\$	92,092.00
Reservationists (2)	7.5	16	16	8	8	15.5	6	80	4160	21.00	\$	87,360.00
Mechanic A	8	80	8	8	8	80	8	56	2912	29.50	3	85,904.00
Mechanic B	8				 	8	8	24	1248	33.00	7 \$	41,184.00
Comments/Notes:										Total Salaries	\$	817,054.16
Comportant:HOURLY RATE LISTED ON LW-8s MUST BE EITHER THE	8s MUS	T BE EI	THER T	Щ	1) Vacat	ions, Si	ick Leav	(1) Vacations, Sick Leave, Holiday			\$	30,251.36
<u>HIGHER</u> OF THE TWO LIVING WAGE RATE YEARS <u>OR</u> YOU N A show the two diffeedent I Ming wage bates IN	E YEAR	S <u>OR</u> Y E PATE		W/	(2) Health insurance ***	n insura	ince ***				\$	
BS PER EACH YEAR'S RATE	RATE	5			3) Payro	II Taxes	s & Won	(3) Payroll Taxes & Workers' Compensation	ation		\$ 15	158,785.05
Mecha	Ĥ	Hourly Wage R	ige Rate		(4) Welfare and Pension	re and	Pension	_			\$	1
O Mechanc(s) Hourly Rate		\$33.00							Total Employee	Total Employee Benefits (1+2+3+4)	\$ 18	189,036.41
Mechanc(s) Hourly Rate		\$29.50			5) Equip	ment C	osts(In	cludes Fuel an	(5) Equipment Costs(Includes Fuel and the Cost of Parts)		\$	91, 151.03
Mechanc(s) Hourly Rate \$					(6) Service and Supply Costs	ce and	Supply (Costs			\$	3,251.00
					7) Gene	rai and	Adminis	Itrative Costs (In	(7) General and Administrative Costs (Insurace Cost Included)	(bel)	\$	33,587.40
					(8) Profit						\$	٠
									Total Oth	Other Costs (5+6+7+8)	\$	127,989.43
				Ī						TOTAL DDICE	4 F	1 134 080 00

All employees shown must be FULL-TIME employees of the bidder, unless exemption to use Part-Time employees has been granted by the County.

** Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeies County Code Chapter 2.201 - Living Wage Program. Hourly rates that are not in compliance may subject

your proposal to rejection.

laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated Note: This cost methodology is to show, in detail, how the Bidder arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance requested. These costs, plus the gross labor costs and projected profit, must match the total to the Bidder's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, shall prevail. annual allowances for vacation, sick, holiday, health and welfare, and pension. Bidders's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the Bid.

Empire Transportation, Inc. Vame of Proposer

3/21/2022 Date

SERVICE CONTRACT GENERAL REQUIREMENTS

SECTION 1

INTERPRETATION OF CONTRACT

A. <u>Ambiguities or Discrepancies</u>

Both parties have either consulted or had the opportunity to consult with counsel regarding the terms of this Contract and are fully cognizant of all terms and conditions. Should there be any uncertainty, ambiguity, or discrepancy in the terms or provisions hereof, or should any misunderstanding arise as to the interpretation to be placed upon any position hereof or the applicability of the provisions hereunder, neither party shall be deemed as the drafter of this Contract and the uncertainty, ambiguity, or discrepancy shall not be construed against either party.

B. <u>Definitions</u>

Whenever in the Request for Statement of Qualifications, Contract, Scope of Work, Specifications, Terms, Requirements, and/or Conditions the following terms are used, the intent and meaning shall be interpreted as follows:

<u>Agreement</u>. The written, signed accord covering the performance of the requested service.

Bid or Bid Submission. The response to an Invitation for Bids.

<u>Board</u>. The Board of Supervisors of County of Los Angeles and Ex-Officio Board of Supervisors of the Los Angeles County Flood Control District.

<u>Contract</u>. The written agreement covering the performance of the service and the furnishing of labor, materials, supervision, and equipment in the performance of the service. The Contract includes the Agreement, Exhibit A - Scope of Work (Specifications), Exhibit B - Service Contract General Requirements, Exhibit C - Internal Revenue Service Notice 1015, Exhibit D - Safely Surrendered Baby Law Posters, Exhibit E – Defaulted Property Tax Reduction Program; and other appropriate exhibits, amendments, and change orders. Included are all supplemental agreements amending or extending the service to be performed, which may be required to supply acceptable services specified herein.

<u>Contractor</u>. The person or persons, sole proprietor, partnership, joint venture, corporation, or other legal entity who has entered into an agreement with County to perform or execute the work covered by this Contract.

<u>Contract Work or Work</u>. The entire contemplated work of maintenance and repair to be performed, and services rendered as prescribed in this Contract.

<u>County</u>. Includes County of Los Angeles, County of Los Angeles Department of Public Works, Los Angeles County Road Department, and/or Los Angeles County Engineer.

Day. Calendar day(s) unless otherwise specified.

<u>Direct Employee</u>. Worker employed by Contractor under Contractor's State and Federal taxpayer identification.

<u>Director</u>. The Director of Public Works, County of Los Angeles, as used herein, includes the Road Commissioner, County of Los Angeles; County Engineer, County of Los Angeles; Chief Engineer, Los Angeles County Flood Control District; and/or authorized representative(s).

<u>District</u>. Los Angeles County Flood Control District, or Los Angeles County Waterworks Districts, or Los Angeles County Consolidated Sewer Maintenance District.

<u>Employee Leasing</u>. Any agreement to employ any worker, at any tier, that is neither a Subcontract nor a direct employee relationship.

Fiscal Year. The 12-month period beginning July 1 and ending the following June 30.

<u>Maximum Contract Sum</u>. The Maximum Contract Sum is the aggregate total amount of compensation authorized by the Board.

<u>Proposal</u>. The written materials that a Proposer submits in response to this Request for Statement of Qualifications (Request for Statement of Qualifications).

<u>Proposer</u>. Any individual, person or persons, sole proprietor, firm, partnership, joint venture, corporation, or other legal entity submitting a Statement of Qualification for the work, acting directly or through a duly authorized representative.

Public Works. County of Los Angeles Department of Public Works.

<u>Qualified Contractor</u>. The person or persons, sole proprietor, partnership, joint venture, corporation, or other legal entity deemed qualified upon evaluations with a score of at least 75 eligible to submit bids for services contracts solicited by the County.

<u>Solicitation</u>. Request for Proposals, Invitation for Bids, Request for Statement of Qualifications, or Request for Quotation.

<u>Specifications</u>. The directions, provisions, and requirements contained herein, as supplemented by such special provisions as may be necessary pertaining to method, manner, and place of performing the work under this Contract.

<u>Subcontract</u>. An agreement by the Contractor to employ a Subcontractor at any tier; to employ or agree to employ a Subcontractor, at any tier.

<u>Subcontractor</u>. Any individual, person or persons, sole proprietor, firm, partnership, joint venture, corporation, or other legal entity furnishing supplies, services of any nature, equipment, and/or materials to Contractor in furtherance of the Contractor's performance of this Contract, at any tier, under oral or written agreement.

C. <u>Headings</u>

The headings herein contained are for convenience and reference only and are not intended to define or limit the scope of any provision thereof.

SECTION 2

STANDARD TERMS AND CONDITIONS PERTAINING TO CONTRACT ADMINISTRATION

A. <u>Amendments</u>

- 1. For any change which affects the Scope of Work, Contract sum, payments, or any term or condition included in this Contract, an amendment shall be prepared and executed by Contractor and the Board or if delegated by the Board, the Director, and Contractor.
- 2. The Board or County's Chief Executive Officer or designee may require the addition and/or change of certain terms and conditions in this Contract during the term of this Contract. County reserves the right to add and/or change such provisions as required by the Board or the Chief Executive Officer. To implement such changes, an amendment or a change order to this Contract shall be prepared by Public Works and signed by the Contractor.
- 3. County may, at its sole discretion, authorize extensions of time to this Contract's term. Contractor agrees that such extensions of time shall not change any other term or condition of this Contract during the period of such extensions. To implement an extension of time, an amendment to this Contract shall be prepared and executed by Contractor and the Board or if delegated by the Board, the Director, and Contractor. To the extent that extensions of time for Contractor performance do not impact either scope or amount of this Contract, Public Works may, at its sole discretion, grant Contractor extensions of time, provided the aggregate of all such extensions during the life of this Contract shall not exceed 120 days.
- 4. For any change which does not materially affect the Scope of Work or any other term or condition included under this Contract, a change order shall be prepared by Public Works and signed by the Contractor. If the change order is prepared by the Contractor, it shall be approved by Public Works and signed by the Contractor and the County.

B. <u>Assignment and Delegation</u>

1. Contractor shall not assign its rights or delegate its duties under this Contract, or both, whether in whole or in part, without the prior written consent of County, in its discretion, and any attempted assignment or delegation without such consent shall be null and void. For purposes of this paragraph, County consent shall require a written amendment to this Contract, which is formally approved and executed by Contractor and the Board or if delegated by the Board, the Director, and Contractor. Any payments by County to any approved delegate or assignee on any claim

under this Contract shall be deductible, at County's sole discretion, against the claims which Contractor may have against County.

- 2. Shareholders, partners, members, or other equity holders of Contractor may transfer, sell, exchange, assign, or divest themselves of any interest they may have therein. However, in the event any such sale, transfer, exchange, assignment, or divestment is effected in such a way as to give majority control of Contractor to any person(s), corporation, partnership, or legal entity other than the majority controlling interest therein at the time of execution of this Contract, such disposition is an assignment requiring the prior written consent of County in accordance with applicable provisions of this Contract.
- 3. Any assumption, assignment, delegation, or takeover of any of Contractor's duties, responsibilities, obligations, or performance of same by any person or entity other than Contractor, whether through assignment, Subcontract, delegation, merger, buyout, or any other mechanism, with or without consideration for any reason whatsoever without County's express prior written approval, shall be a material breach of this Contract, which may result in the suspension or termination of this Contract. In the event of such a termination, County shall be entitled to pursue the same remedies against Contractor as it could pursue in the event of default of Contractor.

C. <u>Authorization Warranty</u>

Contractor represents and warrants that the person(s) executing this Contract for Contractor is an authorized agent who has actual authority to bind Contractor to each and every term, condition, and obligation of this Contract and that all requirements of Contractor have been fulfilled to provide such actual authority.

D. <u>Budget Reduction</u>

In the event that the County's Board of Supervisors adopts, in any fiscal year, a County Budget which provides for reductions in the salaries and benefits paid to the majority of County employees and imposes similar reductions with respect to County Contracts, the County reserves the right to reduce its payment obligation under this Contract correspondingly for that fiscal year and any subsequent fiscal year during the term of this Contract (including any extensions), and the services to be provided by the Contractor under this Contract shall also be reduced correspondingly. Except as set forth in the preceding sentence, the Contractor shall continue to provide all of the services set forth in this Contract. The County's notice to the Contractor regarding said reduction in payment obligation shall be provided within 30 calendar days of the Board's approval of such actions.

E. <u>Complaints</u>

Contractor shall develop, maintain, and operate procedures for receiving, investigating, and responding to any complaints by any individual.

- 1. Within 12 business days after this Contract's effective date, Contractor shall provide County with Contractor's policy for receiving, investigating, and responding to any complaints by any individual.
- 2. County will review Contractor's policy and provide Contractor with approval of said plan or with requested changes.
- 3. If County requests changes in Contractor's policy, Contractor shall make such changes and resubmit the plan within five business days for County approval.
- 4. If, at any time, Contractor wishes to change Contractor's policy, Contractor shall submit proposed changes to County for approval before implementation.
- 5. Contractor shall preliminarily investigate all complaints and notify the Contract Manager of the status of the investigation within five business days of receiving the complaint.
- 6. When complaints cannot be resolved informally, a system of follow-through shall be instituted which adheres to formal plans for specific actions and strict time deadlines.
- 7. Copies of all written responses shall be sent to the Contract Manager within three business days of mailing to the complainant.

F. <u>Compliance with Applicable Laws</u>

- 1. In the performance of this Contract, Contractor shall comply with all applicable Federal, State, and local laws, rules, regulations, ordinances, directives, guidelines, policies and procedures, and all provisions required thereby to be included in this Contract are hereby incorporated herein by reference.
- 2. Contractor shall indemnify, defend, and hold harmless County, its officers, employees, and agents from and against any and all claims, demands, damages, liabilities, losses, costs, and expenses including, without limitation, defense costs and legal, accounting and other expert, consulting or professional fees, arising from, connected with, or related to any failure by Contractor, its officers, employees, agents, or Subcontractors, to comply with any such laws, rules, regulations, ordinances, directives, guidelines, policies, or procedures as determined

by County in its sole judgment. Any legal defense pursuant to Contractor's indemnification obligations under this paragraph shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a full and adequate defense, as determined by County in its sole judgment, County shall be entitled to retain its own counsel including, without limitation, County Counsel, and to reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction or other equitable relief, or make any admission, in each case, on behalf of County without County's prior written approval.

G. <u>Compliance with Civil Rights Laws</u>

Contractor hereby assures that it will comply with Subchapter VI of the Civil Rights Act of 1964, 42 USC Sections 2000 (e)(1) through 2000 (e)(17), to the end that no person shall, on the grounds of race, creed, color, sex, religion, ancestry, age, condition of physical disability, marital status, political affiliation, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract. Contractor shall comply with its EEO Certification (Form PW-7).

H. <u>Confidentiality</u>

- 1. Contractor shall maintain the confidentiality of all records obtained from County under this Contract in accordance with all applicable Federal, State, and local laws, ordinances, regulations, and directives relating to confidentiality.
- 2. Contractor shall indemnify, defend, and hold harmless County, its officers, employees, and agents from and against any and all claims, demands, damages, liabilities, losses, costs, and expenses including, without limitation, defense costs and legal, accounting and other expert, consulting or professional fees, arising from, connected with, or related to any failure by Contractor, its officers, employees, agents, or Subcontractors, to comply with this paragraph, as determined by County in its sole judgment. Any legal defense pursuant to Contractor's indemnification obligations under this paragraph shall be conducted by Contractor and performed by counsel selected by Contractor and approved by County. Notwithstanding the preceding sentence, County shall have the right to participate in any such defense at its sole cost and expense, except that in the event Contractor fails to provide County with a

full and adequate defense, as determined by County in its sole judgment, County shall be entitled to retain its own counsel including, without limitation, County Counsel, and to reimbursement from Contractor for all such costs and expenses incurred by County in doing so. Contractor shall not have the right to enter into any settlement, agree to any injunction, or make any admission, in each case, on behalf of County without County's prior written approval.

- 3. Contractor shall inform all of its officers, employees, agents, and Subcontractors providing services hereunder of the confidentiality provisions of this Contract.
- I. <u>Conflict of Interest</u>
 - 1. No County employee whose position with County enables such employee to influence the award of this Contract or any competing Contract, and no spouse or economic dependent of such employee shall be employed in any capacity by Contractor or have any other direct or indirect financial interest in this Contract. No officer or employee of Contractor who may financially benefit from the performance of the work hereunder shall in any way participate in County's approval, or ongoing evaluation, of such work, or in any way attempt to unlawfully influence County's approval or ongoing evaluation of such work.
 - 2. Contractor represents and warrants that it is aware of, and its authorized officers have read, the provisions of Los Angeles County Code, Section 2.180.010, "Certain Contracts Prohibited," and that execution of this Agreement will not violate those provisions. Contractor shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter to be enacted during the term of this Contract. Contractor warrants that it is not now aware of any facts that create a conflict of interest. If Contractor hereafter becomes aware of any facts that might reasonably be expected to create a conflict of interest, it shall immediately make full written disclosure of such facts to County. Full written disclosure shall include, but is not limited to, identification of all persons implicated and a complete Failure to comply with the description of all relevant circumstances. provisions of this paragraph shall be a material breach of this Contract subjecting Contractor to either Contract termination for default or debarment proceedings or both. Contractor must sign and adhere to the "Conflict of Interest Certification" (Form PW-5).

J. <u>Consideration of Hiring County Employees Targeted for Layoffs or Former County</u> <u>Employees on Reemployment List</u>

Should Contractor require additional or replacement personnel after the effective date of this Contract to perform the services set forth herein, Contractor shall

give first consideration for such employment openings to qualified permanent County employees who are targeted for layoff or qualified, former County employees who are on a reemployment list during the life of this Contract.

K. <u>Consideration of Hiring GAIN and GROW Participants</u>

- 1. Should Contractor require additional or replacement personnel after the effective date of this Contract, Contractor shall give consideration for any such employment openings to participants in County's Department of Public Social Services Greater Avenues for Independence (GAIN) Program and General Relief Opportunity for Work (GROW) Program who meet Contractor's minimum qualifications for the open position. For this purpose, consideration shall mean that Contractor will interview qualified candidates. County will refer GAIN and GROW participants by category to Contractor.
- 2. In the event that both laid-off County employees and GAIN and GROW participants are available for hiring, County employees shall be given first priority.

L. <u>Contractor's Acknowledgment of County's Commitment to Child Support</u> <u>Enforcement</u>

Contractor acknowledges that County places a high priority on the enforcement of child support laws and the apprehension of child support evaders. Contractor understands that it is County's policy to encourage all County Contractors to voluntarily post County's L.A.'s Most Wanted: Delinquent Parents poster in a prominent position at Contractor's place of business. County's Child Support Services Department will supply Contractor with the poster to be used.

M. <u>Contractor's Charitable Activities Compliance</u>

The Supervision of Trustees and Fundraisers for Charitable Purposes Act regulates entities receiving or raising charitable contributions. The "Nonprofit Integrity Act of 2004" (SB 1262, Chapter 919) increased Charitable Purposes Act requirements. By requiring Contractors to complete the Charitable Contributions Certification (Form PW-12), County seeks to ensure that all County Contractors which receive or raise charitable contributions comply with California law in order to protect County and its taxpayers. A Contractor which receives or raises charitable contributions without complying with its obligations under California law commits a material breach subjecting it to either Contract termination for default or debarment proceedings or both. (Los Angeles County Code, Chapter 2.202).

N. <u>Contractor's Warranty of Adherence to County's Child Support Compliance</u> <u>Program</u>

- 1. Contractor acknowledges that County has established a goal of ensuring that all individuals who benefit financially from County through Contracts are in compliance with their court-ordered child, family, and spousal support obligations in order to mitigate the economic burden otherwise imposed upon County and its taxpayers.
- 2. As required by County's Child Support Compliance Program (Los Angeles County Code, Chapter 2.200), and without limiting Contractor's duty under this Contract to comply with all applicable provisions of law, Contractor warrants that it is now in compliance and shall during the term of this Contract maintain compliance with the employment and wage reporting requirements as required by the Federal Social Security Act (42 USC Section 653a) and California Unemployment Insurance Code, Section 1088.5, and shall implement all lawfully served Wage and Earnings Withholding Orders or Child Support Services Department Notices of Wage and Earnings Assignment for Child, Family, or Spousal Support, pursuant to Code of Civil Procedure Section 706.031 and Family Code, Section 5246(b).

O. <u>County's Quality Assurance Plan</u>

County or its agent will monitor the Contractor's performance under this Contract on not less than an annual basis. Such monitoring will include assessing Contractor's compliance with all this Contract's terms and conditions and performance standards. Contractor deficiencies which County determines are significant or continuing and that may place performance of this Contract in jeopardy, if not corrected, will be reported to the Board. The report will include improvement/corrective action measures taken by County and Contractor. If improvement does not occur consistent with the corrective action measures, County may suspend or terminate this Contract for default or impose other penalties as specified in this Contract.

P. Damage to County Facilities, Buildings, or Grounds

- 1. Contractor shall repair, or cause to be repaired, at its own cost, any and all damage to County facilities, buildings, or grounds caused by Contractor, employees, or agents of Contractor.
- 2. Such repairs shall be made immediately after Contractor has become aware of such damage, but in no event later than 30 days after the occurrence. If Contractor fails to make timely repairs, County may make any necessary repairs. All costs incurred by County, as determined

by County, for such repairs shall be repaid by Contractor by cash payment upon demand. County may deduct from any payment otherwise due Contractor for costs incurred by County to make such repairs.

Q. Employment Eligibility Verification

- 1. Contractor warrants that it fully complies with all Federal and State statutes and regulations regarding the employment of aliens and others and that all of its employees performing work under this Contract meet the citizenship or alien status requirements set forth in Federal and State statutes and regulations. Contractor shall obtain, from all covered employees performing services hereunder, all verification and other documentation of employment eligibility status required by Federal and State statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986 (P.L. 99-603), or as they currently exist and as they may be hereafter amended. Contractor shall retain all such documentation for all covered employees for the period prescribed by law.
- 2. Contractor shall indemnify, defend, and hold harmless the County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers from employer sanctions and any other liability which may be assessed against Contractor or County or both in connection with any alleged violation of Federal or State statutes or regulations pertaining to the eligibility for employment of persons performing services under this Contract.

R. <u>Facsimile Representations</u>

At the discretion of County, County may agree to regard facsimile representations of original signatures of Contractor's authorized officers, when appearing in appropriate places on the change notices and amendments prepared pursuant to this Exhibit's Amendments, and received via communications facilities, as legally sufficient evidence that such original signatures have been affixed to change notices and amendments to this Contract, such that the Contractor need not follow up facsimile transmissions of such documents with subsequent (nonfacsimile) transmission of "original" versions of such documents.

S. Fair Labor Standards

Contractor shall comply with all applicable provisions of the Federal Fair Labor Standards Act and shall indemnify, defend, and hold harmless the County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers from any and all liability including, but not limited to, wages, overtime pay, liquidated damages, penalties, court costs, and attorneys' fees arising under any wage and hour law including, but not limited to, the Federal Fair Labor Standards Act, for work performed by Contractor's employees for which County may be found jointly or solely liable.

- T. Force Majeure
 - 1. Neither party shall be liable for such party's failure to perform its obligations under and in accordance with this Contract, if such failure arises out of fires, floods, epidemics, quarantine restrictions, other natural occurrences, strikes, lockouts (other than a lockout by such party or any of such party's Subcontractors), freight embargoes, or other similar events to those described above, but in every such case the failure to perform must be totally beyond the control and without any fault or negligence of such party (such events are referred to in this subparagraph as "force majeure events").
 - 2. Notwithstanding the foregoing, a default by a Subcontractor of Contractor shall not constitute a force majeure event, unless such default arises out of causes beyond the control of both Contractor and such Subcontractor, and without any fault or negligence of either of them. In such case, Contractor shall not be liable for failure to perform, unless the goods or services to be furnished by the Subcontractor were obtainable from other sources in sufficient time to permit Contractor to meet the required performance schedule. As used in this subparagraph, the term "Subcontractor" and "Subcontractors" mean Subcontractors at any tier.
 - 3. In the event Contractor's failure to perform arises out of a force majeure event, Contractor agrees to use commercially reasonable best efforts to obtain goods or services from other sources, if applicable, and to otherwise mitigate the damages and reduce the delay caused by such force majeure event.

U. <u>Governing Laws, Jurisdiction, and Venue</u>

This Contract shall be governed by, and construed in accordance with the laws of the State of California. To the maximum extent permitted by applicable law, Contractor and County agree and consent to the exclusive jurisdiction of the courts of the State of California for all purposes concerning this Contract and further agree and consent that venue of any action brought in connection with or arising out of this Contract, shall be exclusively in the County of Los Angeles.

V. Most Favored Public Entity

If the Contractor's prices decline, or should the Contractor at any time during the term of this Contract provide the same goods or services under similar quantity and delivery conditions to the State of California or any county, municipality, or district of the State at prices below those set forth in this Contract, then such lower prices shall be immediately extended to the County.

W. Nondiscrimination and Affirmative Action

- 1. Contractor certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies are and shall be treated equally without regard to or because of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable Federal and State antidiscrimination laws and regulations.
- 2. Contractor shall certify to, and comply with, the provisions of Contractor's EEO Certification (Form PW-7).
- 3. Contractor shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, in compliance with all applicable Federal and State antidiscrimination laws and regulations. Such action shall include, but not be limited to, employment, upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection of training, including apprenticeship.
- 4. Contractor certifies and agrees that it will deal with its Subcontractors, bidders, or vendors without regard to or because of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation.
- 5. Contractor certifies and agrees that it, its affiliates, subsidiaries, or holding companies shall comply with all applicable Federal and State laws and regulations to the end that no person shall, on the grounds of race, color, religion, ancestry, national origin, sex, age, physical or mental disability, marital status, or political affiliation, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this Contract or under any project, program, or activity supported by this Contract.
- 6. Contractor shall allow County representatives access to Contractor's employment records during regular business hours to verify compliance with the provisions of this paragraph when so requested by County.
- 7. If County finds that any of the above provisions have been violated, such violation shall constitute a material breach of this Contract upon which County may terminate for default or suspend this Contract. While County reserves the right to determine independently that the antidiscrimination provisions of this Contract have been violated, in addition, a determination by the California Fair Employment Practices Commission or the Federal Equal Employment Opportunity Commission that Contractor has

violated Federal or State antidiscrimination laws or regulations shall constitute a finding by County that Contractor has violated the antidiscrimination provisions of this Contract.

- 8. The parties agree that in the event Contractor violates any of the antidiscrimination provisions of this Contract, County shall, at its sole option, be entitled to a sum of \$500 for each violation pursuant to California Civil Code, Section 1671, as liquidated damages in lieu of terminating or suspending this Contract.
- X. <u>Nonexclusivity</u>

Nothing herein is intended nor shall be construed as creating any exclusive arrangement with Contractor. This Contract shall not restrict County from acquiring similar, equal, or like goods and/or services from other entities or sources.

Y. <u>No Payment for Services Provided Following Expiration/Suspension/Termination of</u> <u>Contract</u>

Contractor shall have no claim against County for payment of any money or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration, suspension, or other termination of this Contract. Should Contractor receive any such payment, it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/suspension/termination of this Contract shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration/suspension/termination of this Contract.

Z. <u>Notice of Delays</u>

Except as otherwise provided under this Contract, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this Contract, that party shall, within one business day, give notice thereof, including all relevant information with respect thereto, to the other party.

AA. <u>Notice of Disputes</u>

Contractor shall bring to the attention of the Contract Manager any dispute between County and Contractor regarding the performance of services as stated in this Contract. If the Contract Manager is not able to resolve the dispute, the Director will resolve it.

BB. Notice to Employees Regarding the Federal Earned Income Credit

Contractor shall notify its employees, and shall require each Subcontractor to notify its employees, that they may be eligible for the Federal Earned Income Credit under the Federal income tax laws. Such notice shall be provided in accordance with the requirements set forth in Internal Revenue Service Notice 1015 (Exhibit C).

CC. Notices

Notices desired or required to be given under these Specifications, Conditions, or Terms herein or any law now or hereafter in effect may, at the option of the party giving the same, be given by enclosing the same in a sealed envelope addressed to the party for whom intended and by depositing such envelope with postage prepaid with the United States Post Office and any such notice and the envelope containing the same shall be addressed to Contractor at its place of business, or such other place as may be hereinafter designated in writing by Contractor. The notices and envelopes containing the same to County shall be addressed to:

> Contracting Manager, Architectural Engineering Division County of Los Angeles Department of Public Works P.O. Box 1460 Alhambra, CA 91802-1460

In the event of suspension or termination of this Contract, notices may also be given upon personal delivery to any person whose actual knowledge of such suspension or termination would be sufficient notice to Contractor. Actual knowledge of such suspension or termination by an individual Contractor or by a copartner, if Contractor is a partnership; or by the president, vice president, secretary, or general manager, if Contractor is a corporation; or by the managing agent regularly in charge of the work on behalf of said Contractor shall in any case be sufficient notice.

DD. Publicity

Contractor shall not disclose any details in connection with this Contract to any person or entity except as may be otherwise provided hereunder or required by law. However, in recognizing Contractor's need to identify its services and related clients to sustain itself, County shall not inhibit Contractor from publicizing its role under this Contract within the following conditions:

- 1. Contractor shall develop all publicity material in a professional manner.
- 2. During the term of this Contract, Contractor shall not, and shall not authorize another to, publish or disseminate commercial advertisements, press releases, feature articles, or other materials using the name of

County without the prior written consent of the Contract Manager. County shall not unreasonably withhold such written consent.

3. Contractor may, without prior written consent of County, indicate in its proposals and sales materials that it has been awarded this Contract with County, provided that the requirements of this paragraph shall apply.

EE. <u>Public Records Act</u>

- 1. Any documents submitted by Contractor; all information obtained in connection with County's right to audit and inspect Contractor's documents, books, and accounting records pursuant to this Exhibit's Record Retention and Inspection/Audit Settlement of this Contract; as well as those documents which were required to be submitted in response to the RFSQ used in the solicitation process for this Contract, become the exclusive property of County. All such documents become a matter of public record and shall be regarded as public records, except those documents that are marked "Trade Secret," "Confidential," or "Proprietary" and are deemed excluded from disclosure under Government Code 6250 et seq. (Public Records Act). County shall not in any way be liable or responsible for the disclosure of any such records including, with limitation, those so marked, if disclosure is required by law, or by an order issued by a court of competent jurisdiction.
- 2. In the event County is required to defend an action on a Public Records Act request for any of the aforementioned documents, information, books, records, and/or contents of a proposal marked "Trade Secret," "Confidential," or "Proprietary," Contractor agrees to defend and indemnify County from all costs and expenses, including reasonable attorney's fees, in connection with any requested action or liability arising under the Public Records Act.

FF. Record Retention and Inspection/Audit Settlement

Contractor shall maintain accurate and complete financial records of its activities and operations relating to this Contract in accordance with generally accepted accounting principles. Contractor shall also maintain accurate and complete employment and other records relating to its performance of this Contract. Contractor agrees that County, or its authorized representatives, shall have access to and the right to examine, audit, excerpt, copy, or transcribe any pertinent transaction, activity, or record relating to this Contract. All such material including, but not limited to, all financial records, bank statements, cancelled checks, or other proof of payment, timecards, sign-in/sign-out sheets, and other time and employment records, and proprietary data and information shall be kept and maintained by Contractor and shall be made available to County during the term of this Contract and for a period of five years thereafter unless County's written permission is given to dispose of any such material prior to such time. All such material shall be maintained by Contractor at a location in County, provided that if any such material is located outside County, then, at County's option, Contractor shall pay County for travel, per diem, and other costs incurred by County to examine, audit, excerpt, copy, or transcribe such material at such other location.

- 1. In the event that an audit of Contractor is conducted specifically regarding this Contract by any Federal or State auditor, or by any auditor or accountant employed by Contractor or otherwise, then Contractor shall file a copy of such audit report with County's Auditor-Controller within 30 days of Contractor's receipt thereof, unless otherwise provided by applicable Federal or State law or under this Contract. Subject to applicable law, County shall make a reasonable effort to maintain the confidentiality of such audit report(s).
- 2. Failure on the part of Contractor to comply with any of the provisions of this paragraph shall constitute a material breach of this Contract upon which County may suspend or terminate for default or suspend this Contract.
- 3. If, at any time during the term of this Contract or within five years after the expiration or termination of this Contract, representatives of County conduct an audit of Contractor regarding the work performed under this Contract, and if such audit finds that County's dollar liability for any such work is less than payments made by County to Contractor, then the difference shall be either: a) repaid by Contractor to County by cash payment upon demand or b) at the sole option of County's Auditor-Controller, deducted from any amounts due to Contractor from County, whether under this Contract or otherwise. If such audit finds that County's dollar liability for such work is more than the payments made by County to Contractor, then the difference shall be paid to Contractor by County by cash payment, provided that in no event shall County's maximum obligation for this Contract.
- 4. addition to the above, the Contractor agrees, should the In County or its authorized representatives determine, in the County's sole discretion, that it is necessary or appropriate to review a broader scope of the Contractor's records (including, certain records related to non-County Contracts) to enable the County to evaluate the Contractor's compliance with the County's Living Wage Program, that the Contractor shall promptly and without delay provide to the County, upon the written request of the County or its authorized representatives, access to and the right to examine, audit, excerpt, copy, or transcribe any and all transactions, activities, or records relating to any of its employees who have provided services to the County under this Contract, including without limitation, records relating to work performed by said employees on the Contractor's non-County Contracts. The Contractor further acknowledges that the

foregoing requirement in this subparagraph relative to Contractor's employees who have provided services to the County under this Contract is for the purpose of enabling the County in its discretion to verify the Contractor's full compliance with and adherence to California labor laws and the County's Living Wage Program. All such materials and information including, but not limited to, all financial records, bank statements, cancelled checks or other proof of payment, timecards, sign-in/sign-out sheets and other time and employment records, and proprietary data and information, shall be kept and maintained by the Contractor and shall be made available to the County during the term of this Contract and for a period of five years thereafter unless the County's written permission is given to dispose of any such materials and information prior to such time. All such materials and information shall be maintained by the Contractor at a location in Los Angeles County, provided that if any such materials and information is located outside Los Angeles County, then, at the County's option, the Contractor shall pay the County for travel, per diem, and other costs incurred by the County to examine, audit, excerpt, copy, or transcribe such materials and information at such other location.

GG. <u>Recycled-Content Paper Products</u>

Consistent with Board policy to reduce the amount of solid waste deposited at County landfills, Contractor agrees to use recycled-content paper to the maximum extent possible under this Contract.

HH. <u>Contractor's Employee Criminal Background Investigation</u>

Each of Contractor's staff performing services under this Contract, who is in a designated sensitive position, as determined by County in County's sole discretion, shall undergo and pass a background investigation to the satisfaction of County as a condition of beginning and continuing to perform services under this Contract. Such background investigation must be obtained through fingerprints submitted to the California Department of Justice to include State, local, and federal-level review, which may include, but shall not be limited to, criminal conviction information. The fees associated with the background investigation shall be at the expense of the Contractor, regardless of whether the member of Contractor's staff passes or fails the background investigation.

If a member of Contractor's staff does not pass the background investigation, County may request that the member of Contractor's staff be removed immediately from performing services under the Contract. Contractor shall comply with County's request at any time during the term of the Contract. County will not provide to Contractor or to Contractor's staff any information obtained through the County's background investigation County, in its sole discretion, may immediately deny or terminate facility access to any member of Contractor's staff that does not pass such investigation to the satisfaction of the County or whose background or conduct is incompatible with County facility access.

Disqualification of any member of Contractor's staff pursuant to this section shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract.

II. <u>Subcontracting</u>

The requirements of this Contract may not be subcontracted by Contractor without the advance written approval of County. Any attempt by Contractor to Subcontract without the prior written consent of County may be deemed a material breach of this Contract and the County may suspend or terminate for this Contract default.

- 1. If Contractor desires to Subcontract, Contractor shall provide the following information promptly at County's request:
 - a. A description of the work to be performed by the Subcontractor.
 - b. A draft copy of the proposed Subcontract.
 - c. Other pertinent information and/or certifications requested by County.
- 2. Contractor shall indemnify, defend, and hold County harmless with respect to the activities of each and every Subcontractor in the same manner and to the same degree as if such Subcontractor(s) were Contractor employees.
- 3. Contractor shall remain fully responsible for all performances required of it under this Contract, including those that the Contractor has determined to Subcontract, notwithstanding County's approval of Contractor's proposed Subcontract.
- 4. County's consent to Subcontract shall not waive County's right to prior and continuing approval of any and all personnel, including Subcontractor employees, providing services under this Contract. Contractor is responsible to notify its Subcontractors of this County right.
- 5. County's Contract Manager is authorized to act for and on behalf of County with respect to approval of any Subcontract and Subcontractor employees.
- 6. Contractor shall be solely liable and responsible for all payments or other compensation to all Subcontractors and their officers, employees, agents,

and successors in interest arising through services performed hereunder, notwithstanding County's consent to Subcontract.

- 7. Contractor shall obtain certificates of insurance, which establish that the Subcontractor maintains all the programs of insurance required by County from each approved Subcontractor. Contractor shall ensure delivery of all such documents to Architectural Engineering Division, P.O. Box 1460, Alhambra, California 91802-1460, before any Subcontractor employee may perform any work hereunder.
- 8. Employee Leasing is prohibited.
- JJ. <u>Validity</u>

If any provision of this Contract or the application thereof to any person or circumstance is held invalid, the remainder of this Contract and the application of such provision to other persons or circumstances shall not be affected thereby.

KK. <u>Waiver</u>

No waiver by County of any breach of any provision of this Contract shall constitute a waiver of any other breach of said provision or of any other provision of this Contract. Failure of County to enforce at anytime, or from time to time, any provision of this Contract shall not be construed as a waiver thereof.

LL. Warranty Against Contingent Fees

- 1. Contractor warrants that no person or selling agency has been employed or retained to solicit or secure this Contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, excepting bona fide employees or bona fide established commercial or selling agencies maintained by Contractor for the purpose of securing business.
- 2. For breach of this warranty, County shall have the right, in its sole discretion, to suspend or terminate this Contract for default, deduct from amounts owing to the Contractor, or otherwise recover, the full amount of such commission, percentage, brokerage, or contingent fee.

MM. <u>Time Off for Voting</u>

The Contractor shall notify its employees, and shall require each Subcontractor to notify and provide to its employees, information regarding the time off for voting law (Elections Code, Section 14000). Not less than ten days before every Statewide election, every Contractor and Subcontractors shall keep posted conspicuously at the place of work, if practicable, or elsewhere where it can be seen as employees come or go to their place of work, a notice setting forth the provisions of Section 14000.

NN. Local Small Business Enterprise Utilization

When requested by the County, the Contractor shall provide to the County via methods specified by the County, such as submission of electronic live (or dynamic) data on invoices for the prime and all subcontractors using County-designated third party software system or to a County approved website, or other means of submitting expenditure information on subcontractors, including but not limited to the following information: the name, business address and telephone number/email address of each subcontractor.

In addition, the Contractor shall be required to provide each of the specified subcontractor Local Small Business Enterprise (SBE), Disabled Veterans Enterprise (DBVE), and Social Enterprise status (i.e., whether any of the listed subcontractors are Local SBE's) and the proposed monetary amount of the work the subcontractor will perform on each Notice to Proceed. At the time of submittal of each invoice, the Contractor shall indicate, via methods specified by the County, the actual dollar amounts paid to each listed subcontractor who performed work on the project. The subcontractor may be requested to confirm receipt of the actual payment to the subcontractor by the prime.

The parties agree that it will be impracticable or extremely difficult to fix the extent of actual damages resulting from the failure to the Contractor to comply with this Section. The parties will agree that under the current circumstances a reasonable estimate of such damages is specified in Exhibit F, Performance Requirements Summary, and that the Contractor shall be liable to the County for said amount.

If in the judgment of the Director, or his/her designee, the Contractor is deemed to be in non-compliance with the terms and obligations, the Director or his/her designee, at his/her option, in addition to, or in lieu of, other remedies provided in Exhibit F, Performance Requirements Summary, may deduct and withhold liquidated damages from County's final payment to the Contractor.

OO. <u>Compliance with County's Zero Tolerance Human Trafficking</u>

Contractor acknowledges that the County has established a Zero Tolerance Human Trafficking Policy prohibiting contractors from engaging in human trafficking.

If a Contractor or member of Contractor's staff is convicted of a human trafficking offense, the County shall require that the Contractor or member of Contractor's staff be removed immediately from performing services under the Contract. County will not be under any obligation to disclose confidential information regarding the offenses other than those required by law.

Disqualification of any member of Contractor's staff pursuant to this paragraph shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Contract.

PP. Method of Payment and Required Information

The County may, at its sole discretion, determine the most appropriate, efficient, secure, and timely form of payment for any amounts due for goods and/or services provided under an agreement or contract with the County. Proposers/Contractors further agree that the default form of payment shall be Electronic Funds Transfer (EFT) or direct deposit, unless an alternative method of payment is deemed appropriate by the Auditor-Controller (A-C).

Upon contract award and at the request of the A-C and/or the contracting department, the Contractor shall provide the A-C with electronic banking and related information for the Contractor and/or any other payee that the Contractor designates to receive payment pursuant to this agreement or contract. Such electronic banking and related information includes, but is not limited to: bank account number and routing number, legal business name, valid taxpayer identification number or TIN, a working e-mail address capable of receiving remittance advices and other payment related correspondence, and any other information that the A-C determines is reasonably necessary to process the payment and comply with all accounting, recordkeeping, and tax reporting requirements.

Any provision of law, grant, or funding agreement requiring a specific form or method of payment other than EFT or direct deposit shall supersede this requirement with respect to those payments. Upon contract award or at any time during the duration of the agreement or contract, a contractor may submit a written request for an exemption to this requirement. Such request must be based on specific legal, business or operational needs and explain why the payment method designated by the A-C is not feasible and an alternative is necessary. The A-C, in consultation with the contracting department(s), shall decide whether to approve exemption requests.

QQ. Compliance with Fair Chance Employment Practices

Contractor shall comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History. Contractor's violation of this paragraph of the Contract may constitute a material breach of the Contract. In the event of such material breach, County may, in its sole discretion, terminate the Contract.

RR. <u>Compliance with the County Policy of Equity</u>

The contractor acknowledges that the County takes its commitment to preserving the dignity and professionalism of the workplace very seriously, as set forth in the County Policy of Equity (CPOE) (<u>https://ceop.lacounty.gov/).</u> The contractor further acknowledges that the County strives to provide a workplace free from discrimination, harassment, retaliation and inappropriate conduct based on a protected characteristic, and which may violate the CPOE. The contractor, its employees and subcontractors acknowledge and certify receipt and understanding of the CPOE. Failure of the contractor, its employees or its subcontractors to uphold the County's expectations of a workplace free from harassment and discrimination, including inappropriate conduct based on a protected characteristic, may subject the contractor to termination of contractual agreements as well as civil liability.

TERMINATIONS/SUSPENSIONS

A. <u>Termination/Suspension for Breach of Warranty to Maintain Compliance with</u> <u>County's Child Support Compliance Program</u>

Failure of Contractor to maintain compliance with the requirements set forth in this Exhibit's Contractor's Warranty of Adherence to County's Child Support Compliance Program shall constitute a default under this Contract. Without limiting the rights and remedies available to County under any other provision of this Contract, failure of Contractor to cure such default within 90 calendar days of written notice shall be grounds upon which the County may suspend or terminate this Contract pursuant to this Exhibit's Termination/Suspension for Default, and pursue debarment of Contractor pursuant to Los Angeles County Code, Chapter 2.202.

B. Termination/Suspension for Convenience

- 1. This Contract may be suspended or terminated, in whole or in part, from time to time, when such action is deemed by County, in its sole discretion, to be in its best interest. Suspension or termination of work hereunder shall be effected by notice of suspension or termination to Contractor specifying the extent to which performance of work is suspended or terminated and the date upon which such suspension or termination becomes effective. The date upon which such suspension or termination becomes effective shall be no less than ten days after the notice is sent.
- 2. After receipt of a notice of suspension or termination and except as otherwise directed by County, Contractor shall:
 - a. Stop work under this Contract on the date and to the extent specified in such notice.
 - b. Complete performance of such part of the work as shall not have been suspended or terminated by such notice.
- 3. All material including books, records, documents, or other evidence bearing on the costs and expenses of Contractor under this Contract shall be maintained by Contractor in accordance with this Exhibit's Record Retention and Inspection/Audit Settlement.
- 4. If this Contract is suspended or terminated, Contractor shall complete within the Director's suspension or termination date contain within the notice of suspension or termination, those items of work which are in various stages of completion, which the Director has advised the Contractor are necessary to bring the work to a timely, logical, and orderly

end. Reports, samples, and other materials prepared by Contractor under this Contract shall be delivered to County upon request and shall become the property of County.

- C. <u>Termination/Suspension for Default</u>
 - 1. County may, by written notice to Contractor, suspend or terminate the whole or any part of this Contract, if, in the judgment of the County:
 - a. Contractor has materially breached this Contract; or
 - b. Contractor fails to timely provide and/or satisfactorily perform any task, deliverable, service, or other work required under this Contract; or
 - c. Contractor fails to demonstrate a high probability of timely fulfillment of performance requirements under this Contract, or of any obligations of this Contract and in either case, fails to demonstrate convincing progress toward a cure within five working days (or such longer period as County may authorize in writing) after receipt of written notice from County specifying such failure.
 - 2. In the event County suspends or terminates this Contract in whole or in part pursuant to this paragraph, County may procure, upon such terms and in such manner, as County may deem appropriate, goods and services similar to those so suspended or terminated. Contractor shall be liable to County for any and all excess costs incurred by County, as determined by County, for such similar goods and services. Contractor shall continue the performance of this Contract to the extent not suspended or terminated under the provisions of this paragraph.
 - 3. Except with respect to defaults of any Subcontractor, Contractor shall not liable for anv excess costs of the type identified be in subparagraph "2" above, if its failure to perform this Contract arises out of causes beyond the control and without the fault or negligence of Contractor. Such causes may include, but are not limited to, acts of God or of the public enemy, acts of County in either its sovereign or contractual capacity, acts of the Federal or State government in its sovereign capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather; but in every case, the failure to perform must be beyond the control and without the fault or negligence of Contractor. If the failure to perform is caused by the default of a Subcontractor, and if such default arises out of causes beyond the control of both Contractor and Subcontractor, and without the fault or negligence of either of them, Contractor shall not be liable for any such excess costs for failure to perform, unless the goods or services to be furnished by the

Subcontractor were obtainable from other sources in sufficient time to permit Contractor to meet the required delivery schedule.

- 4. If, after County has given notice of termination or suspension under the provisions of this paragraph, it is determined by County that Contractor was not in default under the provisions of this paragraph or that the default was excusable under the provisions of this paragraph, the rights and obligations of the parties shall be the same as if the notice of termination or suspension had been issued pursuant to this Exhibit's Termination/Suspension for Convenience.
- 5. The rights and remedies of County provided in this paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.
- 6. As used herein, the terms "Subcontractor" and "Subcontractors" mean Subcontractor at any tier.

D. <u>Termination/Suspension for Improper Consideration</u>

- 1. County may, by written notice to Contractor, immediately suspend or terminate the right of Contractor to proceed under this Contract if it is found that consideration, in any form, was offered or given by Contractor, either directly or through an intermediary, to any County officer, employee, or agent with the intent of securing this Contract or securing favorable treatment with respect to the award, amendment, extension of this Contract, or the making of any determinations with respect to Contractor's performance pursuant to this Contract. In the event of such termination or suspension, County shall be entitled to pursue those same remedies against Contractor as it could pursue in the event of default by Contractor.
- 2. Contractor shall immediately report any attempt by a County officer or employee to solicit such improper consideration. The report shall be made either to County manager charged with the supervision of the employee or to County Auditor-Controller's Employee Fraud Hotline at (800) 544-6861.
- 3. Among other items, such improper consideration may take the form of cash; discounts; services; the provision of travel, entertainment, or tangible gifts.

E. <u>Termination/Suspension for Insolvency</u>

- 1. County may suspend or terminate this Contract forthwith in the event of the occurrence of any of the following:
 - a. Insolvency of Contractor. Contractor shall be deemed to be insolvent if it has ceased to pay its debts for at least 60 days in the ordinary course of business or cannot pay its debts as they become due, whether or not a petition has been filed under the Federal Bankruptcy Code, and whether or not Contractor is insolvent within the meaning of the Federal Bankruptcy Code.
 - b. The filing of a voluntary or involuntary bankruptcy petition relative to Contractor under the Federal Bankruptcy Code.
 - c. The appointment of a bankruptcy Receiver or Trustee for Contractor.
 - d. The execution by Contractor of a general assignment for the benefits of creditors.
- 2. The rights and remedies of County provided in this paragraph shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Contract.

F. <u>Termination/Suspension for Nonadherence to County Lobbyists Ordinance</u>

Contractor, and each County lobbyist or County lobbying firm as defined in Los Angeles County Code, Section 2.160.010, retained by Contractor, shall fully comply with County's Lobbyist Ordinance, Los Angeles County Code, Chapter 2.160. Failure on the part of Contractor or any County Lobbyists or County Lobbying firm retained by Contractor to fully comply with County's Lobbyist Ordinance shall constitute a material breach of this Contract, upon which County may in its sole discretion, immediately suspend or terminate for default of this Contract.

G. <u>Termination/Suspension for Nonappropriation of Funds</u>

Notwithstanding any other provision of this Contract, County shall not be obligated for Contractor's performance hereunder or by any provision of this Contract during any of County's future fiscal years unless and until the Board appropriates funds for this Contract in County's budget for each such future fiscal year. In the event that funds are not appropriated for this Contract, then this Contract may be suspended or terminated as of June 30 of the last fiscal year for which funds were appropriated. County will notify Contractor in writing of any such nonallocation of funds at the earliest possible date.

GENERAL CONDITIONS OF CONTRACT WORK

A. <u>Authority of Public Works and Inspection</u>

The Director will have the final authority in all matters affecting the work covered by this Contract's Terms, Requirement, Conditions, and Specifications. On all questions relating to work acceptability or interpretations of these Terms, Requirements, Conditions, and Specifications, the decision of the Director will be final.

B. <u>Cooperation</u>

Contractor shall cooperate with Public Works' forces engaged in any other activities at the jobsite. Contractor shall carry out all work in a diligent manner and according to instructions of the Director.

C. <u>Cooperation and Collateral Work</u>

Contractor shall perform work as directed by the Director. The Director will be supported by other Public Works personnel in assuring satisfactory performance of the work under these Specifications and that satisfactory Contract controls and conditions are maintained.

D. Equipment, Labor, Supervision, and Materials

All equipment, labor, supervision, and materials required to accomplish this Contract, except as might be specifically outlined in other sections, shall be provided by Contractor.

E. <u>Gratuitous Work</u>

Contractor agrees that should work be performed outside the Scope of Work indicated and without Public Works' prior written approval in accordance with this Exhibit's Amendments, such work shall be deemed to be a gratuitous effort by Contractor, and Contractor shall have no claim against County.

F. Jobsite Safety

Contractor shall be solely responsible for ensuring that all work performed under this Contract is performed in strict compliance with all applicable Federal, State, and local occupational safety regulations. Contractor shall provide at its expense all safeguards, safety devices, and protective equipment and shall take any and all actions appropriate to providing a safe jobsite.

G. <u>Labor</u>

No person shall be employed on any work under this Contract who is found to be intemperate, troublesome, disorderly, or is otherwise objectionable to Public Works. Any such person shall be reassigned immediately and not again employed on Public Works' projects or providing services.

H. Labor Law Compliance

Contractor, its agents, and employees shall be bound by and shall comply with all applicable provisions of the Labor Code of the State of California as well as all other applicable Federal, State, and local laws related to labor including compliance with prevailing wage laws. The Contractor is responsible for selecting the classification of workers, which will be required to perform this service in accordance with the Contractor's method of performing the work and when applicable, is required to pay current prevailing wage rate s adopted by the Director of the Department of Industrial Relations and will indemnify the County for any claims resulting from their failure to so comply. Contractor shall comply with Labor Code, Section 1777.5, with respect to the employment of apprentices.

I. <u>Overtime</u>

Eight hours labor constitutes a legal day's work. Work in excess thereof, or greater than 40 hours during any one week, shall be permitted only as authorized by and in accordance with Labor Code, Section 1815 et seq.

J. <u>Permits/Licenses</u>

Contractor shall be fully responsible for possessing or obtaining all permits/licenses, except as might be specifically outlined in other sections, from the appropriate Federal, State, or local authorities relating to work to be performed under this Contract.

K. <u>Prohibition Against Use of Child Labor</u>

- 1. Contractor shall:
 - a. Not knowingly sell or supply to County any products, goods, supply, or other personal property manufactured in violation of child labor standards set by the International Labor Organization through its 1973 Convention Concerning Minimum Age for Employment.
 - b. Upon request by County, identify the country/countries of origin of any products, goods, supplies, or other personal property Contractor sells or supplies to County.

- c. Upon request by County, provide to County the manufacturer's certification of compliance with all international child labor conventions.
- d. Should County discover that any products, goods, supplies, or other personal property sold or supplied by Contractor to County are produced in violation of any international child labor conventions, Contractor shall immediately provide an alternative, compliant source of supply.
- 2. Failure by Contractor to comply with provisions of this paragraph will constitute a material breach of this Contract and will be grounds for immediate suspension or termination of this Contract for default.

L. <u>Public Convenience</u>

Contractor shall conduct operations to cause the least possible obstruction and inconvenience to public traffic or disruption to the peace and quiet of the area within which the work is being performed.

M. Public Safety

It shall be Contractor's responsibility to maintain security against public hazards at all times while performing work at Public Works' jobsites.

N. Quality of Work

Contractor shall provide the County high and consistent quality work under this Contract and which is at least equivalent to that which Contractor provides to all other clients it serves. All work shall be executed by experienced and well-trained workers. All work shall be under supervision of a well-qualified supervisor. Contractor also agrees that work shall be furnished in a professional manner and according to these Specifications.

O. <u>Quantities of Work</u>

Contractor shall be allowed no claims for anticipated profits or for any damages of any sort because of any difference between the work estimated by Contractor in responding to County's solicitation and actual quantities of work done under this Contract or for work decreased or eliminated by County.

P. <u>Safety Requirements</u>

Contractor shall be responsible for the safety of equipment, material, and personnel under Contractor's jurisdiction during the work.

Q. <u>Storage of Material and Equipment</u>

Contractor shall not store material or equipment at the jobsite, except as might be specifically authorized by this Contract. County will not be liable or responsible for any damage, by whatever means, or for the theft of Contractor's material or equipment from any jobsite.

R. <u>Transportation</u>

County will not provide transportation to and from the jobsite and will not provide travel around the limits of the jobsite.

S. <u>Work Area Controls</u>

- 1. Contractor shall comply with all applicable laws and regulations. Contractor shall maintain work area in a neat, orderly, clean, and safe manner. Contractor shall avoid spreading out equipment excessively. Location and layout of all equipment and materials at each jobsite will be subject to the Contract Manager's approval.
- 2. Contractor shall be responsible for the security of any and all of Public Works/County facilities in its care. Contractor shall provide protection against vandalism and accidental and malicious damage, both during working and nonworking hours.

T. <u>County Contract Database/CARD</u>

The County maintains databases that track/monitor Contractor performance history. Information entered into such databases may be used for a variety of purposes, including determining whether the County will exercise a Contract term extension option.

INDEMNIFICATION AND INSURANCE REQUIREMENTS

A. Independent Contractor Status

- 1. This Contract is by and between County and Contractor and is not intended, and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture, or association as between County and Contractor. The employees and agents of one party shall not be, or be construed to be, the employees or agents of the other party for any purpose whatsoever.
- 2. Contractor shall be solely liable and responsible for providing to, or on behalf of, all persons performing work pursuant to this Contract all compensation and benefits. County shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, Federal, State, or local taxes, or other compensation, benefits, or taxes for any personnel provided by or on behalf of Contractor.
- 3. Contractor understands and agrees that all persons performing work pursuant to this Contract are, for purposes of Workers' Compensation liability, solely employees of Contractor and not employees of County. Contractor shall be solely liable and responsible for furnishing any and all Workers' Compensation benefits to any person as a result of any injuries arising from or connected with any work performed by or on behalf of Contractor pursuant to this Contract.
- B. Indemnification

Contractor shall indemnify, defend, and hold harmless the County of Los Angeles, its Special Districts, Elected Officials, Appointed Officers, Agents, Employees, and Volunteers ("County Indemnities"), from and against any and all liability including, but not limited to, demands, claims, actions, fees, costs, and expenses of any nature whatsoever (including attorney and expert witness fees), arising from or connected with Contractor's acts and/or omissions arising from and/or relating to this Contract except for loss or damage arising from the sole negligence or willful misconduct of the County Indemnities. This indemnification also shall include any and all intellectual property liability, including copyright infringement and similar claims.

C. <u>Workplace Safety Indemnification</u>

In addition to and without limiting the indemnification required by this Exhibit's Section 5.B (above), and to the extent allowed by law, Contractor agrees to defend, indemnify, and hold harmless the County of Los Angeles, its Special Districts, Elected Officials, Appointed Officers, Agents, Employees, and Volunteers

from and against any and all investigations, complaints, citations, liability, expense (including defense costs and legal fees), claims, and/or causes of action for damages of any nature whatsoever including, but not limited to, injury or death to employees of Contractor, its Subcontractors or County, attributable to any alleged act or omission of Contractor and/or its Subcontractors which is in violation of any Cal/OSHA regulation. The obligation to defend, indemnify, and hold harmless County includes all investigations and proceedings associated with purported violations of Section 336.10 of Title 8 of the California Code of Regulations pertaining to multiemployer worksites. Contractor shall not be obligated to indemnify for liability and expenses arising from the active negligence of County. County may deduct from any payment otherwise due Contractor any costs incurred or anticipated to be incurred by County, including legal fees and staff costs, associated with any investigation or enforcement proceeding brought by Cal/OSHA arising out of the work being performed by Contractor under this Contract.

D. <u>General Insurance Requirements</u>

- 1. Without limiting Contractor's indemnification of County, and in the performance of this Contract and until all of its obligations pursuant to this Contract have been met, Contractor shall provide and maintain at its own expense insurance coverage satisfying the requirements specified in this paragraph and paragraph F of this Section. These minimum insurance coverage terms, types, and limits (the "Required Insurance") also are in addition to and separate from any other contractual obligation imposed upon Contractor pursuant to this Contract. The County in no way warrants that the Required Insurance is sufficient to protect the Contractor for liabilities which may arise from or relate to this Contract.
- 2. <u>Evidence of Coverage and Notice to County</u>: A certificate(s) of insurance coverage (Certificate) satisfactory to County, and a copy of an Additional Insured endorsement confirming the County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers has been given Insured status under the Contractor's General Liability policy, shall be delivered to County at the address shown below and provided prior to commencing services under this Contract.
 - a. Renewal Certificates shall be provided to County not less than ten days prior to Contractor's policy expiration dates. The County reserves the right to obtain complete, certified copies of any required Contractor and/or Subcontractor insurance policies at any time.
 - b. Certificates shall identify all Required Insurance coverage types and limits specified herein, reference this Contract by name or number, and be signed by an authorized representative of the insurer(s). The Insured party named on the Certificate shall match the name of the Contractor identified as the contracting party in this

Contract. Certificates shall provide the full name of each insurer providing coverage, its NAIC (National Association of Insurance Commissioners) identification number, its financial rating, the amounts of any policy deductibles or self-insured retentions exceeding \$50,000, and list any County-required endorsement forms.

- c. Neither the County's failure to obtain, nor the County's receipt of, or failure to object to a noncomplying insurance certificate or endorsement, or any other insurance documentation or information provided by the Contractor, its insurance broker(s) and/or insurer(s), shall be construed as a waiver of any of the Required Insurance provisions.
- d. Certificates and copies of any required endorsements shall be sent to:

County of Los Angeles Department of Public Works, Business Relations and Contracts P.O. Box 1460 Alhambra, California 91802-1460 Attention of: Contract Analyst (noted in the RFSQ Notice)

- e. Contractor also shall promptly report to County any injury or property damage accident or incident, including any injury to a Contractor employee occurring on County property, and any loss, disappearance, destruction, misuse, or theft of County property, monies or securities entrusted to Contractor. Contractor also shall promptly notify County of any third-party claim or suit filed against Contractor or any of its Subcontractors which arises from or relates to this Contract, and could result in the filing of a claim or lawsuit against Contractor and/or County.
- 3. <u>Additional Insured Status and Scope of Coverage</u> The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers and, when applicable, Los Angeles County Metro Transportation Authority (LACMTA), its Officers, Agents, and Employees shall be provided additional insured status under Contractor's General Liability policy with respect to liability arising out of Contractor's ongoing and completed operations performed on behalf of the County. The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers, and, when applicable, LACMTA, its Officers, Agents, and Employees additional insured status shall apply with respect to liability and defense of suits arising out of the Contractor's acts or omissions, whether such liability is attributable to the Contractor or to the County. The full policy limits and scope of protection

also shall apply to the County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers and, when applicable, LACMTA, its Officers, Agents, and Employees as an additional insured, even if they exceed the County's minimum Required Insurance specifications herein. Use of an automatic additional insured endorsement form is acceptable providing it satisfies the Required Insurance provisions herein.

- 4. <u>Cancellation of or Changes in Insurance</u>: Contractor shall provide County with, or Contractor's insurance policies shall contain a provision that County shall receive, written notice of cancellation or any change in Required Insurance, including insurer, limits of coverage, term of coverage or policy period. The written notice shall be provided to County at least ten days in advance of cancellation for nonpayment of premium and 30 days in advance for any other cancellation or policy change. Failure to provide written notice of cancellation or any change in Required Insurance may constitute a material breach of the Contract, in the sole discretion of the County, upon which the County may suspend or terminate this Contract.
- 5. <u>Failure to Maintain Insurance</u>: Contractor's failure to maintain or to provide acceptable evidence that it maintains the Required Insurance shall constitute a material breach of the Contract, upon which County immediately may withhold payments due to Contractor, and/or suspend or terminate this Contract. County, at its sole discretion, may obtain damages from Contractor resulting from said breach. Alternatively, the County may purchase the Required Insurance, and without further notice to Contractor, deduct the premium cost from sums due to Contractor or pursue Contractor reimbursement.
- 6. <u>Insurer Financial Ratings</u>: Coverage shall be placed with insurers acceptable to the County with A.M. Best ratings of not less than A:VII unless otherwise approved by County.
- 7. <u>Contractor's Insurance Shall Be Primary</u>: Contractor's insurance policies, with respect to any claims related to this Contract, shall be primary with respect to all other sources of coverage available to Contractor. Any County-maintained insurance or self-insurance coverage shall be in excess of and not contribute to any Contractor coverage.
- 8. <u>Waivers of Subrogation</u>: To the fullest extent permitted by law, the Contractor hereby waives its rights and its insurer(s)' rights of recovery against County under all the Required Insurance for any loss arising from or relating to this Contract. The Contractor shall require its insurers to execute any waiver of subrogation endorsements which may be necessary to effect such waiver.

- 9. <u>Subcontractor Insurance Coverage Requirements</u>: Contractor shall include all Subcontractors as insureds under Contractor's own policies, or shall provide County with each Subcontractor's separate evidence of insurance coverage. Contractor shall be responsible for verifying each Subcontractor complies with the Required Insurance provisions herein, and shall require that each Subcontractor name the County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, Volunteers, and Contractor as additional insureds on the Subcontractor's General Liability policy. Contractor shall obtain County's prior review and approval of any Subcontractor request for modification of the Required Insurance.
- 10. <u>Deductibles and Self-Insured Retentions (SIRs)</u>: Contractor's policies shall not obligate the County to pay any portion of any Contractor deductible or SIR. The County retains the right to require Contractor to reduce or eliminate policy deductibles and SIRs as respects the County, or to provide a bond guaranteeing Contractor's payment of all deductibles and SIRs, including all related claims investigation, administration and defense expenses. Such bond shall be executed by a corporate surety licensed to transact business in the State of California.
- 11. <u>Claims Made Coverage</u>: If any part of the Required Insurance is written on a claims made basis, any policy retroactive date shall precede the effective date of this Contract. Contractor understands and agrees it shall maintain such coverage for a period of not less than three years following Contract expiration, termination, or cancellation.
- 12. <u>Application of Excess Liability Coverage</u>: Contractors may use a combination of primary, and excess insurance policies which provide coverage as broad as ("follow form" over) the underlying primary policies, to satisfy the Required Insurance provisions.
- 13. <u>Separation of Insureds</u>: All liability policies shall provide cross-liability coverage as would be afforded by the standard ISO (Insurance Services Office, Inc.) separation of insureds provision with no insured versus insured exclusions or limitations.
- 14. <u>Alternative Risk Financing Programs</u>: The County reserves the right to review, and then approve, Contractor use of self-insurance, risk retention groups, risk purchasing groups, pooling arrangements, and captive insurance to satisfy the Required Insurance provisions. The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers shall be designated as an Additional Covered Party under any approved program.

15. County Review and Approval of Insurance Requirements: The County reserves the right to review and adjust the Required Insurance provisions, conditioned upon County's determination of changes in risk exposures.

Ε. Compensation for County Costs

In the event that the Contractor fails to comply with any of the indemnification or insurance requirements of this Contract, and such failure to comply results in any costs to the County, the Contractor shall pay full compensation for all costs incurred by the County.

F. Insurance Coverage Requirements

1. Commercial General Liability insurance (providing scope of coverage equivalent to ISO policy form CG 00 01), naming The County of Los Angeles, its Special Districts, Elected Officials, Officers, Agents, Employees, and Volunteers as an additional insured, with limits of not less than:

General Aggregate:	\$4 million
Products/Completed Operations Aggregate:	\$4 million
Personal and Advertising Injury:	\$4 million
Each Occurrence:	\$4 million

- 2. Automobile Liability written on ISO policy form CA 00 01 or its equivalent. Such insurance shall include coverage for all "owned," "nonowned," and "hired" vehicles, or coverage for "any auto," in an amount as recommended by the Public Utilities Commission, but not less than the following (Can be met by a combination of primary and excess insurance coverage):
 - Seating capacity of 16 passengers or more (including driver), a. \$10 million.
 - Seating capacity of 15 passengers or less (including driver), b. \$5 million.
 - Taxicabs as defined by Vehicle Code Section 27908, a minimum of C. person, \$1 \$100,000 per million per occurrence, and \$50,000 property damage or a combined single limit of \$1 million.

A certificate evidencing such insurance coverage and an endorsement naming the County as additional insured thereunder shall be filed with the Director prior to Contractor providing Service hereunder.

- 3. Workers Compensation and Employers' Liability insurance or qualified self-insurance satisfying statutory requirements, which includes Employers' Liability coverage with limits of not less than \$1 million per accident. If Contractor is a temporary staffing firm or a professional employer organization (PEO), coverage also shall include an Alternate Employer Endorsement (providing scope of coverage equivalent to ISO policy form WC 00 03 01 A) naming the County as the Alternate Employer, and the endorsement form shall be modified to provide that County will receive not less than 30 days advance written notice of cancellation of this coverage provision. If applicable to Contractor's operations, coverage also shall be arranged to satisfy the requirements of any Federal workers or workmen's compensation law or any Federal occupational disease law.
- 4. <u>Sexual Misconduct Liability</u>: Insurance covering actual or alleged claims for sexual misconduct and/or molestation with limits of not less than \$2 million per claim and \$2 million aggregate, and claims for negligent employment, investigation, supervision, training or retention of, or failure to report to proper authorities, a person(s) who committed any act of abuse, molestation, harassment, mistreatment or maltreatment of a sexual nature.

CONTRACTOR RESPONSIBILITY AND DEBARMENT

A. <u>Responsible Contractor</u>

A responsible Contractor is a Contractor who has demonstrated the attribute of trustworthiness as well as quality, fitness, capacity, and experience to satisfactorily perform the Contract. It is County's policy to conduct business only with responsible Contractors.

B. <u>Chapter 2.202 of the County Code</u>

Contractor is hereby notified that, in accordance with Chapter 2.202 of County Code, if County acquires information concerning the performance of Contractor on this or other Contracts which indicates that Contractor is not responsible, County may, in addition to other remedies provided in this Contract, debar Contractor from bidding or proposing on, being awarded, and/or performing work on County Contracts for a specified period of time, which generally will not exceed five years but may exceed five years or be permanent if warranted by the circumstances, and suspend or terminate any or all existing contracts Contractor may have with County.

C. <u>Nonresponsible Contractor</u>

County may debar a Contractor if the Board finds, in its discretion, that Contractor has done any of the following: (1) violated any term of a Contract with County or a nonprofit corporation created by County; (2) committed an act or omission which negatively reflects on Contractor's quality, fitness, or capacity to perform a Contract with County, any other public entity, or a nonprofit corporation created by County, or engaged in a pattern or practice which negatively reflects on same; (3) committed an act or offense which indicates a lack of business integrity or business honesty; or (4) made or submitted a false claim against County or any other public entity.

D. <u>Contractor Hearing Board</u>

- 1. If there is evidence that Contractor may be subject to debarment, Public Works will notify Contractor in writing of the evidence which is the basis for the proposed debarment and will advise Contractor of the scheduled date for a debarment hearing before Contractor Hearing Board.
- 2. Contractor Hearing Board will conduct a hearing where evidence on the proposed debarment is presented. Contractor and/or Contractor's representative shall be given an opportunity to submit evidence at that hearing. After the hearing, Contractor Hearing Board will prepare a tentative proposed decision, which shall contain a recommendation

regarding whether Contractor should be debarred, and, if so, the appropriate length of time of the debarment. Contractor and Public Works shall be provided an opportunity to object to the tentative proposed decision prior to its presentation to the Board.

- 3. After consideration of any objections, or if no objections are submitted, a record of the hearing, the proposed decision, and any other recommendation of Contractor Hearing Board shall be presented to the Board. The Board shall have the right to modify, deny, or adopt the proposed decision and recommendation of Contractor Hearing Board.
- 4. If a Contractor has been debarred for a period longer than five years, that Contractor may, after the debarment has been in effect for at least five years, submit a written request for review of the debarment determination to reduce the period of debarment or terminate the debarment. County may, in its discretion, reduce the period of debarment or terminate the debarment if it finds that Contractor has adequately demonstrated one or more of the following: (1) elimination of the grounds for which the debarment was imposed; (2) a bona fide change in ownership or management; (3) material evidence discovered after debarment was imposed; or (4) any other reason that is in the best interests of County.
- 5. Contractor Hearing Board will consider a request for review of a debarment determination only where (1) Contractor has been debarred for a period longer than five years; (2) the debarment has been in effect for at least five years; and (3) the request is in writing, states one or more of the grounds for reduction of the debarment period or termination of the debarment, and includes supporting documentation. Upon receiving an appropriate request, Contractor Hearing Board will provide notice of the hearing on the request. At the hearing, Contractor Hearing Board shall conduct a hearing where evidence on the proposed reduction of debarment period or termination of debarment is presented. This hearing shall be conducted and the request for review decided by Contractor Hearing Board pursuant to the same procedure as for a debarment hearing.
- 6. Contractor Hearing Board's proposed decision shall contain a recommendation on the request to reduce the period of debarment or terminate the debarment. Contractor Hearing Board shall present its proposed decision and recommendation to the Board. The Board shall have the right to modify, deny, or adopt the proposed decision and recommendation of Contractor Hearing Board.

E. <u>Subcontractors of Contractor</u>

These terms shall also apply to Subcontractors of County Contractors.

COMPLIANCE WITH COUNTY'S JURY SERVICE PROGRAM

A. Jury Service Program

This Contract is subject to the provisions of County's ordinance entitled Contractor Employee Jury Service (Jury Service Program) as codified in Sections 2.203.010 through 2.203.090 of the Los Angeles County Code.

B. <u>Written Employee Jury Service Policy</u>

- 1. Unless Contractor has demonstrated to County's satisfaction either that Contractor is not a "Contractor" as defined under the Jury Service Program (Section 2.203.020 of County Code) or that Contractor qualifies for an exception to the Jury Service Program (Section 2.203.070 of County Code), Contractor shall have and adhere to a written policy that provides that its Employees shall receive from Contractor, on an annual basis, no less than five days of regular pay for actual jury service. The policy may provide that Employee deposit any fees received for such jury service with Contractor or that Contractor deduct from the Employee's regular pay the fees received for jury service.
- 2. For purposes of this Section, "Contractor" means a person, partnership, corporation, or other entity which has a Contract with County or a Subcontract with a County Contractor and has received or will receive an aggregate sum of \$50,000 or more in any 12-month period under one or "Employee" means any more County Contracts or Subcontracts. California resident who is a full-time employee of Contractor. "Full-time" means 40 hours or more worked per week, or a lesser number of hours if: 1) the lesser number is a recognized industry standard as determined by County, or 2) Contractor has a long-standing practice that defines the lesser number of hours as full-time. Full-time employees providing short-term, temporary services of 90 days or less within a 12-month period are not considered full-time for purposes of the Jury Service Program. If Contractor uses any Subcontractor to perform services for County under this Contract, the Subcontractor shall also be subject to the provisions of this Section. The provisions of this Section shall be inserted into any such Subcontract agreement and a copy of the Jury Service Program shall be attached to the agreement.
- 3. If Contractor is not required to comply with the Jury Service Program when this Contract commences, Contractor shall have a continuing obligation to review the applicability of its "exception status" from the Jury Service Program, and Contractor shall immediately notify County if Contractor at any time either comes within the Jury Service Program's definition of

"Contractor" or if Contractor no longer qualifies for an exception to the Jury Service Program. In either event, Contractor shall immediately implement a written policy consistent with the Jury Service Program. County may also require, at any time during this Contract and at its sole discretion, that Contractor demonstrate to County's satisfaction that Contractor either continues to remain outside of the Jury Service Program's definition of "Contractor" and/or that Contractor continues to qualify for an exception to the Jury Service Program.

4. Contractor's violation of this Section of this Contract may constitute a material breach of this Contract. In the event of such material breach, County may, in its sole discretion, suspend or terminate this Contract and/or bar Contractor from the award of future County Contracts for a period of time consistent with the seriousness of the breach.

SAFELY SURRENDERED BABY LAW PROGRAM

A. <u>Contractor's Acknowledgment of County's Commitment to the Safely Surrendered</u> <u>Baby Law</u>

Contractor acknowledges that County places a high priority on the implementation of the Safely Surrendered Baby Law. Contractor understands that it is County's policy to encourage all County Contractors to voluntarily post County's "Safely Surrendered Baby Law" poster in a prominent position at Contractor's place of business. Contractor will also encourage its Subcontractors, if any, to post this poster in a prominent position in the Subcontractor's place of business. County's Department of Children and Family Services will supply Contractor with the poster to be used. Information on how to receive the poster can be found on the Internet at <u>www.babysafela.org</u>.

B. Notice to Employees Regarding the Safely Surrendered Baby Law

Contractor shall notify and provide to its employees, and shall require each Subcontractor to notify and provide to its employees, a fact sheet regarding the Safely Surrendered Baby Law, its implementation in County, and where and how to safely surrender a baby. The fact sheet is set forth in Exhibit D of this Contract and is also available on the Internet at <u>www.babysafela.org</u> for printing purposes.

COMPLIANCE WITH COUNTY'S LIVING WAGE PROGRAM

A. <u>Living Wage Program</u>

This Contract is subject to the provisions of County's ordinance entitled Living Wage Program as codified in Sections 2.201.010 through 2.201.100 of the Los Angeles County Code, a copy of which is attached hereto as Form LW-1 and incorporated by reference into and made a part of this Contract.

B. <u>Payment of Living Wage Rates</u>

- 1. Unless Contractor has demonstrated to County's satisfaction either that Contractor is not an "Employer" as defined under the Living Wage Program (Section 2.201.020 of County Code) or that Contractor qualifies for an exception to the Living Wage Program (Section 2.201.090 of County Code), Contractor shall pay its Employees no less than the applicable hourly living wage rate, as set forth in Form LW-3, Living Wage Rate Annual Adjustments, for the Employees' services provided to County, including, without limitation, "Travel Time" as defined below in subsection 5 of this Section 9.B under this Contract.
- 2. For purposes of this Section, "Contractor" includes any Subcontractor engaged by Contractor to perform services for County under this Contract. If Contractor uses any Subcontractor to perform services for County under this Contract, the Subcontractor shall be subject to the provisions of this Section. The provisions of this Section shall be inserted into any such Subcontract and a copy of the Living Wage Program shall be attached to the Subcontract. "Employee" means any individual who is an employee of Contractor under the laws of California, and who is providing full-time or part-time services to Contractor, which are provided to County under this Contract. "Full-time" means a minimum of 40 hours worked per week, or a lesser number of hours, if the lesser number is a recognized industry standard and is approved as such by County; however, fewer than 35 hours worked per week will not, in any event, be considered full-time.
- 3. If Contractor is required to pay a living wage when this Contract commences, Contractor shall continue to pay a living wage for the entire term of this Contract, including any option period.
- 4. If Contractor is not required to pay a living wage when this Contract commences, Contractor shall have a continuing obligation to review the applicability of its "exemption status" from the living wage requirement. Contractor shall immediately notify County if Contractor at any time either comes within the Living Wage Program's definition of "Employer" or if Contractor no longer qualifies for the exception to the Living Wage Program.

In either event, Contractor shall immediately be required to commence paying the living wage and shall be obligated to pay the living wage for the remaining term of this Contract, including any option period. County may also require, at any time during this Contract and at its sole discretion, that Contractor demonstrate to County's satisfaction that Contractor either continues to remain outside of the Living Wage Program's definition of "Employer" and/or that Contractor continues to qualify for the exception to the Living Wage Program. Unless Contractor satisfies this requirement within the time frame permitted by County, Contractor shall immediately be required to pay the living wage for the remaining term of this Contract, including any option period.

5. For purposes of Contractor's obligation to pay its Employees the applicable hourly living wage rate under this Contract, "Travel Time" shall have the following two meanings, as applicable: 1) with respect to travel by an Employee that is undertaken in connection with this Contract, Travel Time shall mean any period during which an Employee physically travels to or from a County facility if Contractor pays the Employee any amount for that time or if California law requires Contractor to pay the Employee between County facilities that are subject to two different Contracts between Contractor and County (of which both Contracts are subject to the Living Wage Program), Travel Time shall mean any period during which an Employee physically travels to or from, or between such County facilities if Contractor pays the Employee any amount for that time or if california law requires are subject to the Living Wage Program), Travel Time shall mean any period during which an Employee physically travels to or from, or between such County facilities if Contractor pays the Employee any amount for that time or if California law requires Contractor to pay the Employee any amount for that time or if California law requires Contractor pays the Employee any amount for that time or if California law requires Contractor pays the Employee any amount for that time or if California law requires Contractor pays the Employee any amount for that time or if California law requires Contractor to pay the Employee any amount for that time.

C. <u>Contractor's Submittal of Certified Monitoring Reports</u>

Contractor shall submit to County certified monitoring reports at a frequency instructed by County. The certified monitoring reports shall list all of Contractor's

Employees during the reporting period. The certified monitoring reports shall also verify the number of hours worked and the hourly wage rate paid for each of its Employees. All certified monitoring reports shall be submitted on forms provided by County, or any other form approved by County which contains the above information. County reserves the right to request any additional information it may deem necessary. If County requests additional information, Contractor shall promptly provide such information. Contractor, through one of its officers, shall certify under penalty of perjury that the information contained in each certified monitoring report is true and accurate.

D. Contractor's Ongoing Obligation to Report Labor Law/Payroll Violations and Claims

During the term of this Contract, if Contractor becomes aware of any labor law/payroll violations or any complaint, investigation, or proceeding ("claim") concerning any alleged labor law/payroll violation (including, but not limited to, any

violation or claim pertaining to wages, hours, and working conditions, such as minimum wage, prevailing wage, living wage, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination), Contractor shall immediately inform County of any pertinent facts known by Contractor regarding the same. This disclosure obligation is not limited to any labor law/payroll violation or claim arising out of Contractor's Contract with County, but instead applies to any labor law/payroll violation or claim arising out of any of Contractor's operation in California.

E. <u>County Auditing of Contractor Records</u>

Upon a minimum of 24 hours' written notice, County may audit, at Contractor's place of business, any of Contractor's records pertaining to this Contract, including all documents and information relating to the certified monitoring reports. Contractor is required to maintain all such records in California until the expiration of five years from the date of final payment under this Contract. Authorized agents of County shall have access to all such records during normal business hours for the entire period that records are to be maintained.

F. <u>Notifications to Employees</u>

Contractor shall place County-provided living wage posters at each of Contractor's place of business and locations where Contractor's Employees are working. Contractor shall also distribute County-provided notices to each of its Employees at least once per year. Contractor shall translate posters and handouts into Spanish and any other language spoken by a significant number of Employees.

G. Enforcement and Remedies

If Contractor fails to comply with the requirements of this Section, County shall have the rights and remedies described in this Section in addition to any rights and remedies provided by law or equity.

- 1. Remedies for Submission of Late or Incomplete Certified Monitoring Reports: If Contractor submits a certified monitoring report to County after the date it is due or if the report submitted does not contain all of the required information or is inaccurate or is not properly certified, any such deficiency shall constitute a breach of this Contract. In the event of any such breach, County may, in its sole discretion, exercise any or all of the following rights/remedies:
 - a. Withholding of Payment: If Contractor fails to submit accurate, complete, timely, and properly certified monitoring reports, County may withhold from payment to Contractor up to the full amount of any invoice that would otherwise be due, until Contractor has satisfied the concerns of County, which may include required submittal of revised certified monitoring reports or additional supporting documentation.

- b. Liquidated Damages: It is mutually understood and agreed that Contractor's failure to submit an accurate, complete, timely, and properly certified monitoring report will result in damages being sustained by County. It is also understood and agreed that the nature and amount of the damages will be extremely difficult and impractical to fix; that the liquidated damages set forth herein are the nearest and most exact measure of damages for such breach that can be fixed at this time; and that the liquidated damages are not intended as a penalty or forfeiture for Contractor's breach. Therefore, in the event that a certified monitoring report is deficient including, but not limited to, being late, inaccurate, incomplete, or uncertified, it is agreed that County may, in its sole discretion, assess against Contractor liquidated damages in the amount of \$100 per monitoring report for each day until County has been provided with a properly prepared, complete, and certified monitoring report. County may deduct any assessed liquidated damages from any payments otherwise due to Contractor.
- Termination/Suspension: Contractor's failure to submit an accurate, C. complete, timely, and properly certified monitoring report may constitute a material breach of this Contract. In the event of such material breach, County may, in its sole discretion, suspend or terminate this Contract.
- 2. Remedies for Payment of Less Than the Required Living Wage: If Contractor fails to pay any Employee at least the applicable hourly living wage rate; such deficiency shall constitute a breach of this Contract. In the event of any such breach, County may, in its sole discretion, exercise any or all of the following rights/remedies:
 - Withholding Payment: If Contractor fails to pay one or more of its a. Employees at least the applicable hourly living wage rate, County may withhold from any payment otherwise due to Contractor the aggregate difference between the living wage amounts Contractor was required to pay its Employees for a given pay period and the amount actually paid to the Employees for that pay period. County may withhold said amount until Contractor has satisfied County that any underpayment has been cured, which may include required submittal of revised certified monitoring reports or additional supporting documentation.
 - b. Liquidated Damages: It is mutually understood and agreed that Contractor's failure to pay any of its Employees at least the applicable hourly living wage rate will result in damages being sustained by County. It is also understood and agreed that the nature and amount of the damages will be extremely difficult and impractical to fix; that the liquidated damages set forth herein are the nearest and most - B.47 -Fixed/DAR Transit RFSQ

exact measure of damages for such breach that can be fixed at this time; and that the liquidated damages are not intended as a penalty or forfeiture for Contractor's breach. Therefore, it is agreed that County may, in its sole discretion, assess against Contractor liquidated damages of \$50 per Employee per day for each and every instance of an underpayment to an Employee. County may deduct any assessed liquidated damages from any payments otherwise due to Contractor.

- c. Termination/Suspension: Contractor's failure to pay any of its Employees the applicable hourly living wage rate may constitute a material breach of this Contract. In the event of such material breach, County may, in its sole discretion, suspend or terminate this Contract.
- 3. Debarment: In the event Contractor breaches a requirement of this Section, County may, in its sole discretion, bar Contractor from the award of future County Contracts for a period of time consistent with the seriousness of the breach, in accordance with Los Angeles County Code, Section 2.202, Determinations of Contractor Nonresponsibility and Contractor Debarment.

H. <u>Use of Full-Time Employees</u>

Contractor shall assign and use full-time Employees of Contractor to provide services under this Contract unless Contractor can demonstrate to the satisfaction of County that it is necessary to use non-full-time Employees based on staffing efficiency or County requirements for the work to be performed under this Contract. It is understood and agreed that Contractor shall not, under any circumstance, use non-full-time Employees for services provided under this Contract unless and until County has provided written authorization for the use of same. Contractor submitted with its proposal a full-time-Employee staffing plan. If Contractor changes its full-time-Employee staffing plan, Contractor shall immediately provide a copy of the new staffing plan to County.

I. <u>Contractor Retaliation Prohibited</u>

Contractor and/or its Employees shall not take any adverse action which would result in the loss of any benefit of employment, any Contract benefit, or any statutory benefit for any Employee, person, or entity who has reported a violation of the Living Wage Program to County or to any other public or private agency, entity, or person. A violation of the provisions of this paragraph may constitute a material breach of this Contract. In the event of such material breach, County may, in its sole discretion, suspend or terminate this Contract.

J. <u>Contractor Standards</u>

During the term of this Contract, Contractor shall maintain business stability, integrity in employee relations, and the financial ability to pay a living wage to its employees. If requested to do so by County, Contractor shall demonstrate to the satisfaction of County that Contractor is complying with this requirement.

K. <u>Neutrality in Labor Relations</u>

Contractor shall not use any consideration received under this Contract to hinder, or to further, organization of, or collective bargaining activities by or on behalf of Contractor's employees, except that this restriction shall not apply to any expenditure made in the course of good faith collective bargaining, or to any expenditure pursuant to obligations incurred under a bona fide collective bargaining agreement, or which would otherwise be permitted under the provisions of the National Labor Relations Act.

SOCIAL ENTERPRISE (SE) PREFERENCE PROGRAM

This Contract is subject to the provisions of the County's ordinance entitled SE Preference Program, as codified in Chapter 2.205 of the Los Angeles County Code.

Contractor shall not knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification as a SE.

Contractor shall not willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the certification or denial of certification of any entity as a SE.

If Contractor has obtained County certification as a SE by reason of having furnished incorrect supporting information or by reason of having withheld information, and which knew, or should have known, the information furnished was incorrect or the information withheld was relevant to its request for certification, and which by reason of such certification has been awarded this contract to which it would not otherwise have been entitled, Contractor shall:

- 1. Pay to the County any difference between the Contract amount and what the County's costs would have been if the Contract had been properly awarded.
- 2. In addition to the amount described in subdivision (1), be assessed a penalty in the amount of not more than 10 percent of the amount of this Contract.
- 3. Be subject to the provisions of Chapter 2.202 of the Los Angeles County Code (Determinations of Contractor Nonresponsibility and Contractor Debarment).

The above penalties shall also apply to any entity that has previously obtained proper certification, however, as a result of a change in their status would no longer be eligible for certification, and fails to notify the Department of Consumer and Business Affairs of this information prior to responding to a solicitation or accepting a contract award.

LOCAL SMALL BUSINESS ENTERPRISE (SBE) PREFERENCE PROGRAM

- A. This Contract is subject to the provisions of County's ordinance entitled Local Small Business Enterprise Preference Program, as codified in Chapter 2.204 of the Los Angeles County Code.
- B. Contractor shall not knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification as a Local Small Business Enterprise.
- C. Contractor shall not willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the certification or denial of certification of any entity as a Local Small Business Enterprise.
- D. If Contractor has obtained County certification as a Local Small Business Enterprise by reason of having furnished incorrect supporting information or by reason of having withheld information, and which knew, or should have known, the information furnished was incorrect or the information withheld was relevant to its request for certification, and which by reason of such certification has been awarded this Contract to which it would not otherwise have been entitled, shall:
 - 1. Pay to County any difference between this Contract amount and what County's costs would have been if this Contract had been properly awarded.
 - 2. In addition to the amount described in subdivision (1), be assessed a penalty in an amount of not more than 10 percent of the amount of this Contract.
 - 3. Be subject to the provisions of Chapter 2.202 of the Los Angeles County Code (Determinations of Contractor Nonresponsibility and Contractor Debarment).
- E. The above penalties shall also apply to any business that has previously obtained proper certification, however, as a result of a change in their status would no longer be eligible for certification, and fails to notify the State and the Department of Consumer and Business Affairs of this information prior to responding to a solicitation or accepting a contract award.

COMPLIANCE WITH COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

A. <u>Defaulted Property Tax Reduction Program</u>

This Contract is subject to the provisions of County's ordinance entitled Defaulted Property Tax Reduction Program ("Defaulted Tax Program") as codified in Sections 2.206 of the Los Angeles County Code (Exhibit E).

B. <u>Contractor's Warranty of Compliance with County's Defaulted Property Tax</u> <u>Reduction Program</u>

Contractor acknowledges that County has established a goal of ensuring that all individuals and businesses that benefit financially from the County through any Contract are current in paying their property tax obligations (secured and unsecured roll) in order to mitigate the economic burden otherwise imposed upon the County and its taxpayers.

Unless Contractor qualifies for an exemption or exclusion, Contractor warrants and certifies that to the best of its knowledge it is now in compliance, and during the term of this Contract will maintain compliance, with Los Angeles County Code, Chapter 2.206.

C. <u>Termination for Breach of Warranty of Compliance with County's Defaulted</u> <u>Property Tax Reduction Program</u>

Failure of Contractor to maintain compliance with the requirements set forth in paragraph B, above, shall constitute default under this Contract. Without limiting the rights and remedies available to County under any other provision of this Contract, failure of Contractor to cure such default within ten days of notice shall be grounds upon which County may terminate this Contract and/or pursue debarment of Contractor, pursuant to County Code, Chapter 2.206.

DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PREFERENCE PROGRAM

- A. This Contract is subject to the provisions of the County's ordinance entitled Disabled Veteran Business Enterprise Preference Program (DVBE), as codified in Chapter 2.211 of the Los Angeles County Code.
- B. Contractor shall not knowingly and with the intent to defraud, fraudulently obtain, retain, attempt to obtain or retain, or aid another in fraudulently obtaining or retaining or attempting to obtain or retain certification as a DVBE.
- C. Contractor shall not willfully and knowingly make a false statement with the intent to defraud, whether by affidavit, report, or other representation, to a County official or employee for the purpose of influencing the certification or denial of certification of any entity as a DVBE.
- D. If Contractor has obtained certification as a DVBE by reason of having furnished incorrect supporting information or by reason of having withheld information, and which knew, or should have known, the information furnished was incorrect or the information withheld was relevant to its request for certification, and which by reason of such certification has been awarded this contract to which it would not otherwise have been entitled, shall:
 - 1. Pay to the County any difference between the Contract amount and what the County's costs would have been if the Contract had been properly awarded.
 - 2. In addition to the amount described in subdivision (1), be assessed a penalty in an amount of not more than 10 percent of the amount of the Contract.
 - 3. Be subject to the provisions of Chapter 2.202 of the Los Angeles County Code (Determinations of Contractor Nonresponsibility and Contractor Debarment).
- E. Notwithstanding any other remedies in this contract, the above penalties shall also apply to any business that has previously obtained proper certification, however, as a result of a change in their status would no longer be eligible for certification, and fails to notify the State and the Department of Consumer and Business Affairs of this information prior to responding to a solicitation or accepting a contract award.

DISPLACED TRANSIT EMPLOYEE PROGRAM

A. In accordance with Labor Code, Section 1072(c)(1), if the County informs the Contractor that the County intends to issue a new solicitation for these services, Contractor shall, within 14 calendar days thereafter, provide to the County the number of employees who are performing services under this Contract and the wage rates, benefits, and job classifications of those employees. In addition, the Contractor shall make this information available to any entity that the County has identified as a bona fide Proposer for the successor Contract. If the successor service Contract is awarded to a new Contractor, the Contractor shall provide the names, addresses, dates of hire, wages, benefit levels, and job classifications of employees to the successor Contractor.

The following provision applies if the Contractor declared that the Contractor is willing to retain employees of previous Contractor and signed PW-16, Displaced Transit Employee Declaration indicating that they will do so in their proposal.

- B. If the Contractor has declared in Form PW-16, Displaced Transit Employee Declaration that the Contractor will retain employees of the prior Contractor or Subcontractor for a period of not less than 90 days, the Contractor shall retain employees who have been employed by the prior Contractor or Subcontractors, except for reasonable and substantiated cause as specified in California Labor Code, Section 1072(c)(2). That cause is limited to the particular employee's performance or conduct while working under the prior Contract or the employee's failure of any controlled substances and alcohol test, physical examination, criminal background check required by law as a condition of employment, or other standard hiring qualification lawfully required by the Contractor and/or Subcontractor.
- C. In accordance with California Labor Code, Section 1072(c)(3), the Contractor shall make a written offer of employment to each employee to be rehired. That offer shall state the time within which the employee must accept that offer, but in no case less than ten days. California Labor Code 1072(c)(3) does not require the Contractor and/or Subcontractor to pay the same wages or offer the same benefits provided by the prior Contractor or Subcontractor.
- D. If, at any time, the Contractor or Subcontractor determines that fewer employees are required than were required under the prior Contract or Subcontract, the Contractor or Subcontractor shall retain qualified employees by seniority within the job classification. In determining those employees who are qualified, the Contractor or Subcontractor may require an employee to possess any license that is required by law to operate the equipment that the employee will operate as an employee of the Contractor or Subcontractor.

- E. Termination for Breach
 - 1. In accordance to California Labor Code, Section 1074(a), upon its motion or upon the request of any member of the public, the County may terminate this Contract if both of the following occur:
 - a. The Contractor or Subcontractor has substantially breached this Contract.
 - b. The County holds a public hearing within 30 days of the receipt of the request or its announcement of its intention to terminate.
 - 2. Contractor or Subcontractor terminated pursuant to this provision shall be ineligible to submit proposal on or be awarded a service Contract or Subcontract with the County for a period of not less than one year and not more than three years, to be determined by the County.
 - 3. Nothing herein is intended nor shall be construed as creating any exclusive provision for termination of this Contract. This provision shall not limit the County's right to terminate or debar Contractors under any other provisions of this Contract or under any other provision of the law.

SECTION 15

COVID-19 VACCINATIONS OF COUNTY CONTRACTOR PERSONNEL

- Α. At Contractor's sole cost, Contractor shall comply with Chapter 2.212 (COVID-19 Vaccinations of County Contactor Personnel) of County Code Title 2 -Administration, Division 4. All employees of Contractor and persons working on its behalf, including but not limited to, Subcontractors of any tier (collectively, "Contractor Personnel"), must be fully vaccinated against the novel coronavirus 2019 ("COVID-19") prior to (1) interacting in person with County employees, interns, volunteers, and commissioners ("County workforce members"), (2) working on County owned or controlled property while performing services under this Contract, and/or (3) coming into contact with the public while performing services under this Contract (collectively, "In-Person Services").
- B. Contractor Personnel are considered "fully vaccinated" against COVID-19 two (2) weeks or more after they have received (1) the second dose in a 2-dose COVID-19 vaccine series (e.g. Pfizer-BioNTech or Moderna), (2) a single-dose COVID-19 vaccine (e.g. Johnson and Johnson [J&J]/Janssen), or (3) the final dose of any COVID-19 vaccine authorized by the World Health Organization ("WHO").
- C. Prior to assigning Contractor Personnel to perform In-Person Services, Contractor shall obtain proof that such Contractor Personnel have been fully vaccinated by confirming Contractor Personnel is vaccinated through any of the following documentation: (1) official COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services, CDC or WHO Yellow Card), which includes the name of the person vaccinated, type of vaccine provided, and date of the last dose administered ("Vaccination Record Card"); (2) copy (including a photographic copy) of a Vaccination Record Card; (3) Documentation of vaccination from a licensed medical provider; (4) a digital record that includes a quick response ("QR") code that when scanned by a SMART HealthCard reader displays to the reader client name, date of birth, vaccine dates, and vaccine type, and the QR code confirms the vaccine record as an official record of the State of California; or (5) documentation of vaccination from Contractors who follow the CDPH vaccination records guidelines and standards. Contractor shall also provide written notice to County before the start of work under this Contract that its Contractor Personnel are in compliance with the requirements of this section. Contractor shall retain such proof of vaccination for the document retention period set forth in this Contract, and must provide such records to the County for audit purposes, when required by County.
- D. Contractor shall evaluate any medical or sincerely held religious exemption request of its Contractor Personnel, as required by law. If Contractor has determined that Contractor Personnel is exempt pursuant to a medical or sincerely held religious reason, the Contractor must also maintain records of the Contractor Personnel's testing results. The Contractor must provide such records to the County for audit purposes, when required by County. The unvaccinated exempt Contractor - B.56 -Fixed/DAR Transit RFSQ

Personnel must meet the following requirements prior to (1) interacting in person with County workforce members, (2) working on County owned or controlled property while performing services under this Contract, and/or (3) coming into contact with the public while performing services under this Contract:

- 1. Test for COVID-19 with either a polymerase chain reaction (PCR) or antigen test has an Emergency Use Authorization (EUA) by the FDA or is operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. Testing must occur at least weekly, or more frequently as required by County or other applicable law, regulation or order.
- 2. Wear a mask that is consistent with CDC recommendations at all times while on County controlled or owned property, and while engaging with members of the public and County workforce members.
- 3. Engage in proper physical distancing, as determined by the applicable County department that the Contract is with.
- E. In addition to complying with the requirements of this section, Contractor shall also comply with all other applicable local, departmental, State, and federal laws, regulations and requirements for COVID-19.

P:\aepub\Service Contracts\CONTRACT\Eric\TRANSIT RFSQ\2016\01 RFSQ\08 EXHIBIT B-PROPA-GEN REQ 07-09-15 with Addendum.doc

Department of the Treasury Internal Revenue Service

Notice 1015

(Rev. December 2021)

Have You Told Your Employees About the Earned Income Credit (EIC)?

What Is the EIC?

The EIC is a refundable tax credit for certain workers.

Which Employees Must I Notify About the EIC?

You must notify each employee who worked for you at any time during the year and from whose wages you did not withhold income tax. However, you do not have to notify any employee who claimed exemption from withholding on Form W-4, Employee's Withholding Certificate.

Note: You are encouraged to notify each employee whose wages for 2021 are less than \$57,414 that he or she may be eligible for the EIC.

How and When Must I Notify My Employees?

You must give the employee one of the following.

• The IRS Form W-2, Wage and Tax Statement, which has the required information about the EIC on the back of Copy B.

• A substitute Form W-2 with the same EIC information on the back of the employee's copy that is on Copy B of the IRS Form W-2.

• Notice 797, Possible Federal Tax Refund Due to the Earned Income Credit (EIC).

• Your written statement with the same wording as Notice 797.

If you give an employee a Form W-2 on time, no further notice is necessary if the Form W-2 has the required information about the EIC on the back of the employee's copy. If you give an employee a substitute Form W-2, but it does not have the required information, you must notify the employee within 1 week of the date the substitute Form W-2 is given. If Form W-2 is required but is not given on time, you must give the employee Notice 797 or your written statement by the date Form W-2 is required to be given. If Form W-2 is not required, you must notify the employee by February 7, 2022.

You must hand the notice directly to the employee or send it by first-class mail to the employee's last known address. You will not meet the notification requirements by posting Notice 797 on an employee bulletin board or sending it through office mail. However, you may want to post the notice to help inform all employees of the EIC. You can download copies of the notice at <u>www.irs.gov/FormsPubs</u>. Or you can go to <u>www.irs.gov/OrderForms</u> to order it.

How Will My Employees Know if They Can Claim the EIC?

The basic requirements are covered in Notice 797. For more detailed information, the employee needs to see Pub. 596, Earned Income Credit (EIC), or the Instructions for Forms 1040 and 1040-SR.

How Do My Employees Claim the EIC?

An eligible employee claims the EIC on his or her 2021 tax return. Even an employee who has no tax withheld from wages and owes no tax may claim the EIC and ask for a refund, but he or she must file a tax return to do so. For example, if an employee has no tax withheld in 2021 and owes no tax but is eligible for a credit of \$800, he or she must file a 2021 tax return to get the \$800 refund.

> Notice **1015** (Rev. 12-2021) Cat. No. 20599I

Safely Surrendered Baby Law

Babies can be safely surrendered to staff at any hospital or fire station in Los Angeles County

No shame. No blame. No names.

In Los Angeles County: 1-877-BABY SAFE • 1-877-222-9723 www.babysafela.org



EXHIBIT D

In Los Angeles County: 1-877-BABY SAFE • 1-877-222-9723

www.babysafela.org



What is the Safely Surrendered Baby Law? California's Safely Surrendered Baby Law allows parents or other persons, with lawful custody, which means anyone to whom the parent has given permission to confidentially surrender a baby. As long as the baby is three days (72 hours) of age or younger and has not been abused or neglected, the baby may be surrendered without fear of arrest or prosecution.

Every baby deserves a chance for a healthy life. If someone you know is considering abandoning a baby, let her know there are other options. For three days (72 hours) after birth, a baby can be surrendered to staff at any hospital or fire station in Los Angeles County.

How does it work?

A distressed parent who is unable or unwilling to care for a baby can legally, confidentially, and safely surrender a baby within three days (72 hours) of birth. The baby must be handed to an employee at a hospital or fire station in Los Angeles County. As long as the baby shows no sign of abuse or neglect, no name or other information is required. In case the parent changes his or her mind at a later date and wants the baby back, staff will use bracelets to help connect them to each other. One bracelet will be placed on the baby, and a matching bracelet will be given to the parent or other surrendering adult.

What if a parent wants the baby back?

Parents who change their minds can begin the process of reclaiming their baby within 14 days. These parents should call the Los Angeles County Department of Children and Family Services at 1-800-540-4000.

Can only a parent bring in the baby?

No. While in most cases a parent will bring in the baby, the Law allows other people to bring in the baby if they have lawful custody.

Does the parent or surrendering adult have to call before bringing in the baby?

No. A parent or surrendering adult can bring in a baby anytime, 24 hours a day, 7 days a week, as long as the parent or surrendering adult surrenders the baby to someone who works at the hospital or fire station.

Does the parent or surrendering adult have to tell anything to the people taking the baby?

No. However, hospital or fire station personnel will ask the surrendering party to fill out a questionnaire designed to gather important medical history information, which is very useful in caring for the baby. The questionnaire includes a stamped return envelope and can be sent in at a later time.

What happens to the baby?

The baby will be examined and given medical treatment. Upon release from the hospital, social workers immediately place the baby in a safe and loving home and begin the adoption process.

What happens to the parent or surrendering adult?

Once the parent or surrendering adult surrenders the baby to hospital or fire station personnel, they may leave at any time.

Why is California doing this?

The purpose of the Safely Surrendered Baby Law is to protect babies from being abandoned, hurt or killed by their parents. You may have heard tragic stories of babies left in dumpsters or public bathrooms. Their parents may have been under severe emotional distress. The mothers may have hidden their pregnancies, fearful of what would happen if their families found out. Because they were afraid and had no one or nowhere to turn for help, they abandoned their babies. Abandoning a baby is illegal and places the baby in extreme danger. Too often, it results in the baby's death. The Safely Surrendered Baby Law prevents this tragedy from ever happening again in California.

A baby's story

Early in the morning on April 9, 2005, a healthy baby boy was safely surrendered to nurses at Harbor-UCLA Medical Center. The woman who brought the baby to the hospital identified herself as the baby's aunt and stated the baby's mother had asked her to bring the baby to the hospital on her behalf. The aunt was given a bracelet with a number matching the anklet placed on the baby; this would provide some identification in the event the mother changed her mind about surrendering the baby and wished to reclaim the baby in the 14-day period allowed by the Law. The aunt was also provided with a medical questionnaire and said she would have the mother complete and mail back in the stamped return envelope provided. The baby was examined by medical staff and pronounced healthy and full-term. He was placed with a loving family that had been approved to adopt him by the Department of Children and Family Services.

Ley de Entrega de Bebés Sin Peligro

Los recién nacidos pueden ser entregados en forma segura al personal de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles

Sin pena. Sin culpa. Sin nombres.

En el Condado de Los Ángeles: 1-877-BABY SAFE • 1-877-222-9723 www.babysafela.org



EXHIBIT D

En el Condado de Los Ángeles: 1-877-BABY SAFE • 1-877-222-9723

www.babysafela.org

Ley de Entrega de Bebés Sin Peligro

¿Qué es la Ley de Entrega de Bebés sin Peligro?

La Ley de Entrega de Bebés sin Peligro de California permite la entrega confidencial de un recién nacido por parte de sus padres u otras personas con custodia legal, es decir cualquier persona a quien los padres le hayan dado permiso. Siempre que el bebé tenga tres días (72 horas) de vida o menos, y no haya sufrido abuso ní negligencia, pueden entregar al recién nacido sin temor de ser arrestados o procesados.

Cada recién nacido se merece la oportunidad de tener una vida saludable. Si alguien que usted conoce está pensando en abandonar a un recién nacido, infórmele que tiene otras opciones. Hasta tres días (72 horas) después del nacimiento, se puede entregar un recién nacido al personal de cualquier hospital o cuartel de bomberos del condado de Los Angeles.

Historia de un bebé

A la mañana temprano del día 9 de abril de 2005, se entregó un recién nacido saludable a las enfermeras del Harbor-UCLA Medical Center. La mujer que llevó el recién nacido al hospital se dio a conocer como la tía del bebé, y dijo que la madre le había pedido que llevara al bebé al hospital en su nombre. Le entregaron a la tía un brazalete con un número que coincidía con la pulsera del bebé; esto serviría como identificación en caso de que la madre cambiara de opinión con respecto a la entrega del bebé y decidiera recuperarlo dentro del período de 14 días que permite esta ley. También le dieron a la tía un cuestionario médico, y ella dijo que la madre lo llenaría y lo enviaría de vuelta dentro del sobre con franqueo pagado que le habían dado. El personal médico examinó al bebé y se determinó que estaba saludable y a término. El bebé fue ubicado con una buena familia que ya había sido aprobada para adoptarlo por el Departamento de Servicios para Niños y Familias.

¿Cómo funciona?

El padre/madre con dificultades que no pueda o no quiera cuidar de su recién nacido puede entregarlo en forma legal, confidencial y segura dentro de los tres días (72 horas) del nacimiento. El bebé debe ser entregado a un empleado de cualquier hospital o cuartel de bomberos del Condado de Los Ángeles. Siempre que el bebé no presente signos de abuso o negligencia, no será necesario suministrar nombres ni información alguna. Si el padre/madre cambia de opinión posteriormente y desea recuperar a su bebé, los trabajadores utilizarán brazaletes para poder vincularlos. El bebé llevará un brazalete y el padre/madre o el adulto que lo entregue recibirá un brazalete igual.

¿Qué pasa si el padre/madre desea recuperar a su bebé?

Los padres que cambien de opinión pueden comenzar el proceso de reclamar a su recién nacido dentro de los 14 días. Estos padres deberán llamar al Departamento de Servicios para Niños y Familias (Department of Children and Family Services) del Condado de Los Ángeles al **1-800-540-4000**.

¿Sólo los padres podrán llevar al recién nacido?

No. Si bien en la mayoría de los casos son los padres los que llevan al bebé, la ley permite que otras personas lo hagan si tienen custodia legal.

¿Los padres o el adulto que entrega al bebé deben llamar antes de llevar al bebé?

No. El padre/madre o adulto puede llevar al bebé en cualquier momento, las 24 horas del día, los 7 días de la semana, siempre y cuando entreguen a su bebé a un empleado del hospital o cuartel de bomberos.

¿Es necesario que el padre/ madre o adulto diga algo a las personas que reciben al bebé?

No. Sin embargo, el personal del hospital o cuartel de bomberos le pedirá a la persona que entregue al bebé que llene un cuestionario con la finalidad de recabar antecedentes médicos importantes, que resultan de gran utilidad para cuidar bien del bebé. El cuestionario incluye un sobre con el sello postal pagado para enviarlo en otro momento.

¿Qué pasará con el bebé?

El bebé será examinado y le brindarán atención médica. Cuando le den el alta del hospital, los trabajadores sociales inmediatamente ubicarán al bebé en un hogar seguro donde estará bien atendido, y se comenzará el proceso de adopción.

¿Qué pasará con el padre/madre o adulto que entregue al bebé?

Una vez que los padres o adulto hayan entregado al bebé al personal del hospital o cuartel de bomberos, pueden irse en cualquier momento.

¿Por qué se está haciendo esto en California? ?

La finalidad de la Ley de Entrega de Bebés sin Peligro es proteger a los bebés para que no sean abandonados, lastimados o muertos por sus padres. Usted probablemente haya escuchado historias trágicas sobre bebés abandonados en basureros o en baños públicos. Los padres de esos bebés probablemente havan estado pasando por dificultades emocionales graves. Las madres pueden haber ocultado su embarazo, por temor a lo que pasaría si sus famílias se enteraran. Abandonaron a sus bebés porque tenían miedo y no tenían nadie a quien pedir ayuda. El abandono de un recién nacido es ilegal y pone al bebé en una situación de peligro extremo. Muy a menudo el abandono provoca la muerte del bebé. La Ley de Entrega de Bebés sin Peligro impide que vuelva a suceder esta tragedia en California.

Chapter 2.206 DEFAULTED PROPERTY TAX REDUCTION PROGRAM

2.206.010 Findings and declarations.

2.206.020 Definitions.

2.206.030 Applicability.

- 2.206.040 Required solicitation and Contract language.
- 2.206.050 Administration and compliance certification.
- 2.206.060 Exclusions/Exemptions.
- 2.206.070 Enforcement and remedies.
- 2.206.080 Severability.

2.206.010 Findings and declarations.

The Board of Supervisors finds that significant revenues are lost each year as a result of taxpayers who fail to pay their tax obligations on time. The delinquencies impose an economic burden upon the County and its taxpayers. Therefore, the Board of Supervisors establishes the goal of ensuring that individuals and businesses that benefit financially from Contracts with the County fulfill their property tax obligation. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.020 Definitions.

The following definitions shall be applicable to this chapter:

- A. "Contractor" shall mean any person, firm, corporation, partnership, or combination thereof, which submits a bid or proposal or enters into a Contract or agreement with the County.
- B. "County" shall mean the County of Los Angeles or any public entities for which the Board of Supervisors is the governing body.
- C. "County Property Taxes" shall mean any property tax obligation on the County's secured or unsecured roll; except for tax obligations on the secured roll with respect to property held by a Contractor in a trust or fiduciary capacity or otherwise not beneficially owned by the Contractor.
- D. "Department" shall mean the County department, entity, or organization responsible for the solicitation and/or administration of the Contract.
- E. "Default" shall mean any property tax obligation on the secured roll that has been deemed defaulted by operation of law pursuant to California Revenue and Taxation Code section 3436; or any property tax obligation on the unsecured roll that remains unpaid on the applicable delinquency date pursuant to California Revenue and Taxation Code section 2922; except for any property tax obligation dispute pending before the Assessment Appeals Board.

- F. "Solicitation" shall mean the County's process to obtain bids or proposals for goods and services.
- G. "Treasurer-Tax Collector" shall mean the Treasurer and Tax Collector of the County of Los Angeles. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.030 Applicability.

This chapter shall apply to all solicitations issued 60 days after the effective date of the ordinance codified in this chapter. This chapter shall also apply to all new, renewed, extended, and/or amended Contracts entered into 60 days after the effective date of the ordinance codified in this chapter. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.040 Required solicitation and Contract language.

All solicitations and all new, renewed, extended, and/or amended Contracts shall contain language, which:

- A. Requires any Contractor to keep County Property Taxes out of Default status at all times during the term of an awarded Contract;
- B. Provides that the failure of the Contractor to comply with the provisions in this chapter may prevent the Contractor from being awarded a new Contract; and
- C. Provides that the failure of the Contractor to comply with the provisions in this chapter may constitute a material breach of an existing Contract, and failure to cure the breach within ten days of notice by the County by paying the outstanding County Property Tax or making payments in a manner agreed to and approved by the Treasurer-Tax Collector, may subject the Contract to suspension and/or termination. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.050 Administration and compliance certification.

- A. The Treasurer-Tax Collector shall be responsible for the administration of this chapter. The Treasurer-Tax Collector shall, with the assistance of the Chief Executive Officer, Director of Internal Services, and County Counsel issue written instructions on the implementation and ongoing administration of this chapter. Such instructions may provide for the delegation of functions to other departments.
- B. Contractor shall be required to certify, at the time of submitting any bid or proposal to the County, or entering into any new Contract, or renewal, extension or amendment of an existing Contract with the County, that it is in compliance with this chapter is not in Default on any County Property Taxes or is current in

payments due under any approved payment arrangement (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.060 Exclusions/Exemptions.

- A. This chapter shall not apply to the following Contracts:
 - 1. Chief Executive Office delegated authority agreements under \$50,000;
 - 2. A Contract where Federal or State law or a condition of a Federal or State program mandates the use of a particular Contractor;
 - 3. A purchase made through a State or Federal Contract;
 - 4. A Contract where State or Federal monies are used to fund service-related programs including, but not limited to, voucher programs, foster care, or other social programs that provide immediate direct assistance;
 - 5. Purchase orders under a master agreement, where the Contractor was certified at the time the master agreement was entered into and at any subsequent renewal, extension and/or amendment to the master agreement;
 - 6. Purchase orders issued by Internal Services Department under \$100,000 that is not the result of a competitive bidding process;
 - 7. Program agreements that utilize Board of Supervisors' discretionary funds;
 - 8. National Contracts established for the purchase of equipment and supplies for and by the National Association of Counties, U.S. Communities Government Purchasing Alliance, or any similar related group purchasing organization;
 - 9. A monopoly purchase that is exclusive and proprietary to a specific manufacturer, distributor, reseller, and must match and intermember with existing supplies, equipment, or systems maintained by the County pursuant to the Los Angeles Purchasing Policy and Procedures Manual, Section P-3700 or a successor provision;
 - 10. A revolving fund (petty cash) purchase pursuant to the Los Angeles County Fiscal Manual, Section 4.6.0 or a successor provision;
 - 11. A purchase card purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section P-2810 or a successor provision;

- 12. A nonagreement purchase worth a value of less than \$5,000 pursuant to the Los Angeles County Purchasing Policy and Procedures Manual, Section A-0300 or a successor provision; or
- A bona fide emergency purchase pursuant to the Los Angeles County Purchasing Policy and Procedures Manual Section P-0900 or a successor provision;
- 14. Other Contracts for mission critical goods and/or services where the Board of Supervisors determines that an exemption is justified.
- B. Other laws. This chapter shall not be interpreted or applied to any Contractor in a manner inconsistent with the laws of the United States or California. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.070 Enforcement and remedies.

- A. The information furnished by each Contractor certifying that it is in compliance with this chapter shall be under penalty of perjury.
- B. No Contractor shall willfully and knowingly make a false statement certifying compliance with this chapter for the purpose of obtaining or retaining a County Contract.
- C. For Contractor's violation of any provision of this chapter, the County department head responsible for administering the Contract may do one or more of the following:
 - 1. Recommend to the Board of Supervisors the termination of the Contract; and/or,
 - 2. Pursuant to Chapter 2.202, seek the debarment of the Contractor; and/or,
 - 3. Recommend to the Board of Supervisors that an exemption is justified pursuant to Section 2.206.060.A.14 of this chapter or payment deferral as provided pursuant to the California Revenue and Taxation Code. (Ord. No. 2009-0026 § 1 (part), 2009.)

2.206.080 Severability.

If any provision of this chapter is found invalid by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect. (Ord. No. 2009-0026 § 1 (part), 2009.)

P:\aepub\Service Contracts\CONTRACT\CONTRACTING FORMS\RFP\11 Exhibit E_Default Tax 06-04-15.docx

Required Service/Tasks Performance Indicator		Deductions for Failure to Meet Performance Indicator*	Compliance	Comments
A. SCOPE OF WORK				
1. Ridership Productivity	Contractor fails to meet the average monthly passenger per hour level of Service of 3.5 passengers per hour.	\$500 per month	□Yes □No □N/A	
2. On-Time Performance	 a. Contractor fails to meet an on-time performance level of 95 percent in any month. b. Contractor fails to meet an on-time performance level of 90 percent in any 	\$500 per month \$1,000 per month	□Yes □No □N/A	
	month. c. Contractor fails to meet an on-time performance level of 85 percent in any month.	\$2,000 per month		
3. Length of Rides	Contractor fails to disembark a rider at the scheduled destination within 59 minutes from the rider embarking.	\$200 per occurrence up to a maximum of \$1,000 per month.	□Yes □No □N/A	
4. Valid Complaints	Any valid passenger's complaint as a result of the Contractor's actions which could have reasonably been prevented.	\$250 per complaint, up to a maximum of \$2,000 per month.	□Yes □No □N/A	
5. Repeated Patron Valid Complaints	Any repeated (three or more) valid complains concerning the same patron over a six month period.	\$250 per complaint, up to a maximum of \$2,000 per month	□Yes □No □N/A	

Required Service/Tasks	Required Service/Tasks Performance Indicator		Compliance	Comments
6. Trips Not Made	Any scheduled trip is not made.	\$250 per trip, up to a maximum of \$2,000 per month	□Yes □No □N/A	
7. Non-ADA Service Vehicle	Contractor replaces a Service Vehicle with a non ADA-compliant Service Vehicle.	\$500 for the first occurrence and \$1,000 for each subsequent occurrence	□Yes □No □N/A	
8. Reporting	Contractor fails to submit monthly reports and the NTD Paratransit Annual Summary Report as described in this Contract within the due date described; Submitted reports should be mostly free from errors.	\$100 per late report per calendar day, up to a maximum of \$1,000 per month; \$200 per report with more than 10 errors, up to a maximum of \$1,000 per month	□Yes □No □N/A	
9. Shutdown of Service Vehicles	Service Vehicle removed from Service as a result of an unsatisfactory rating by the CHP.	\$250 per day per Service Vehicle, up to a maximum of \$1,000 per Service Vehicle per month	□Yes □No □N/A	
10. Preventive Maintenance	Failure to meet standard per the OEM and Exhibit M, Preventive Maintenance.	Nonpayment of Service miles or hours operated by vehicles exceeding the PMI intervals or liquidated damages of \$500 per Vehicle per day, whichever is higher, up to a maximum of \$5,000 per month	□Yes □No □N/A	

Requi	red Service/Tasks	Performance Indicator	Deductions for Failure to Meet Performance Indicator*	Compliance	Comments
11.	Weekly Maintenance Inspections	Failure to meet Weekly Maintenance Inspection standard.	\$200 per Service Vehicle per Service day up to a maximum of \$2,000 per month	□Yes □No □N/A	
12.	Daily Vehicle Inspection (DVI) Reports	Failure to perform a satisfactory DVI (pre-trip and post trip).	\$100 per Service Vehicle per Service day up to a maximum of \$1,000 per month	□Yes □No □N/A	
13.	Deficient Service Vehicle Condition	Rejection of Service Vehicle as a result of deficient mechanical condition or unacceptable Service Vehicle appearance.	\$250 per day per Service Vehicle up to a maximum of \$1,000 per Service Vehicle per month	□Yes □No □N/A	
14.	Permanent Service Vehicle Rejection	Service Vehicle is rejected permanently by Contract Manager as a result of Service Vehicle condition.	\$250 per day per Service Vehicle up to a maximum of \$1,000 per Service Vehicle per month	□Yes □No □N/A	

Requi	equired Service/Tasks Performance Indicator		Deductions for Failure to Meet Performance Indicator*	Compliance	Comments
15.	Vehicle Emissions (Engine Smog)	 a. Service Vehicle fails to pass a smog test, receives a complaint, or is cited for engine emissions violation. b. Contractor does not submit the required smog check certificates to Contract Manager biennial within 30 days after State vehicle emissions testing has been performed. 	\$500 per cited Service Vehicle \$200 per Service Vehicle that has not passed its smog check	□Yes □No □N/A	
16.	Violation of Subcontracting of Maintenance	Contractor is either performing maintenance and/or subcontracting maintenance in violation of Exhibit A Section E, Vehicle Storage, Maintenance, and Fueling Facilities.	\$1,000 per Service Vehicle per day, up to a maximum of \$4,000 per Service Vehicle per month	□Yes □No □N/A	
17.	Storage of County Service Vehicles	Failure to store County Service Vehicles in accordance with this Contract.	\$200 per Service Vehicle per Service day, up to a maximum of \$2,000 per Service Vehicle per month	□Yes □No □N/A	
18.	Implementation of Dispatch Software and Advanced Vehicle Electronics	Contractor fails to implement the required fully operational comprehensive and integrated Advanced Vehicle Information and dispatch system.	\$200 per business day after the deadline, up to a maximum of \$2,000 per month	□Yes □No □N/A	
19.	Implementation of E- mail and Internet Access	Failure to implement Internet access and e-mail, use/maintain the system, train the personnel within the time periods allotted as specified in Exhibit A, Section D.	\$100 per business day after the deadline, up to a maximum of \$1,000 per month	□Yes □No □N/A	

Requi	equired Service/Tasks Performance Indicator		Deductions for Failure to Meet Performance Indicator*	Compliance	Comments	
20.	County Service Vehicle Warranty	Any warranty coverage of the County Service Vehicles is lessened or invalidated, and/or warranty items are not covered due to neglect.	At least 50 percent and up to 100 percent of the cost to repair each item	□Yes □No □N/A		
21.	Operating Outside of Service Areas	Service Vehicle is operated outside its assigned Service area as specified in this Contract without prior approval from County.	\$100 per occurrence per Service Vehicle, up to maximum of \$1,000 per Service Vehicle per month	□Yes □No □N/A		
22.	Controlled Substance and Alcohol Testing	Report results of random testing and other associated tests to County on quarterly basis on form shown in Exhibit Q. Submit the form to the County within 15 days after the end of the quarter.	\$100 per calendar day, up to a maximum of \$1,000 per month for late reports	□Yes □No □N/A		
23.	Maintenance Personnel	Training and/or ASE H-4 Transit Bus Brake test certified and Section 609 of the Clean Air Act certified as specified in Exhibit A, Section L.7.	\$500 per maintenance employee per month up to a monthly maximum of \$1,000	□Yes □No □N/A		
24.	Unresolved Service Vehicle Claims	Settlement is not made within 90 calendar days of the date of loss.	\$1,000 per week, up to a maximum of \$4,000 per month	□Yes □No □N/A		

Required Service/Tasks	Required Service/Tasks Performance Indicator		Compliance	Comments
25. Misuse of County Service Vehicles	Evidence of misuse or if Service Miles for any County Service Vehicle exceeds Revenue Miles by at least 25% in any calendar month.	\$1,000 per month, per occurrence	□Yes □No □N/A	
26. Service Vehicle Transfer Audit	Failure to provide a satisfactory Service Vehicle transfer per Exhibit A, Section CC. z., of this Contract for any County Service Vehicle, beginning one week after the completion of the transfer of service.	May include \$100 per County Service Vehicle per week for late PMI records, up to two monthly Service invoice payments for outstanding costs. If not sufficient, then County will invoice the Contractor for the difference	□Yes □No □N/A	
27. Health, Safety, and Comfort	Wheelchair ramp/lift, air conditioning, and/or heating system failure while in service.	\$250 per day per Service Vehicle, up to a maximum of \$1,000 per Service Vehicle per month	□Yes □No □N/A	
28. Fines by Regulatory and Governmental Agencies	Fined by a local, regional, State or Federal regulatory or governmental agency as a result of the Contractor's negligence or failure to comply with any Federal, State, or local rules, regulations, or requirements.	Equal to the fine(s) charged to the County by a regulatory or governmental agency	□Yes □No □N/A	

Required Service/Tasks	Performance Indicator	Deductions for Failure to Meet Performance Indicator*	Compliance	Comments
29. AVL Devices	If the AVL device is damaged, removed, lost, or stolen.	\$50 per AVL device per Service day after the two- week period following date of loss/damage until the AVL device is replaced, up to a maximum of \$1,000 per month	□Yes □No □N/A	
30. Timely Repairs to County-Provided Service Vehicles	Failure to repair County Service Vehicles in a timely manner to maintain proper operating and appearance standards.	\$500 in per Service Vehicle per Service day, up to a maximum of \$2,500 per Service Vehicle per month	□Yes □No □N/A	

SERVICE REQUIREMENTS AND AREA MAPS

Passenger operating hours of Service shall be from 7 a.m. to 5 p.m., Monday through Friday, 8 a.m. to 4 p.m. on Saturday, and 9 a.m. to 3 p.m. on Sundays (to support the stated Service hours vehicles may be dispatched up to one hour before the daily start times and return up to one hour after the end of daily Service). Operating hours of Service may be revised to meet the changing needs of the communities. This will be done through a 30-calendar day written notice from Contract Manager to Contractor.

Service will not operate on the following major holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day.

A minimum of 24 hours advance reservation shall normally be required to schedule rides and permit staff to ask patrons to specify whether a wheelchair accessible vehicle is required; however, same day Service will be provided subject to availability and vehicle capacity.

Every effort will be made to pick up patrons no later than 20 minutes after the scheduled pickup time. Contractor shall provide backup Service to patrons in emergency situations when deemed necessary by Contractor to satisfy needs and avoid disruption of normal Service, at no additional cost to County. Group rides shall be emphasized and encouraged.

Service shall be restricted to eligible elderly persons (60 years and older) and persons with disabilities and their escorts. Persons with disabilities are persons who by reason of physical or mental disabilities cannot reasonably use conventional transportation. The County and the Contractor shall determine eligibility of patrons and the Contractor shall maintain appropriate records (including Applications for Eligibility, Roster of Eligible Riders, etc.) and shall screen incoming calls for Service against such roster to ensure that only eligible patrons use this Service. Director will review and, if appropriate, approve the Contractor's methodology for determining eligibility.

Service Areas

The Service area is divided into the following five (5) unincorporated County areas:

- Avocado Heights, Bassett, and Hacienda Heights
- Surrounding the City of Whittier
- South San Gabriel
- Surrounding the Cities of Covina, West Covina, and La Puente
- Rowland Heights

The service areas are identified on the maps listed in this Exhibits G.1. Service shall be provided for the residents in those unincorporated County areas. Initial residential pickups shall occur in County unincorporated areas only, identified on the maps in this Exhibit.

Eligible destinations for each of the five Service areas are those within each unincorporated County area and up to three miles outside the area as identified on the maps in this Exhibit. Trips beyond this three-mile limit, except for reasonable limited local community medical appointments and for the destinations indicated below require pre-approval of the Contract Manager. This pre-approval will be provided by e-mail from the Contract Manager to the Contractor.

Service may be provided to facilities beyond the defined Service area as follows:

Unincorporated Whittier Area

• Kaiser Downey, 9333 Imperial Highway, Downey, CA.

Rowland Heights

- Queen of the Valley Hospital, 1115 Sunset Avenue, West Covina, CA.
- St Jude Medical Center, 101 East Valencia Mesa Drive, Fullerton, CA.
- Whittier Presbyterian Intercommunity Hospital, 12401 Washington Blvd, Whittier, CA.
- Kaiser Baldwin Park, 1011 Baldwin Park Blvd. Baldwin Park, CA.
- Kaiser West Covina, 1249 South Sunset Ave. West Covina, CA.
- Medical Appointments within the City of Whittier, CA.

P:\tpppub\Transit\(PARATRANSIT)\\Whtr_Wstpk\RFP 2021-22\EXHIBIT G-SERVICE REQUIREMENTS.doc

WHITTIER, ET AL PARATRANSIT SERVICE AREA MAPS

- Avocado Heights, Bassett, and Hacienda Heights
- Rowland Heights
- South San Gabriel
- Surrounding the Cities of Covina, West Covina, and La Puente
- UnincorporatedWhittier

P:\pdpub\Transit\(PARATRANSIT)\Whtr_Wstpk\RFP 2017-18\EXHIBIT G-SERVICE AREA MAPS COVER PAGE.doc

HACIENDA HEIGHTS UNINCORPORATED AREA

HACIENDA HEIGHTS DESTINATION SERVICE AREA

Hacienda Heights, Avocado Heights, Bassett

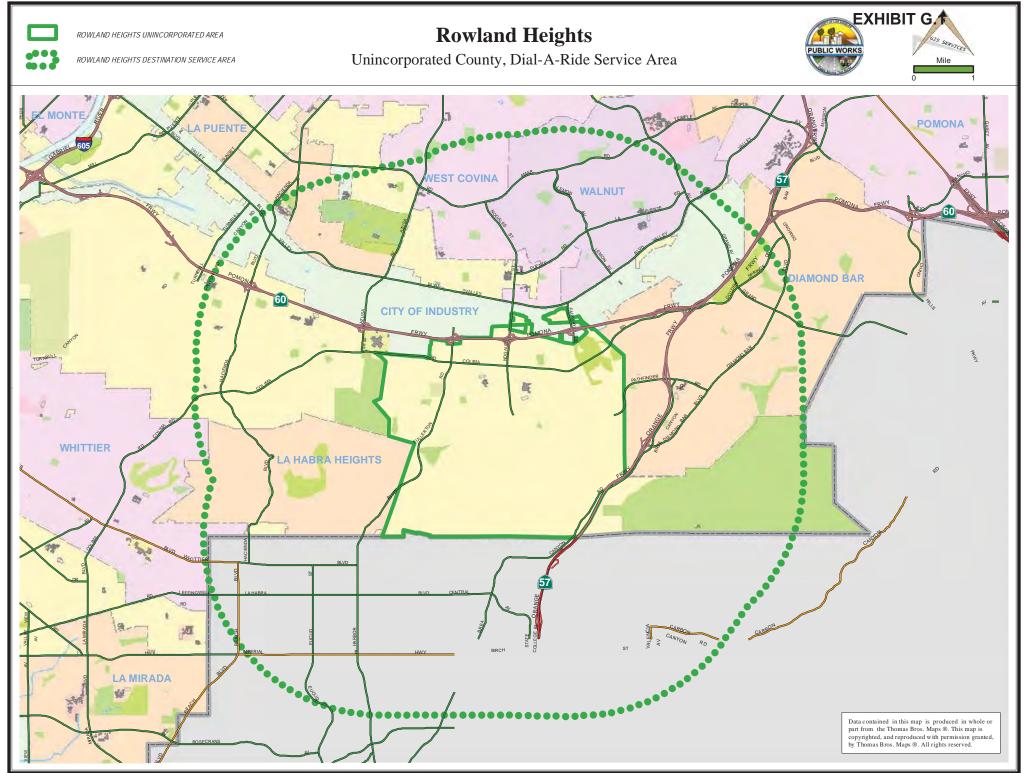
Unincorporated County, Dial-A-Ride Service Area



EXHIBIT G

Mile

PUBLIC WORK





SOUTH SAN GABRIEL UNINCORPORATED AREA

Unincorporated South San Gabriel

Unincorporated County, Dial-A-Ride Service Area





Survey/Mapping & Property Management Division, Mapping & GIS Services Section

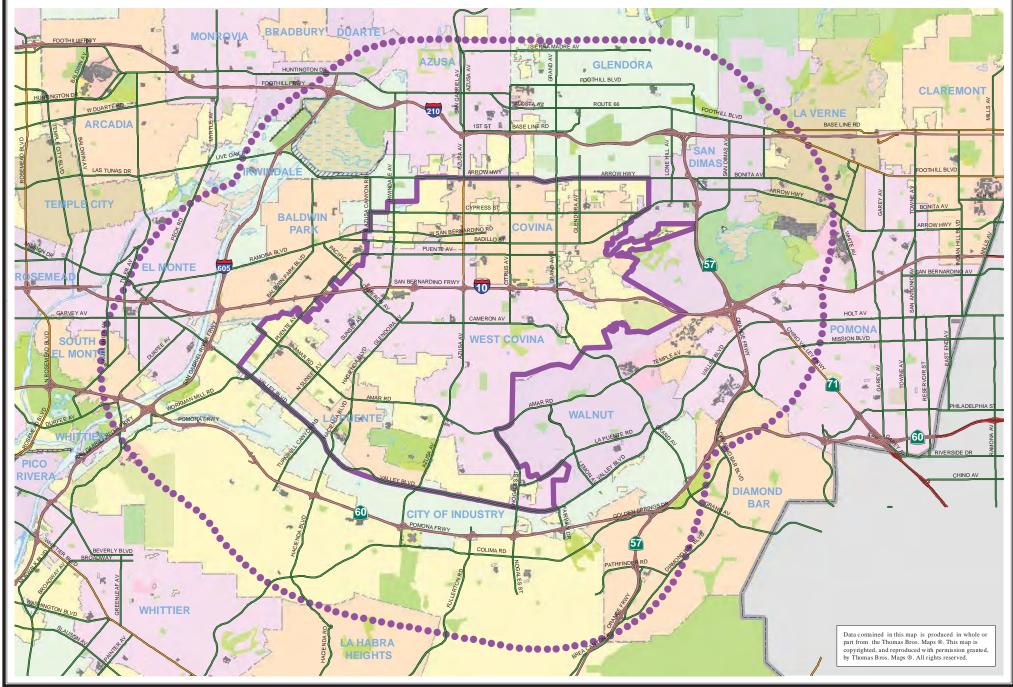
COVINA, WEST COVINA, LA PUENTE UNINCORPORATED AREA

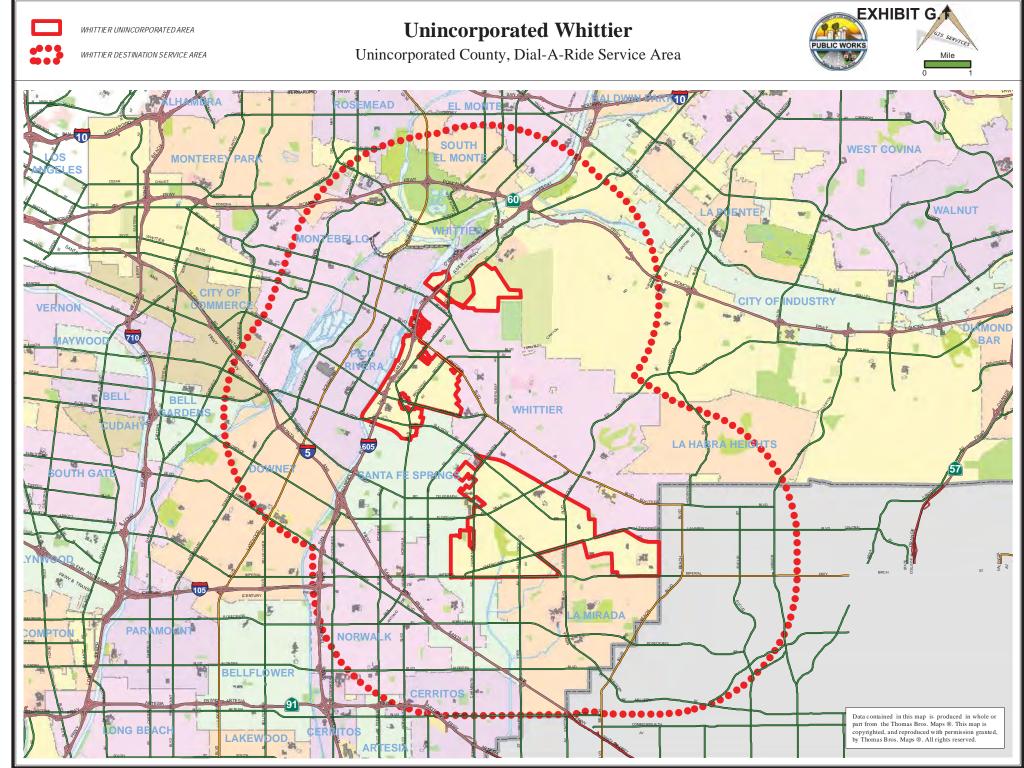
Unincorporated Areas of Covina, West Covina, and La Puente



COVINA, WEST COVINA, LA PUENTE DESTINATION SERVICE AREA

Unincorporated County, Dial-A-Ride Service Area





REF: \\pwgisfile\GIS_Services\MPMGIS\projects\pdd\Dial A Ride\DAR_Whittier.mxd DATE: 01/08/2013

COUNTY-PROVIDED SERVICE VEHICLES

WHITTIER, ET AL PARATRANSIT SERVICE

Delivered to Contractor at Start of the Contract

VEHICLE	I.D.	MAKE	MODEL	YEAR	SEATING	MILEAGE AS OF 01/20/2022	VIN #	FUEL
1	L106	Mobility Ventures	MV-1	2016	3 + 1 wheelchair	112,133	57WMD2C67GM100273	Gasoline
2	L107	Mobility Ventures	MV-1	2016	3 + 1 wheelchair	126,642	57WMD2C67GM100516	Gasoline
3	L108	Mobility Ventures	MV-1	2016	3 + 1 wheelchair	130,814	57WMD2C68GM100217	Gasoline
4	L109	Mobility Ventures	MV-1	2016	3 + 1 wheelchair	126,821	57WMD2C68GM100234	Gasoline
5	L110	Mobility Ventures	MV-1	2016	3 + 1 wheelchair	122,178	57WMD2C69GM100081	Gasoline
6	L111	Mobility Ventures	MV-1	2016	3 + 1 wheelchair	132,982	57WMD2C6XGM100199	Gasoline
7	L112	Mobility Ventures	MV-1	2016	3 + 1 wheelchair	134,002	57WMD2C6XGM100381	Gasoline
8	L113	Mobility Ventures	MV-1	2016	3 + 1 wheelchair	133,831	57WMD2C6XGM100445	Gasoline
9	L215	Glaval	E450	2019	12 + 2 wheelchair	8,057	1FDFE4FS4KDC56886	Propane
10	L216	Glaval	E450	2019	12 + 2 wheelchair	16,253	1FDFE4FS9KDC56883	Propane

P:\tpppub\Transit\(PARATRANSIT)\Whtr_Wstpk\RFP 2021-22\EXHIBIT H-COUNTY-PROVIDED SERVICE VEHICLE.doc

CONTRACTOR-PROVIDED SERVICE VEHICLE REQUIREMENTS

Section 1. Service Vehicle Information:

A. The following Contractor-provided Service Vehicles will be assigned to operate the service routes and/or as spares to this Service:

CONTRACTOR'S UNIT NUMBER		DESCRIPTION			
	Make	Model	Year	Seating	

- B. The Contractor-provided Service Vehicles and all of the Contractor's spare vehicles shall meet the terms specified in the Scope of Work and the details listed in the following pages of this Exhibit.
- C. The Contractor may substitute other services vehicles, as agreed upon in writing by the Contractor and the Contract Manager.

Section 2. Contractor-Provided Service Vehicle Specifications, for New or Used Service Vehicles:

Dial-A-Ride Vehicles

- Low floor Minivan, Type 4, ADA compliant, or approved equivalent with wheelchair ramp
- Cutaway-type Vehicles, Type 2, ADA compliant, or approved equivalent with wheelchair lift or ramp
- Vehicles shall be 5 years old or newer, with no more than 150,000 miles (minivan)
- Vehicles shall be 7 years old or newer, with no more than 200,000 miles (cutaway)
- Cutaways to be low-emission gasoline or propane-powered (LPG)
- Cutaways to accommodate a minimum of 8 ambulatory passengers or 6 ambulatory passengers and two wheelchair passengers

- Minimum 12,000 lbs. GVWR (cutaways)
- Folding seats to be provided in the wheelchair area (folding seats cannot be used while these locations are occupied by wheelchairs)
- Approximately 55,000 BTU passenger area air-conditioning system (cutaways)
- Approximately 24,000 BTU passenger area heater (cutaways)
- Backup alarm
- A County-approved, fully automatic wheelchair lift to include: manual backup, handrails, California brake interlock, lift pad kit, lift lighting, fully compliant with current ADA requirements and regulations (cutaways)
- ADA-compliant securement system for two wheelchair passengers
- 10 lbs. ABC Fire Extinguisher, first-aid kit, reflector kit
- Inside and outside signage
- Fare Box

P:\tpppub\Transit\(PARATRANSIT)\Whtr_Wstpk\RFP 2021-22\EXHIBIT I-CONTRACTOR - PROVIDED VEHICLES.doc

SERVICE VEHICLE APPEARANCE/CLEANLINESS CHECKLIST

	Date/Time	Vehicle	No
	Checked By		
EXTERIOR	VERY GOOD	ACCEPTABLE	UNACCEPTABLE
Windshield Windows Body-Front and Sides Body-Rear Fuel Filter Area Wheels Rubber/Vinyl Parts			
INTERIOR			
Entry/Driver Area Windshield Floor/Aisle Seats Seat Backs Windows Lift or Exit Door Area Sidewall Panels Modesty Panels Stanchions/Grabrails Information Display Area Subtotal			
OVERALL RATING			
		VERY GOOD ACCEPTABLE UNACCEPTABLE	≣

P:\aepub\Service Contracts\CONTRACT\Anna\East LA DAR\2021 IFB\01 IFB\17 Exhibit J - Service Vehicle Appearance Checklist.doc

DRIVER'S DAILY VEHICLE REPORT

BUS NO MILEAGE	DATE ROUTE				
OPEN HOOD & CHECK! COOLANT, OIL, BATTERY, WASHER FLUID LEVELS, FAN BELTS & WIRING ENTER BUS & CHECK!	DRIVE BUS FORWARD & APPLY BRAKES ACTIVATE ALL LIGHTS & CHECK! AMMETER, ALL INTERIOR LIGHTS, HEADLIGHTS, (HIGH & LOW BEAM INDICATOR)				
☐STEPS, GRAB HANDLES & RAILS, WINDOWS, WARNING DEVICES, FIRST AID KIT, FIRE EXTINGUISHER, CLEANLINESS & INSIDE EMERGENCY EXITS ☐WHEELCHAIR LIFT OPERATION AND SECUREMENTS RECORD ODOMETER READING	SET PARKING BRAKE, PUT TRANSMISSION IN NEUTRAL WITH ENGINE RUNNING & ALL LIGHTS ON, CHECK FOLLOWING EQUIPMENT OUTSIDE BUS RIGHT FRONT WHEEL AND TIRE RIGHT SIDE MARKER LAMPS TURN SIGNAL LIGHTS AND REFLECTORS RIGHT REARVIEW MIRROR & MOUNTING HEADLIGHTS & TURN SIGNALS				
	CLUSTER, CLEARANCE AND I.D. LIGHT				
START ENGINE & CHECK!	SIGNAGE SIGNAGE SIGNAGE SIGNAGE SIGNAGE SIGNAL SIGN				
	∐SATISFACTORY □UNSATISFACTORY				

REMARKS:_____

DRIVER'S SIGNATURE(S)	TIME	MECHANIC SIGNATURE(S)
1		1
2		2
3		DATE REPAIRS COMPLETED:
4		-

P:\aepub\Service Contracts\CONTRACT\Anna\East LA DAR\2021 IFB\01 IFB\18 Exhibit K - Driver's Daily Vehicle Report.doc

Exhibit L.1

PRIVILEGED AND

PREPARED FOR COUNTY COUNSEL IN DEFENSE OF THE COUNTY, SPECIAL DISTRICTS, AND EMPLOYEES. CONFIDENTIAL COUNTY OF LOS ANGELES DEPT. of PUBLIC WORKS REPORT of VEHICLE COLLISON or INCIDENT

FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY TELEPHONE TO EMPLOYEE HEALTH & SAFETY (EHS) (626) 458-2151 Employee: Complete form within 24 hours of vehicle collision and submit to your supervisor. If more space is needed to completely answer any category on this form, attach an additional sheet.

Division: Submit form (typewritten) to Employee Health and Safety Section within 72 hours.

VEHICL	E DRIVEN BY EM	PLOYEE (Check one)						
First Name		□ County Vehicle (Includes veh. leased or rented by Co.)			Personal Vehicle			
Last Name			Driver's Lic. No			Permittee	□ Yes	□ No
Work Location			Equip. No.			Policy No.		
			Vehicle License No.					
			Emp No		le			
		ur						
				<u> </u>				
	Damaged:			·				
Incident Date: City: _								
		(Intersection or Address)						
Hour: AM PM								
PASSENGER	Name Home Address	(Street)	? □ Yes □ No Home:		(City)			
INJURED / MITNESS				🗆 Fa				
			Phone Taken to					
ΪŽ	Auuress							
	Driver:							
		(Name)	(Address)		(City)	(State)	(Zip)	(Phone)
	Driver License No	D	State		Insurance Co			
	Franksian				Policy No.			· · · · · · · · · · · · · · · · · · ·
OTHER VEHICLE (2)	Employer	Name of Person or Co.)	(Address)		(City)	(State)	(Zip)	(Phone)
CLE				Veh l	c. No.			
H	Vehicle(Year)		(Model or Type)		(Year)		(Number)	(State)
R <	Parts Damaged							
H.	Registered Owne	r(Name)	(Address)		(City)	(State)	(Zip)	(Phone)
Б	Home Address		(, (dd:000)			. ,		
		(Street)		(City)		(State)	(Zip	,
				Phone:	Work	Hor	ne	
	Home Address	(Street)		(City)		(State)	(Zi	 c)
	Driver:	()		(-))		()	,	,
		(Name)	(Address)		(City)	(State)	(Zip)	(Phone)
	Driver License No)	State		Insurance Co.			
					Policy No.			
OTHER VEHICLE (3)	Employer	Name of Person or Co.)	(Address)		(City)	(State)	(Zip)	(Phone)
			· · · ·		,	· · /		· · · ·
	Vehicle(Year)	(Make)	(Model or Type)	Veh. L	c. No(Year)		(Number)	(State)
	Parts Damaged		·····		······			· · · · · · · · · · · · · · · · · · ·
	Registered Owne	r						
	Home Address	(Name)	(Address)		(City)	(State)	(Zip)	(Phone)
		(Street)		(City)		(State)	(Zip)
	Passenger Name			Phone:	Work	Hor	ne	
		Passenger Name Home Address		TIONE.		10		
		(Street)		(City)		(State)	(Zi	o)

Exhibit L.1

Police Report 🛛 Yes 🗌 N	ło	Photographs Attached	🗆 Yes 🛛 No	
Police Agency Reporting		Statio	n	
DRAW A DIAGRAM AND SHOW I	HOW INCIDENT OCCURRED			
		_		NORTH
Show your vehicle as 1 th	e other vehicles as 2,	∃> etc.		
-				n and position of Vehicle(s) at point of impact.
				of the street(s) and location of stop signs, lanes, and any important information.
			Signals, number of	nanes, and any important mormation.
EXPLAIN CLEARLY HOW INCIDE	NT OCCURRED; ADDITIONAL SH	EETS ATTACHED	s 🗆 No	
Was your Vehicle legally parke	d? □Yes □No.	If No, complete items (1)-(10) at the bottom	n of this page.
		TACHED 🗆 Yes 🗆	No	
SUPERVISOR 5 REPORT OF INC	IDENT; ADDITIONAL SHEETS AT		INU	
		ITEMS		
(1) MOVEMENT	(3) AMOUNT OF (5) ROA	AD SURFACE (7) WE	ATHER	(9) EVASIVE ACTION
	TRAFFIC	Concrete	Clear	by Co. Driver
Straight Ahead			Rain	Locked Brakes
Lane Change			og	Hard Brakes
Making Right Turn			Justy	Slowed/Stopped
Making Left Turn			Snow	Steered Away
Standing	Congested		leavy Smog	Accelerated
Parked Backing	()	BILITY C	Other	None Other
Backing Rolling Back			AD CONDITION	
Moving Unattended		(-) -)ry	(10) SAFETY BELTS
			Vet	Installed, Not Worn
(2) TRAFFIC CONTROLS	Hill Crest		luddy	Installed and Worn
None Present	Dip		snowy or Icy	Not Installed
Green Signal				Vehicle Unoccupied
Yellow Signal	Total Yrs. Driv. For Co.	Total Yrs. Driv. this ty	ne Veh	Total Yrs. Driv.
Red Signal			po von.	
Flashing Signal		-		DATE
Stop Sign Warning Sign	EMPLOYEE NAME (PRINT)	S	IGNATURE	DATE
Warning Sign				
Other	SUPERVISOR NAME (PRINT)	5	IGNATURE	DATE
	DIVISION HEAD OR AUTH, REPRESEN		IGNATURE	DATE

PREVENTIVE MAINTENANCE

On County-Owned Vehicles and Contractor-Provided and operated Service Vehicles the Contractor shall follow the Original Equipment Manufactures (OEM) required Preventive Maintenance Inspection (PMI) program, or the following, whichever is more stringent.

SECTION 1. EQUIPMENT

The preventive maintenance inspection services hereinafter referred to as PMI services, as described herein, shall be performed on the following County-Owned vehicles. These vehicles are gasoline-powered.

Fleet No.	Make and Year	Model	VIN
L101	Mobility Ventures 2016	MV-1	57WMD2C61GM100513
L102	Mobility Ventures 2016	MV-1	57WMD2C61GM100592
L103	Mobility Ventures 2016	MV-1	57WMD2C65GM100272
L104	Mobility Ventures 2016	MV-1	57WMD2C66GM100216
L105	Mobility Ventures 2016	MV-1	57WMD2C66GM100300
L23	Dodge 2018	Grand Caravan	2C7WDGBGXJR362980
L124	Dodge 2018	Grand Caravan	2C7WDGBGXJR363739

SECTION 2. SERVICE PROVISIONS

PMI Services to be provided by Contractor shall consist of levels hereinafter referred to as "A," "B," "C", "J," and "I" PMI Services and shall be conducted at vehicle mileage or time intervals as described herein. All inspections and/or services shall be documented. Items identified as in need of correction or repair must be listed on each inspection or service.

Minivans:

A. <u>PMI Service Sequencing</u>

- 1. "A" Service occurs every 3,000 vehicle miles or 45 days, whichever occurs first. An "A" Service occurs as part of every "B" and "C" Service.
- 2. "B" Service occurs every 24,000 vehicle miles or 12 months, whichever occurs first. The "B" Service occurs as part of every "C" Service.
- 3. "C" Service occurs every 48,000 vehicle miles or bi-annually (every other year), whichever occurs first.
- 4. "J" inspection occurs every 45 days regardless of mileage.
- 5. "I" inspections occurs a minimum of once per week. More frequent "I" Service may be required by the County depending upon demonstrated vehicle reliability.
- 6. "DVI" Daily Vehicle Inspection Report. This is a legally required document prepared each day by the vehicle operator (driver) regarding the vehicle to be operated. A copy is to be retained by the Contractor maintenance shop and <u>any</u> repair work documented. This report requirement is explained in more detail in the "Operator Requirements" section of this document.

	Service Miles	PMI Service	<u>Service</u> Includes
45 Days maximum	3,000	А	J & I
12 Months maximum	24,000	В	A, J & I
2 Years maximum	48,000	С	A, B, J & I
45 Days maximum	45 Days Inspection	J	
Weekly maximum	Weekly Inspection	I	

Pre-trip and Post-trip inspection by the operator (driver) – Daily DVI

Note: PMI Service sequencing every 2 years or 48,000 vehicle service miles, whichever occurs first.

B. <u>Scope of Service</u>

Contractor shall perform (or cause to have performed) the following PMI Services on the County-owned Vehicles at or prior to the Service mileage/time sequencing identified in Section 'A', above.

C. <u>Inspections/PMI Services</u>

1. "<u>A" Inspection (PMI) Service (3,000 miles or 45 days)</u>

(includes the following items, but not limited to)

- Change engine oil
- Replace engine oil filter
- Engine idle speed (check & adjust)
- Engine throttle linkage; check operation
- Check transmission fluid level
- Inspect driveline
- Driveline "u-joints", lubricate
- Inspect shock absorbers
- Check Front wheels for play wheel bearings, ball joints and leaks
- Coolant, check and record protection and condition
- Pressure Test coolant system and radiator cap, check condition of hoses and clamps,
- Differential oil level, check
- Brake fluid level
- Battery(s) specific gravity; check
- Load Test battery(s)
- Clean battery terminal connections
- Test and Record Alternator Readings
- Inspect brakes for operation and wear. Record percentage of pad and/or lining remaining
- Inspect brakes, and adjust as necessary
- Measure and record tire tread depth

- Check and record tire pressures (including spare tire)
- Inspect tire rims and mounting
- Check tire rim mounting bolt torque
- Inspect tires, if irregular wear present perform alignment
- Check Steering for free play
- Check Steering fluid level
- Check steering box mounting
- Check steering box
- Check steering linkage, lubricate
- Road test for steering and suspension
- Accessory drive belt tension, measure and record
- Inspect accessory drive belts for wear and tension; record result
- Inspect exterior lamps for operation
- Inspect interior lamps for operation
- Inspect dash panel for operation of all switches gauges and lamps
- Inspect upper (overhead) panel for operation of all switches gauges and lamps
- Inspect all doors for adjustment and smoothness of operation
- Inspect wheelchair ramp/lift for operation and adjustment; including the interlock device
- Clean and lubricate wheelchair lift
- Cycle wheelchair ramp/lift in manual (emergency) check hydraulic fluid level mode
- Inspect glazing for operation and cracks
- Operate emergency escape windows
- Inspect seats for damage, soiling

- Inspect floor covering and step treads for damage
- Measure and record A/C output temperature front and rear
- Test heating (front and rear) for output. Clean immediate area surrounding rear heater unit. (cutaway vehicles only)
- Inspect exhaust system, correct deficiencies
- Inspect fire extinguisher charge and expiration
- Inspect other vehicle safety devices/equipment
- Inspect wiper, washer operation, fluid level
- Tire rotation
- Fluids spill kit

Plus other additional items as deemed appropriate.

2. <u>"B" Inspection/Service (24,000 miles/12 months)</u>

(included, but not limited to)

- "A" inspection; "J" inspection and "I" inspection
- Replace Engine air filter
- Replace Engine fuel filter
- Service Transmission, replace transmission filter
- Replace passenger compartment air filter
- Repack front wheel bearings
- Align front wheels
- Check front suspension and all shock absorbers

Plus other additional items as deemed appropriate.

3. <u>"C" Inspection/Service (48,000 miles/Bi-Annual)</u>

(included but not limited to)

"A" Inspection

- "B" Inspection
- Engine coolant; replace
- Flush engine block and radiator
- Replace engine coolant thermostat
- Replace coolant hoses, clamps as necessary
- Replace radiator pressure cap
- Drain and refill differential
- Replace brake fluid

Plus other, additional items as deemed appropriate.

4. <u>"J" Inspection ("45" day inspection/45-day cycle only)</u>

(included, but not limited to)

- Legal requirements, 13 CCR 1232(b)
- Inspection must be a maintained as a part of State law
- Brake inspection, record percentage of pad or linings remaining; adjust as necessary
- Inspect brake system for leaks, brake fluid level, ad fluid as needed
- Inspect accessory drive belts for condition; measure belt tensions and record
- Inspect all hoses and lines for condition
- Inspect tires
- Inspect wheels and wheel mountings
- Inspect steering
- Inspect suspension
- Inspect vehicle safety devices
- Inspect vehicle safety equipment

- Inspect vehicle exhaust system
- Inspect vehicle wiper/washer operation/fluid level

Plus other additional items as deemed appropriate.

5. <u>"I" Service level (minimum once per week)</u>

Contractor shall perform the PMI Service level "I" in accordance with California Code Regulations Title 13, Section 1234(f) and California Vehicle Code Section 34500.

Contractor is responsible for and shall conduct an "I" Service at frequent intervals (minimum weekly) utilizing <u>qualified</u> maintenance personnel.

PMI Service Level "I" shall include, but not be limited to the following:

"I" Service (minimum weekly)

(included, but not limited to)

- Engine Drive belts inspection
- Engine oil level
- Engine coolant level
- Transmission fluid level
- Interior lights
- Exterior lights
- Brake operation
- Parking brake operation
- Instrument cluster (gauge operation and lighting)
- Tire pressure to specification
- Front wheel bearings (leaks and/or play)
- Directional Signals and Flashers
- Horn operation
- "Back-up" alarm operation

- Door operation
- Wheelchair lift or ramp and the interlock operation
- Wheelchair lift or ramp operation
- Emergency escape window operation
- Wiper/washer operation
- Measure and record A/C output temperature for both the front and rear passenger air vents
- Check under vehicle for any fluid leads
- Note any body damage
- Vehicle cleanliness interior/exterior

Plus other additional items as deemed appropriate.

6. "DVI" Daily Pre-trip/Post-trip Vehicle Inspection

- By operator (driver) of vehicle
- Required inspection. 13 CCR 1215 (a)/Section 34500 CVC
- Contractor shall cause assigned driver (operator) of revenue service vehicle to conduct a vehicle "Pre-trip" inspection of said vehicle prior to operating (driving) said vehicle "Post-trip" on a daily basis, signed by the assigned operator (driver) of the vehicle.
- The vehicle defect report is required as a matter of record, whether or not any defects are found

Note: This inspection is not a pure maintenance function inspection, but rather conducted by the operator (driver) of the vehicle. Further detail of the "DVI" inspection is explained in the "operations" section of this document. Also under "Record Keeping Requirements."

D. <u>Services Not Included</u>

The following services shall be performed as part of the Contractor's regular maintenance. These items will be performed as necessary and may or may not be performed as part of the PMI Service:

• Tire repair and/or replacement.

- Non-PMI scheduled repairs except as covered by warranty.
- Mechanical failure and/or "Road Calls" except as covered under warranty.
- Damage to mechanical components due to abuse, vandalism or accident.
- Damage to body/cosmetic appearance.
- Vehicle washing and cleaning (exterior and interior).
- Replacing and/or Recharging the fire extinguisher/ fire extinguisher compliance.
- Fuel and labor required to transport vehicles to be serviced/repaired.

To the maximum extent possible, items shall be repaired or replaced and/or scheduled during routine PM maintenance to minimized vehicle downtime.

E. <u>Parts Not Included In PMI Service</u> (Contractor-Supplied)

The following parts will be maintained and replaced as needed on a day-to-day basis by Contractor at Contractor's expense.

- Head Lamps
- Clearance lamps
- Turn signal lamps
- Interior lamps
- Dashboard and all indicator lamps
- Windshield wiper blades
- Other consumables except as covered by warranty
- Fire Extinguisher
- Wheelchair tie-down belt replacements
- Tires
- Cleaning materials
- F. Parts Included

The following parts shall be provided under either PMI Services or regular maintenance Services by Contractor (included, but not limited to):

Engine:

Oil filter(s)

- Air filter element
- Fuel filter element (both)
- Passenger compartment air filter
- Replacement oil
- Replacement coolant

Miscellaneous:

- Power steering fluid
- Brake fluid

Transmission:

- Oil filter(s)
- Replacement oil

Differential:

Replacement oil

Wheel Bearing:

- Grease seals
- Grease

Lubrication grease

Silicone

Antifreeze

Battery water (distilled)

Battery terminal spray/protectant

Windshield washer fluid

A/C Compressor lube oil

Freon #R-134a refrigerant

Miscellaneous hoses/flex lines, and washer that have a replacement requirement as part of the PMI Services schedule.

Miscellaneous seals, and gaskets that have a replacement requirement as part of the PMI Services schedule.

Miscellaneous engine accessory drive belts as part of PMI Services schedule.

SECTION 3. OIL ANALYSIS

Sample will be taken by Contractor utilizing County-approved personnel and a Countyapproved sample-taking process. Within one business day of taking the sample, sample must be delivered to a Director-approved analysis facility for processing according to the following schedule:

<u>ENGINE OIL</u>: Sample requirement is 500 miles prior to Each "A" service/inspection (every second oil change).

<u>Transmission Oil</u>: Sample requirement is 500 miles prior to every other "B" only (12- month) service/inspection. Not to exceed 24,000 miles.

Contractor shall inform Director, at least seven calendar days in advance of the Engine Oil and Transmission Oil sampling dates. At the Director's option, County personnel may be on-site to observe the Contractor's sampling procedures.

Contractor shall provide or shall cause to have provided to Director a copy of each analysis generated within one business day after results of said analysis are known -or- returned to Contractor by the oil analysis vendor.

SECTION 4. <u>RECORDS</u>

Individual PMI service records shall be maintained and retained by Contractor. The records shall be maintained in a manner consistent with California Highway Patrol terminal inspection requirements. Records small be maintained for all "DVI," "I," "J," "A," "B," and "C" Inspection/Service plus any maintenance conducted or repairs made.

A copy of each PMI Services/repair activity shall be mailed to COUNTY at the following address:

County of Los Angeles Department of Public Works Programs Development Division Transit Operations Section P.O. Box 1460 Alhambra, CA 91802-1460

Attention Transit Manager

SECTION 5. <u>OIL/LUBRICANT SPECIFICATIONS</u>

Contractor shall utilize the following oil/lubricant specifications while servicing the current Chevrolet Venture County-owned vehicles:

• Engine Oil: 5W-30 grade is preferred and 10W-30 grade is permitted API Energy Conserving -or- as superceded by the American Petroleum Institute.

- Transmission Oil: Dexron-III or as specified by the manufacturer
- Differential Oil: Hypoid Geor Lubricant SAE 80-or-9G
- Engine Coolant: DEX-COOL 50/50 Anti-freeze/distilled water or as specified by the manufacturer
- Refrigerant (A/C System): Compressor: "CELTIC" [(rotary) 'Sanden' type)],
- (Split system) Compressor Oil "PAG" (R-134a)
- Power Steering Fluid: GM Power Steering Fluid Part No. 1052884
- Brake Fluid: Delco Supreme 11 (GM Part No. 12377967) or equivalent DOT-3 Heavy Duty
- Chassis Lube: per manufacturer's specification
- Steering: per manufacturer's specification
- Engine Air Filter: per manufacturer's specification

P:\aepub\Service Contracts\CONTRACT\Anna\East LA DAR\2021 IFB\01 IFB\20 Exhibit M- Preventive Maintenance.doc

EXHIBIT N

INTENTIONALLY OMITTED

CONTROLLED SUBSTANCE AND ALCOHOL TESTING PROGRAM

1. <u>Substance Abuse Testing</u>

It shall be the duty of Contractor to take all steps feasible to ensure that those employed personnel, independent contractors' or subcontractors' employees servicing or operating Service vehicles pursuant to this Scope of Work do not perform those functions under the influence of alcohol, controlled substances, or medication which impairs their judgment or physical ability.

In meeting this duty, Contractor shall, at a minimum, do the following:

A. <u>Promulgate and Distribute to All Personnel a Written Policy Statement</u> <u>Prohibiting Servicing and/or Operating Service Vehicles While Under the</u> <u>Influence of Alcohol, Controlled Substances, or Any Medication Which</u> <u>Impairs Judgment or Physical Ability</u>

The written policy statement shall indicate Contractor's intention to: (1) initiate substance abuse testing as described herein below; (2) immediately suspend any personnel testing "positive" for substance abuse from servicing or operating Service vehicles pending review pursuant to the procedure described herein below; and (3) absent overruling on review to permanently prohibit such person from servicing or operating Service vehicles.

- B. <u>Institute a Comprehensive Program for Substance Abuse Testing for All</u> Personnel Entailing Urinalysis and/or Blood Tests
 - 1) <u>Pre-employment testing of job applicants, independent contractors'</u> and subcontractors' employees all as part of the pre-employment physical examination

Urine and/or blood samples will be taken as part of the pre-employment physical examination process and will be subjected to recognized testing procedures employed by duly licensed clinical laboratory technicians to determine the presence of alcohol and/or any controlled substance as that term is used in the Health and Safety Code, Section 11054, including, but not limited to, marijuana and its derivatives. methaqualone. derivatives. muido and its methamphetamine, lysergic acid diethylamide, psilocybin, or mescaline. Evidence of controlled substance presence in urine or blood of any job applicant shall require denial of the job application. Evidence of a blood alcohol level at the time of testing of greater than 0.04 percent shall likewise require denial of the job application.

If Contractor at any time during the period of this Contract uses or contemplates usage of independent contractors' or subcontractors' employees to service or operate the Service vehicles, the individuals who would perform such functions under such contractual arrangement shall be tested in the fashion described hereinabove and shall be prohibited from performing said functions upon testing "positive" for controlled substance use or blood alcohol concentration in excess of **0.04** percent.

2) <u>Mandatory drug and alcohol testing within two (2) hours of a traffic</u> <u>accident or incident giving rise to a suspicion of substance abuse</u>

Contractor shall make the necessary arrangements for and require substance abuse testing of all personnel, independent contractors' or subcontractors' employees involved in a traffic accident while Page 1 of 5 operating a Service vehicle within as short a time as possible following the accident and in no event to exceed three (3) hours thereafter.

Contractor shall make the necessary arrangements for and require substance abuse testing of all personnel, independent contractors' or subcontractors' employees servicing or operating a Service vehicle as to whom a report has been received from the public or from coworkers or supervisors as to involvement in a physical altercation, being verbally abusive or otherwise acting in a bizarre manner. Contractor shall make arrangements to provide for continued public transportation service prior to ordering the subject individual to report for drug testing, but shall make every effort to have the testing occur within three (3) hours of the reported incident.

In addition to the testing required under Subsection 1.B.1 hereinabove, the testing required pursuant to this subsection shall include testing for the presence of prescription drugs and other over-the-counter medications which are known, on occasion, to cause drowsiness, impairment of judgment, and/or impairment of physical coordination and activity. This classification of substance is intended to include among other things: antihistamines, tranquilizers, pain killers, mood elevators, and psychotropics.

All persons testing "positive" for controlled substance abuse or showing blood-alcohol concentration in excess of **0.04** percent shall be immediately suspended from servicing or operating Service vehicles pending review pursuant to the review procedure set forth herein below. In the absence of an overruling of the suspension pursuant to the review procedure, Contractor shall permanently prohibit these individuals from servicing or operating Service vehicles pursuant to this Contract.

All persons whose tests indicate a blood-alcohol concentration greater than 0.00 percent but less than **0.04** percent or show the presence of a medication known on occasion to cause drowsiness, impairment of judgment, and/or impairment of coordination, and other physical abilities shall be immediately suspended from servicing or operating a Service vehicle for a period of twenty-four (24) hours. These individuals shall be given oral explanation and warning confirmed in writing and noted in the personnel file with respect to the potential safety hazard posed by the involved substance.

3) <u>Non-discretionary, Random Substance Abuse Testing</u>

Contractor shall identify all personnel, independent contractors', or subcontractors' employees scheduled to service or operate Service vehicles pursuant to this Scope of Work and place their names in a data pool susceptible to truly random accessibility either physically as by placement of cards in a tumbler or by programming of an information retrieval system.

Names of individuals shall be chosen for random testing on a schedule designed to test twenty-five percent (25%) of the relevant personnel and affected other personnel quarterly which schedule shall be set forth in a public statement distributed quarterly to all personnel and affected other persons. In no event shall the employee have more than six (6) hours notice prior to his or her appointment for the test.

The testing shall take place on company time at a location that does not require the person tested to expend more personal time in traveling to or from the testing site than would otherwise be expended in traveling to or from a work location.

The testing shall be as to controlled substance abuse and/or blood-alcohol concentration as set forth in Subsection B.1. Upon evidence of a blood-alcohol level in excess of **0.04** percent or of the presence of any controlled substance in any tested individual, Contractor shall immediately suspend that individual from servicing or operating a Service vehicle pursuant to this Scope of Work.

If the finding of substance abuse is not overruled upon review, Contractor shall permanently prohibit any such individual from servicing or operating Service vehicles pursuant to this Scope of Work.

4) <u>Double Testing</u>

All urine and/or blood samples taken for the testing described hereinabove which test positive shall be processed twice for each subject substance. In those cases where it is necessary to perform a second test on a urine sample, the second test shall use a different methodology to assure the validity of the results.

No disciplinary action set forth herein shall be taken unless the urine or blood tests "positive" for the subject substance in each test.

5) <u>Notification of Suspension and Intent to Prohibit Servicing or</u> <u>Operating Vehicles or Performance of Function with Potential Impact</u> <u>upon Public Safety</u>

Contractor shall, upon receipt of substance abuse test results warranting action herein under, notify the subject individual of his immediate suspension and of Contractor's intention to prohibit performance of specified duties. Contractor is not required hereby to terminate employment of the individual altogether.

C. Institute A Review Procedure

The Contractor shall provide use of a meeting room and, as to the employee Board member, paid time for the convening of a drug-testing Review Board on an as-needed basis.

An individual must request a review in writing and must deliver that request to any superior within two (2) business days of receipt of the notice of suspension or forfeit his right of review. The superior shall deliver the request to any Board member.

The Board shall consist of a member appointed by Contractor, an employee representative (who shall be an employee of Contractor), and a third party chosen by the other two (2).

The Board shall decide upon the consequences of the substance testing set forth in Subsection B above within one (1) week of receipt of the request for review.

The Board shall hold short hearings at which the individual tested shall have the opportunity to dispute the fact of substance abuse and present evidence of extenuating circumstances.

The rules of evidence need not be applied. The fact of substance abuse will be presumed from the results of the substance test. Anticipated as the factual basis for rebutting that presumption would be a contrary test result obtained by the individual voluntarily in a relevant time frame from a competent disinterested laboratory.

The Board may make ex parte inquiries to County Health officials with respect to any review proceeding.

The Board has absolute discretion to question of extenuating circumstances.

The Board shall vote on whether to sustain or overrule the prohibition intended to be imposed within one (1) week of the hearing. A two-thirds vote is required to overrule Contractor's intended work prohibition.

The decision shall be written but need not be a formal document.

2. <u>Confidentiality</u>

The substance test results and any material presented to the Review Board shall be maintained in a confidential file by Contractor. The confidentiality shall be of a limited nature. The files will not be available for public inspection and the information therein shall not be otherwise published. The County shall have access thereto however. Statistics generated there from without specific reference to individuals may be published or made available for public inspection; and Contractor will not refuse to honor a criminal or civil subpoena relative thereto.

3. <u>Liability</u>

The County shall indemnify, defend, and hold harmless Contractor, its officers, agents, and employees, from and against any and all liability, expense, including defense costs and legal fees, and claims for damages arising from the institution of legal proceedings challenging the right of Contractor to subject its employees to mandatory random drug and alcohol abuse testing, or to require its subcontractors to do the same.

CONTROLLED SUBSTANCE AND ALCOHOL TESTING PROGRAM QUARTERLY REPORT

Contrac	tor:		Repor	ting Period:			
Agreem	ent/	Contract No	Service:				
A requir complete	eme e an	nt of the subject Agreement or Scope of W d submit one of these forms no later than 15	ork is the man days after the	datory quarterly end of each qua	v drug testi arter.	ng program.	Please
FAX to:		(626) 979-5359					
or MAIL to	:	Los Angeles County Department of Publ Attention Transit Operations Section P.O. Box 1460 Alhambra, CA 91802-1460	c Works				
I.	RAN	IDOM TESTING		DRIVERS	MECH.	<u>OTHER</u>	<u>TOTAL</u>
	a.	Number of drivers and mechanics assigned to service this quarter.	l				<u> </u>
	b.	Number of random test (25% minimum)					<u> </u>
	C.	Number of positive tests results				. <u></u>	<u> </u>
	d.	Number of positive second tests					<u> </u>
	e.	Action taken due to second positive tests					
II.	PRE	-EMPLOYMENT TESTING					
	a.	Number of potential employees tested					<u> </u>
	b.	Number of positive tests results				. <u></u>	<u> </u>
	c.	Action taken on positive tests					
III.	INC	DENT-RELATED TESTING					
	a.	Number of employees tested					<u> </u>
	b.	Number of positive tests results				. <u></u>	<u> </u>
	C.	Number of positive second tests				<u> </u>	<u> </u>
	d.	Action taken due to second positive tests					
Prepare	d By		Date				
	-						

P:\aepub\Service Contracts\CONTRACT\Anna\East LA DAR\2021 IFB\01 IFB\22 Exhibit O - Controlled Substance and Alcohol Testing Program.doc

TRANSIT SECURITY PLAN

(Intentionally left blank)

P:\aepub\Service Contracts\CONTRACT\Anna\East LA DAR\2021 IFB\01 IFB\23 Exhibit P - Transit Security Plan.doc

NTD PARATRANSIT ANNUAL SUMMARY REPORT

EXH	

Mode MB				RIDERSHIP IN	FORMATION				MECHANIC		Maior	SAFE1	TY AND SECU Non-Ma	RITY *** jor Incident	Η F	Fuel Cons	sumption	Comr
Month	Total Boardings	Revenue Hours	Revenue Miles	Total (Vehicle) Hours	Total (Vehicle) Miles	# of Vehicles Operated	rev mph	deadhead mph #	Major Incident	Non-Major	(Saf	ety or		Arrest/Citations	E	Energy Type	Gallons	Moto
July '16																		
August '16																		
September '16																		
October '16																		
November '16																		
December '16																		
January '17																		
February '17																		
March '17																		
April '17																		
May '17																		
June '17																		
Total:	0	0	0	0	(0	0		0	0	0			0	

NOTE -- DEADHEAD MPH SHOULD BE FASTER THAN REVENUE MPH

Agency

Mode DR				RIDERSHIP I	FORMATION					AL SYSTEM		AFETY AND SECURITY	Fuel Con	sumption
Month	Total Boardings	Revenue Hours	Revenue Miles	Total (Vehicle) Hours	Total (Vehicle) Miles	# of Vehicles Operated	rev mph	deadhead mph #	FAIL Major Incident	URES Non-Major Incident	Major Incider (Safety or Security)	t Non-Major Incident Occurrences Arrest/Citations	Energy Type	Gallons
y '16								· ·					- 57 71	
ugust '16														
eptember '16														
October '16														
ovember '16														
ecember '16														
anuary '17														
ebruary '17														
March '17														
pril '17														
/lay '17														
lune '17														
Total:	0	0	0	0 0	((0		0 0 0		0

NOTE -- DEADHEAD MPH SHOULD BE FASTER THAN REVENUE MPH

movement is limited or due to safety concerns. Examples -- brakes, doors, engine cooling system, steering and front axle, rear axle, and suspension and torque converters.

* Other mechanical failures that prevent the vehicle from completing a scheduled revenue trip or from starting the next scheduled revenue trip even though it may be able to operate in revenue service. Examples -- breakdowns of fareboxes, wheelchair lifts, HVAC ststems and other non major mechanical failures.

*** SAFETY AND SECURITY THRESHOLDS

	Thresholds	
Major Incident S & S-40	1	Non-Major Incident S & S - 50
(Safety or Security)		
	Incidents not already reported on the Major Incident Reporting form.	Occurrence of Part I offenses (except homicide):
Existence of one or more of the following conditions:	Occurrences	Arrests/Citations
1. One or more fatalities (including suicide)	1. Robbery (confrontational theft)	1. Other (non-aggravated) Assaults
 Injuries requiring immediate medical attention from the scene for one or more persons (ambulance) 	2. Larceny (non-confrontational theft)	2. Fare Evasion
3. Property damage equal to or exceeding \$25,000	3. Burglary	3. Trespassing
4. An evacuation due to life safety reasons (ex. CNG leak)	4. Motor Vehicle Theft	4. Vandalism
	5. Other Safety Occurrences not Otherwise Classified (Injuries)	5. Nonviolent Civil Disturbance
	6. Fires (that don't require evacuation)	

diesel fuel	DF
bio-diesel	BD
gasoline	GA
liquefied gas (propane)	LP
liquefied natural gas	LNG
methanol	MT
ethanol	ET
compressed natural gas	CNG
other	OR

		AILY TRANS	PORTATION	TRIP SHEE	TDATE			M		CITY OF	=			EXHIBIT F	R.1
	PAGE#	0	FP	AGES	VEH#			• Met	ro						
		DRIVER	R HOURS/N	<u> IILEAGE</u>				SERVICE 1	IME				SERVIC	E MILEAGE	
	TIME DRIV	ER SIGN ON			TOTAL THIS SIDE		LEAVE YARD)			LEA	VE YARD			
		ER SIGN OFF			TOTAL OTHER PAGE		FIRST PICK-UF				FIRST	PICK-UP			
	LAST DRO	OP B4 LUNCH			TOTAL		LAST DROP-OFF				LAST D	ROP-OFF			
		MILEAGE					RETURN TO YARD)		F	RETURN	TO YARD			
	1ST P/U AF	TER LUNCH							F	UELING					
		MILEAGE			SAMPLE	BE	EGIN TIME			BEGIN MILEA	GE				
						EN				END MILEAGE	Ξ				
	SCHED TIME	ACTUAL PICK UP TIME	PICK UP MILE		PICK UP POINT	DESTINATION	DROP OFF TIME	DROP OFF MILE	FARE 0.50	FREE or ESCORT	w/c	NO SHOW	CANCEL	TRIP MILE	PASS MILE
						DEGHINAHOI	•								
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
		DRIVER'S	SIGNATURE			_	SUBT	OTAL THIS PAGE							
							SUBTOTAL FROM FOLI								
1	SUP	ERVISOR'S	SIGNATURE			_	G	RAND TOTAL			I				

SA	MPLE												EXHIBIT F	R.1
	NAME_			DATE			Met	ro	CITY OI	=				
	PAGE#_	0	FP	AGES VEH#										
	SCHED TIME	ACTUAL PICK UP TIME	PICK UP MILE	PICK UP POINT	DESTINATION	DROP OFF TIME	DROP OFF MILE	FARE 0.50	FREE or ESCORT	w/c	NO SHOW	CANCEL	TRIP MILE	PASS MILE
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														
31														
32														
33														
34														
35														
36														
37														
38														
39														
40														
		DRIVER'S	SIGNATURE				OTAL THIS PAGE OWING PAGE(S)							
	SUP	ERVISOR'S					RAND TOTAL							

EXHIBIT S

Exhibit S: Bid Submission Instructions

See RFSQ for Fixed Route and Dial-A-Ride Transit Services (2016-SQPA001) and Addenda 1-5 for the above exhibit that is incorporated here by reference.

	Table of Contents	EMPIRE
Table of Co	ntents	
Letter of Tr	ansmittal	
I. Suppor	t Documents for Corporation	
II. Experie	ence	
A. Firr	n Background	1
B. Org	anizational Structure	2-14
C. Serv	vice Experience	15-17
D. Min	imum Mandatory Requirements Met	17
III. Work P	lan ·	
A. Stafl	ing Plan	1-7
B. Com	munication Plan	7-8
C. Stora	age & Maintenance Facility	9-13
D. Mair	itenance Plan	13-19
E. ADA	Compliance	19
F. CHP	Inspections	20
G. Tran	sit Security Plan	20
IV. Quality	Assurance	1-3
V. Financi	al Resources	1
VI. Proposal	Forms	
PW-1	Verification of Proposal	
PW-2	Schedule of Prices – Not Required	
PW-3	Jury Service Program	
PW-4	Industrial Safety Record	
PW-4.1	Driver Safety Record	
PW-5	Conflict of Interest Certification	
PW-6	Reference List	
PW-7	Equal Opportunity Certification	

PW-8	List of Subcontractors - None Allowed	
PW-9	SBE Preference	
PW-10	GAIN and GROW Employment Commitment	
PW-11	Request for Reviw	
PW-12	Charitable Contributions Certifications	
PW-13	Transitional Job Opportunities Preference	
	Application	
PW -14	Statement of Terminated Contracts	
PW-15	Proposer's Pending Litigations & Judgments	
PW-16	Proposer's Insurance Compliance Affirmation	
PW-17	Certificate of Compliance County Defaulted	
	Property Tax	
PW-18	DVBE Preference Program	
PW-19	Proposer Compliance with Min Requirements RFP	
PW-20	Statement of Equipment Form	
PW-21	Displaced Transit Employee – Not Required	
LW-2	LWO Application for Exemption-Not applicable	
LW-4	Living Wage Acknowledgment & Statement of	
	Compliance	
LW-5	Labor/Payroll/Debarment History	
LW-6	Assessment of Labor Law/Payroll Violations	ang series for 200 states
LW-7	Proposer's Employee Benefits	
LW-8	Proposer's Staffing Plan & Cost Methodology - Not	
	Required	
LW-9	Wage & Hour Record Keeping for Living Wage	
	Contracts	

FINANCIAL STATEMENTS CAN BE FOUND ON AN ENVELOPE MARKED "CONFIDENTIAL" ENCLOSED WITH THE BINDER MARKED "ORIGINAL"



June 15, 2016

Eric Fong Los Angeles County Department of Public Works Administrative Services Division – 9th Floor 900 South Fremont Avenue Alhambra, CA 91803-1331

Re: Request for Statement of Qualifications for Fixed Route and DAR Transit Services (2016-SQPA001

Dear Mr. Fong:

Thank you for the opportunity to participate in the pre-qualification process for Fixed Route and DAR Transit Services. We are always proud to say that Empire is Southern California's most experienced minority and locally owned transportation company. We have successfully provided shuttle services for over forty-eight years in Southern California, including services for the Los Angeles County Department of Public Works. During the past five years, we have established a rewarding professional relationship with the Los Angeles County Department of Public Works by providing the best service with emphasis in customer service, high maintenance standards, and safety.

In addition to meeting all the minimum requirements as set forth in the RFSQ, we strongly believe that we have proven to be the partner that we promised in our proposals.

Another factor that makes Empire different is our management structure. Both owners, Miguel Oliver and I, are very involved in day-to-day operations, allowing for swift decision making without waiting for the ownership being brought up to speed. We feel that we are the best operator to continue to be a qualified vendor for DPW based on our proven experience, currently established operational infrastructure, facility, and management structure.

As Co-owner, President, and Chief Operating Officer, I am authorized to submit this proposal and to represent the Company throughout the process. We have made a thorough analysis of Addendum #1,

BRINGING PEOPLE AND PLACES TOGETHER SINCE 1968 8800 Park Street, Bellflower, CA 90706 • 562-529-2676 Ext. 114 • FAX 562-529-2220 • E-Mail <u>baguirre@emptransportation.com</u> as well as the included specifications, and have taken no exception to those requirements in our proposal. We look forward to working with DPW staff as the selection process continues.

Sincerely, Bertha Aguirre

President & Chief Operating Officer

BRINGING PEOPLE AND PLACES TOGETHER SINCE 1968



F				r	4	
A REFER		of California		S		
	Secre	etary of State				
		it of Information			F786	694
linoi		cultural Cooperative Co nd Disclosure): \$25.00.			FILI	=D
IMDODTAL		ndment, see instruction				
1. CORPORATE		IONS BEFORE COMPLE	TING THIS FOR	(M)	In the office of the S of the State o	
EMPIRE TRAN	SPORTATION, INC.					
					AUG-25	2015
2. CALIFORNIA (CORPORATE NUMBER	00740055				
No Chases Sta	lamant (that conficable if	C2742033			This Space for Fit	ng Usa Only
a If there have	been any changes to the	agent address of record is a Information contained in t	P.O. Box address.	See in:	structions.)	famile Bassie
I bir State, or n	o statement of informati has been no change in an	on has been previously file V of the information contained	d. this form must	be com	nieted in its entirety	Ŧ
- or Stale,	check the box and proce	ed to Item 17.				
	esses for the Following	(Do not abbreviate the name		and 5 ca		
				miliuumaadooroeeana	STATE	ZIP CODE
		9 OFFICE IN CALIFORNIA, IF ANY	Ci	ny	STATE	ZIP CODE
6. MAILING ADDRI	ESS OF CORPORATION, IF D	FFERENT THAN ITEM 4	CI	ſΥ	STATE	ZIP CODE
Names and Cor	nplete Addresses of th	e Following Officers (The	corporation must i	isi these	three officers. A comparable	e litie for the enority
oncer may be eco	eo; noweyer, une preprinted	blies on this form must not be	Nered.}			
7. CHIEF EXECUT	VE OFFICER/ #	DORES3	C1	TY	STATE	ZIP CODE
8. SECRETARY	م 	DDRESS	CI	אד	STATE	ZIP CODE
9. CHIEF FINANCI	AL OFFICERV A	DORESS	CI	Tγ	STATE	ZHP CODE
Names and Con director. Attach ad	nplete Addresses of A dilional pages, if necessary	I Directors, Including Dire	ectors Who are	Also Of	flicers (The corporation mu	ist have at least one
10. NAME		DDRESS	CI	ΓY	STATE	ZIP CODE
11. NAME	A	DORESS	CI	ΓY	STATE	ZIP CODE
12. NAME	A	DDRESS	CI	ry	STATE	ZIP CODE
13. NUMBER OF VA	CANCIES ON THE BOARD OF	DIRECTORS, IF ANY:		internal allocation and distributed	ĸĸĊŎŎŗĸĸĸĸĸĸŎĸĸĸĸĬŎĸĸţĸţġijĊŶġĊĊĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸŢĊŢĊĊŎĊĊŎŎĸĬĸĬŎĸ	
Buuidas, 8 M.O. 50	X BUDIESS IS NOT BECERDIADI	It is an individual, the egent mu a. If the agent is another corp	nallon the enerty	via and N must hav	em 15 must be completed wi /e on file with the California	In a California street Secretary of State a
CONTRACTO PATSIENT	to California Corporations (TFOR SERVICE OF PROCES	cda section 1505 and Item 15	must be left blank.			
Control of the Contro						
15. STREET ADDRE	SS OF AGENT FOR SERVICE	OF PROCESS IN CALIFORNIA, IF	AN INDIVIDUAL CIT	Y	STATE	ZIP CODE
Type of Busines						
16. DESCRIBE THE	TYPE OF BUSINESS OF THE	CORPORATION			&=====================================	an na mar an an an an an an an an an an an an an
17. BY SUSMITTING CONTAINED HER	THIS STATEMENT OF INFO	DRMATION TO THE CALIFORNIA HIMENTS, IS TRUE AND CORREC	SECRETARY OF B	TATE, TI	HE CORPORATION CERTIFIED	THE BESTERMATION
08/25/2015	GEORGE SALMAS	A AND THE AND CONREC	AGENT		Agge &	alla
DATE	TYPE/PRINT NAME OF P	ERSON COMPLETING FORM	TITLE		SIGNATUR	E
SI-200 (REV 01/2013)					APPROVED BY BE	CRETARY OF STATE

2/42033

ENDORSED - FILED in the office of the Secretary of State of the State of California

APR 1 2 2005

ARTICLES OF INCORPORATION

OF

Empire Transportation, Inc.

I

The name of the corporation is Empire Transportation, Inc.

Π

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

Ш

The name and address in the State of California of this corporation's initial agent for service of process is: George Salmas, Esq. c/o SALMAS LAW GROUP 1880 Century Park East Suite 420

Los Angelès, CA 90067

IV

This corporation is authorized to issue only one class of shares of stock; and the total number of shares which this corporation is authorized to issue is 100,000.

V

The liability of the directors of the corporation for monetary damages shall be eliminated to the fullest extent permissible under California law.

٧I

The corporation is authorized to indemnify the directors and officers of the corporation to the fullest extent permissible under California law.

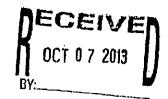
Dated: April 12, 2005

Frances Severe, Incorporator



State of California

Secretary of State



CERTIFICATE OF STATUS

ENTITY NAME:

EMPIRE TRANSPORTATION, INC.

FILE NUMBER:C2742033FORMATION DATE:04/12/2005TYPE:DOMESTIC CORPORATIONJURISDICTION:CALIFORNIASTATUS:ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 30, 2013.

DEBRA BOWEN Secretary of State

SJA



II. Experience

A. Firm Background

Established in 1968, Empire Transportation is Southern California's premier locally and minority owned passenger transportation company. Empire is a California S Corporation and all of its outstanding shares are owned by Miguel A. Oliver and Bertha Aguirre who serve as Chief Executive Officer and President/Chief Operating Officer respectively. This owner/operator situation brings major benefits to our clients, including:

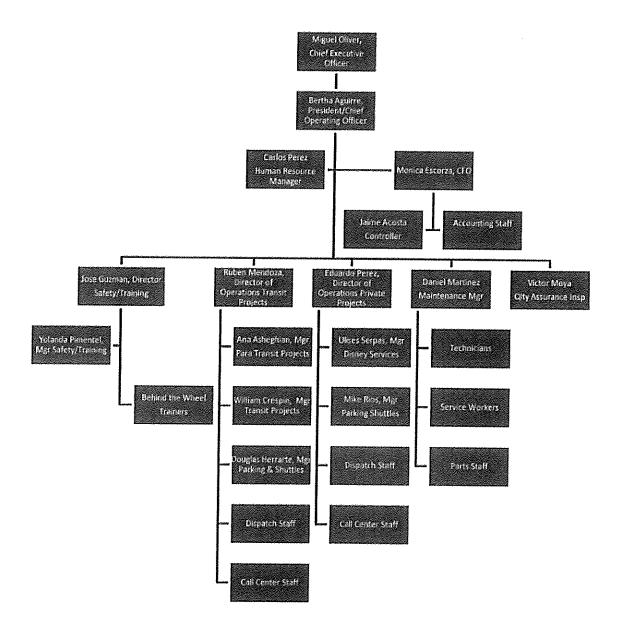
- Empire can move rapidly to make any decision or commitment necessary to meet the needs of our clients.
- → Our staff wastes no time with the endless corporate meetings that are endemic to most national companies.
- Ownership is contagious: the proximity of our shareholders to the management team allows our managers to function as extensions of the company ownership because they know the owners and their values intimately.

Empire is a local company, headquartered in Bellflower, California therefore there are no separate divisions. Rather project staff has and will continue to have direct access to the company principals. And since the company principals are locally based, the principals know the details of this operation in real time. As part of this ownership atmosphere and the pride of ownership, no portion of this or other services are done by subcontractors.



B. Organizational Structure

1. Firm Organization Chart





2. Project Organization Chart

We at Empire are very proud to have highly experienced and energetic managers that excel in both service types, transit and paratransit. These managers are Ana Asheghian and Ruben Mendoza. Mr. Mendoza worked directly on the Los Angeles County Department of Public Works Sunshine project. Mrs. Asheghian is the current project manager assigned to the Los Angeles County Department of Public Works Whittier and East Los Angeles Dial-a-Ride program. Both of them have a proven record of providing efficient and honest service to the Department of Public works. Resumes of key corporate officers and key project managers can be found beginning at page 5 of this section.

- Ana Arredondo currently works as the assigned Project Manager for the Whittier and East Los Angeles Dial-A-Ride programs. She successfully supervises the customer service call center, the dispatching department as well as the operators. She developed established a rewarding professional relationship with the DPW's assigned manager to these contract. Adding to her vast transit experience, she also has worked for Empire as the Assistant General Manager for the Riverside Transit operations where she showed her ability to multi-task and maintain a solid operation. Ms. Arredondo is very experienced with the reporting requirements for this project as well as all the operating procedures since she worked on this project for a period of three years. She has attended the MTA NTD reporting seminar. In addition holds the Transit Paratransit Management Certificate from University of the Pacific.
- Ruben Mendoza is very familiar with fixed route systems. He managed the Sunshine Shuttle Service for DPW. He is also responsible for the successful service implementations for the City of Lawndale fixed-route service and the City of Bellflower fixed-route and dial-a-ride service. He is also responsible for all of the NTD reporting requirements for these two projects and has attended the MTA NTD reporting seminar. In addition he is a Certified Community Transit Manager. During his employment with Southland Transit, Ruben was the dedicated Project Manager to the Burbank Local Transit.

Working with Ana and Ruben on the implementation of projects are several other Empire managers.

- Support for our paratransit dispatchers will be coordinated by Mary Segura, Empire's Paratransit Dispatch Supervisor. Mary is an experienced transit/paratransit professional who learned her trade as a dispatcher and dispatch supervisor for Dial-a-Ride Services in the Los Angeles County area. She currently provides dispatch support for our DPW's Dial-a-Ride programs.
- **Rafael Cordero** will function as the Dispatch Supervisor for Transit Projects. He is an experienced supervisor and has been with Empire for the past 4 years. He

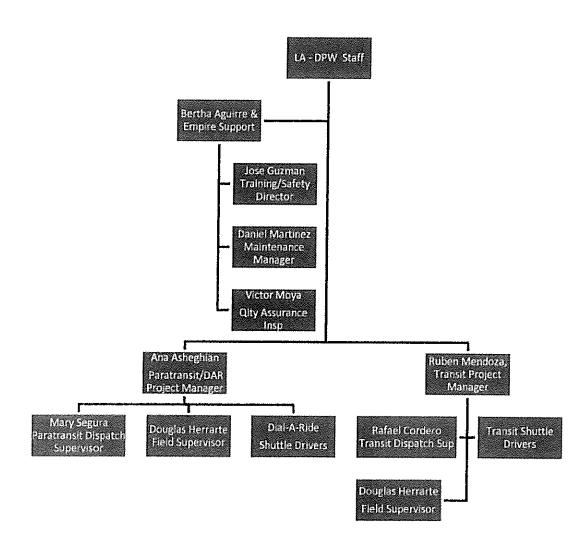


currently provides support to our City of Bellflower fixed-route service as well as other private fixed-route contracts.

- **Douglas Herrarte** will functions as field supervisor and primary behind the wheel trainer. Douglas has been with Empire for the past 15 years. He is an experienced Manager who will be responsible for our on-road driver evaluations, on time performance evaluations and for behind the wheel training.
- Jose Guzman is Empire's long time Director of Safety and Training. He is a Transportation Safety Institute certified instructor and is also certified to teach all elements of the National Safety Council defensive driving course.
- **Daniel Martinez** is Empire's vehicle maintenance manager and is responsible for our 228 vehicle fleet. The fleet includes 74 vehicles fueled by either compressed natural gas or propane and he is highly adept at the practices and procedures required for successful maintenance of vehicles operating on alternate fuels.



Project Organization Chart



3. Resumes

The resumes for key personnel and corporate managers follow.



Miguel Oliver, Chief Executive Officer

Professional Profile

Senior Executive with proven experience in all aspects of building a highly successful, customer focused, passenger transportation company.

- Management Development
- Quality Assurance
- Facility Acquisition
- Banking/financial relationships
- Active Corporate Citizenship
- Marketing and Customer Retention
- Safety/Risk Management
 - Strategic Planning
 - Vehicle Selection and Purchasing
 - Building effective service partnerships

Professional Accomplishments

Strategy Development/Implementation

- Developed the growth strategy that has tripled the size of the company
- Built accountability systems to maintain control over far flung operations
- Move the company strongly into alternative fuels
- Designed the Kaiser purchasing and inventory systems that are still used to this day
- Opened major new company markets in the higher education sector
- Established the facility infrastructure to support expansion
- Set the example for the entire team in positioning the company as a high quality service partner for clients where quality of service matters

Financial Management

- Established financial reporting systems to assess project by project results
- Established banking relationships that have supported the company through its growth
- Established cost effective insurance relationships built on effective risk management
- Built maintenance controls to ensure effective maintenance at sustainable cost
- Established strong vendor partnership with preeminent bus sales firm in region
- Coached program managers to take ownership of financial controls in their area

Team Building

- Established the program manager system to ensure project control over wide area
- Recruited top quality financial manager to provide feedback to managers
- Established succession planning to insure long term success of Empire
- Brought in new talent at appropriate times to support company's development
- Mentored every one of our program managers in building effective client partnerships

Work History

Chief Executive Officer	Empire Transportation, Inc.	2011-Present
President & CEO	Empire Transportation, Inc.	1998 – 2011
Dir. Central Support Services	Kaiser Permanente	1970- 1998
Co-Founder	Empire Parking Services	1968 – 1970



Bertha Aguirre, President/Chief Operating Officer

Professional Profile

Senior Transportation Operations Executive with proven experience leading a team of transportation professionals providing high quality transportation services to multiple clients.

- Transportation Operational Control
- Customer Relations
- Seasonal/Event Transportation
- Campus Shuttles

- Quality Assurance
- Safety/Risk Management
- Adult Special Needs Transportation
- Non Emergency Medical Transportation

Professional Accomplishments

Operational Excellence

- Delivered 30% productivity improvement with new dispatch software
- Achieved consistent year to year decreases in accident frequency
- Developed effective management structure for multi site supervision
- Attained 100% compliance with CHP, DOT, DMV and PUC requirements

Service Implementation

- Exceeded client expectations on every new project
- Recruited new program managers to handle service growth
- Developed specific performance standards to insure effective start ups
- Developed aggressive recruiting/training programs to staff new projects

Customer Relations

- Established high level communications with clients to insure our responsiveness
- Insured that clients received timely and accurate reporting
- Intervened personally to handle sensitive investigations or reporting
- Developed effective driver training programs to improve passenger service

Work History

President/Chief Operating Officer	Empire Transportation, Inc.	2011-Present
Chief Operating Officer	Empire Transportation, Inc.	1996 - 2011
Customer Service/ Accounting Coordinator	Classical Building Arts, Inc.	1993 – 1996

Education

Business Administration/ Accounting	Cal State Los Angeles & UCLA	1991-1996
--	------------------------------	-----------



Ana Arredondo, Proposed Project Manager

Professional Profile

Highly experienced and energetic manager of community transit and paratransit projects, including very high level experience with demand responsive systems. Experience includes successful service at every level from reservations through scheduling/dispatching, to operations/regional management and reporting. Key skills include:

- Expert software user
- Teaching basic dispatch skills
- Experience with mobile data
- Service implementation planning
- Optimizing productivity

- Accident/Incident response coordination
- Handling challenging passengers
- Counseling drivers on service problems
- Dispatch & driver motivation/cooperation
- Managing effective reporting systems

Professional Accomplishments

Operations Management

- Delivered superior service to six of Los Angeles County projects serving unincorporated areas including Whittier Dial-A-Ride.
- Successfully implemented and enforced procedures at L.A. Metro, Division 95 that resulted in the key categories measured exceeding Metro's internal performance.
- Experience in successfully managing all aspects of operations in both demand response and fixed route environments.

Control of Dispatch and Call Center Operations

- Supervised and gave guidance for the successful start up and implementation of multiple municipal dial-a-rides in LA County.
- Able to elevate and maintain a passenger per hour that exceeded contractual demand both in West Covina, Alhambra and Pico Rivera Dial a Ride.

Customer Service

- Provided effective investigation/feedback to clients regarding service defects.
- Improved on time performance in multiple and diverse dial-a-ride projects

Work History

Assistant Gen. Mgr.	Empire Transportation	2012 - Present
Project Manager	Southland Transit	2010 - 2012
Assistant Gen. Mgr	Southland Transit	2005 - 2010
Customer Service Team Leader	Southland Transit	2002 - 2005
Customer Center Rep.	Southland Transit	2001 - 2002
Education		
Bachelor of Arts	Cal State Los Angeles	2006
Transit Paratransit Management Certificate	University of the Pacific	2009



Ruben Mendoza, Proposed Project Manager

Professional Profile

Highly experienced manager of community transit projects, including very high level experience with demand responsive systems. Experience includes successful service at every level from reservations through scheduling/dispatching, to operations/regional management and reporting. Key skills include:

- Expert software user
- Teaching basic dispatch skills
- Experience with mobile data
- Service implementation planning
- Optimizing productivity

- Accident/Incident response coordination
 Handling challenging passengers
- Counseling drivers on service problems
- Dispatch & driver motivation/cooperation
- Managing effective reporting systems

Professional Accomplishments

Operations Management

- Delivered superior service to a diverse group of clients including several municipalities and Access Services, the CTSA for Los Angeles County.
- Successfully implemented NTD reporting procedures throughout his company's LA County community transit projects.
- Managed multiple special needs transportation projects Regional Centers.
 Control of Dispatch Operations
- Responsible for the successful implementation of automated routing systems for multiple municipal dial-a-rides in LA County.
- Designed the scheduling approach that improved years of poor performance in the Riverside Transit Agency ADA system leading to the best performance ever.
- Headed the new project team that corrected long-standing problems with the Access Services West Central area by delivering its highest ever on-time performance.
 Customer Service
- Eliminated "VIP" approach at ASI in favor of better service for all passengers.
- Provided effective investigation/feedback to clients regarding service defects.
- Improved on time performance in multiple and diverse dial-a-ride projects, including major accomplishments for two large ADA systems at RTA and ASI.

Work History

Director of Operations	Empire Transportation, Inc.	2009 - Present
Director of Operations	Southland Transit	2007 - 2009
Area General Manager	Southland Transit	2002 - 2007
Dispatch Team Leader	Southland Transit	2000 - 2001
Supply Administrator	United States Marine Corps	1996 - 2000



Jose Guzman, Safety Training Manager

Professional Profile

Experienced Transportation safety and training professional with proven experience recruiting and training courteous safety-aware drivers. Demonstrated skills in all of the following areas.

- Commercial Driver Requirements
- Classroom Driver Instruction
- Behind the Wheel Training
- Accident Investigation

- OSHA Reporting and Compliance
- Administration of the Pull Notice Program
- Drug/Alcohol Program Management
- Driver Refresher Training

Professional Accomplishments

Service Implementation

- Trained all required drivers for every company start up
- Planned and conducted the training to support alternate fuel implementation
- Conducted required background checks of all new drivers and staff
- Managed multiple re-starts of campus shuttles on rotating calendars

Regulatory Compliance

- Worked closely with CHP & PUC Inspectors to insure full compliance
- Conducted all required harassment training
- Managed pull notice program without any inspection defects
- Successfully maintained all required driver training records

Safety/Training

- Insured that all accident/incident investigations are accomplished in a timely manner
- Conducted all driver classroom training for the company
- Provided behind the wheel training both directly and through delegated trainers
- Coordinated with external resources for required management training

Work History

Safety/Training Mgr	Empire Transportation	2004 – Present
Office Manager	Empire Transportation	1990 - 2004
Fleld Supervisor	Empire Transportation	1988 — 1990

Education/Certificates

Multiple Training Certifications

National Safety Council Instructor, TMA Passenger Assistance Course, Transportation Safety Institute Certified Instructor, Crisis Prevention Certified Instructor, CTA Certified Safety Coordinator, Certified Administrator – DMV CDL Program, Pull Notice Administration, Terminal Inspection Requirements, Substance Abuse Recognition and Prevention, Red Cross First Aid/CPR Instructor



Daniel Martinez, Fleet Maintenance Manager

Professional Profile

Experienced transportation fleet maintenance manager with a proven record for providing safe, clean, attractive and reliable vehicles for operations. Demonstrated skills in all of the following areas.

- Shop Scheduling
- Technician Training
- Computerized Engine Diagnostics
- Purchasing/Inventory Control
- Maintenance Reporting
- Alternate Fuel Technologies
- Warranty Management
- Regulatory Compliance

Professional Accomplishments

Service Implementation

- Handled new vehicle inspection/get ready for multiple new projects
- Coordinated design, production and application of vehicle decals/wraps
- Coordinated warranty coverage with manufacturers and modifying entities
- Installed all required special equipment (examples: fareboxes, cameras, head signs)
 Control of Service Operations
- Provides Immediate, on-line response to vehicle problems
- Dispatches maintenance resources to respond to problems in the field
- Coordinates preventive maintenance to support vehicle availability
- Insures readiness and adequacy of spare vehicle resources
- **Technical Leadership**
- Insured availability of computerized diagnostic tools for technicians
- Built fully compliant air conditioning maintenance program
- Established technical documentation to support warranty claims
- Designed installation program for on board security cameras

Work History

Maintenance Manager	Empire Transportation, Inc.	2011 - Present
Maintenance Manager	Southland Transit, Inc.	2009 - 2011
Maintenance Manager	MV Transit, Inc.	2006 - 2009
Assistant Maint. Mgr.	First Transit, Inc.	2005 - 2006
Education/Certificates		

Associate of Occupational Studies Degree in Automotive/	Universal Technical Institute
Diesel and Industrial Technology	
Transit Engines, Transit Brakes, Transit Suspension/Steering,	ASE
Transit Electric, Transit Climate Control, School Bus Brakes	TIOL .

Firm Experience



Mary Segura, Paratransit Dispatch

Professional Profile

Experienced passenger transportation dispatcher with a proven record for providing effective service scheduling, operational control and customer service support. Key areas of capability include.

- Driver Scheduling
- Use of Automated Dispatch Tools
- Providing Transit Information
- Direct Driver Supervision
- Accident/Incident Response Coordination
- Handling Customer Calls
- Preparing Operational Reporting
- Training of Dispatch Staff

Professional Accomplishments

Use of Dispatch Tool

- Expert user of DDS dispatch tools for Access Services
- Key member of team converting Access to StrataGen Automated Dispatching
- Managed conversion of Empire systems to RouteMatch Automated Dispatching

Control of Service Operations

- Managed hundreds of drivers in three different areas for Access Services
- Managed dispatch portion of a new taxi start up on the Westside.
- Handled all dispatch facets of service implementation for City of Bellflower

Customer Service

- Over 10 years of experience handling transportation customer calls
- Experienced in use of information systems to provide information to passengers
- Trained dozens of customer service agents to provide transportation information

Work History

Dispatcher	Empire Transportation	2010 – Present
Project Administrator	All Yellow Taxi	2007 – 2010
Dispatch Supervisor	Global Paratransit	2003 – 2007
Dispatcher	United Paratransit	1999 – 2003

Training

StrateGen Automated Dispatching – RouteMatch Automated Dispatching DDS Taxi Dispatch System – TSS ATBOS Reporting System for ASI



Rafael Cordero, Transit Dispatch

Professional Profile

- Behind the Wheel Training
- Driver Counseling/Coaching
- Customer Reporting

- Mobile data devices
- Accident/Incident Investigation
- Service Monitoring

Professional Accomplishments

Service Implementation

- Developed and implemented protocols for staff in handling dispatch issues.
- Developed new training procedures to incorporate changes in securing wheelchairs
- Conducted all new driver interviews for the 108 driver North Los Angeles Regional Center Service.

Control of Service Operations

- Provided oversight for all transit/paratransit operations in unincorporated North Los Angeles
- Provided all project reporting for multiple Contracts including NTD reporting
- Handled daily roll out supervision for the several contracts operated in the San Fernando Valley

Safety/Training

- · Assisted in behind the wheel training for Empire's new contracts
- Conducted accident/incident investigations and resulting re-training
- Trained driver on use of mobile data tools to enhance reporting
- Trained drivers on best practices to keep accurate and timely reporting

Work History

Supervisor	Empire Transportation	08/2012 - Present		
Supervisor	Keolis	2011 - 08/2012		
Supervisor	Diversified Transportation	2009 - 2011		
Lead Dispatcher	Diversified Transportation	2008-2009		
Education/Certificates				
Certified Instructor	Transportation Safety Institute	2008		
NTD Reporting	LACMTA Seminar	2009		



Victor Moya, Quality Assurance Inspector

Professional Profile

Experienced problem-solving oriented manager within the transportation industry with a proven record for evaluating all aspects of a transportation program as well as providing professional advice to improve the areas found to be deficient. Demonstrated skills in all of the following areas.

- Professional Conduct Policy
- On Road Evaluation
- Safe Work Habits

- Customer Service and Sensitivity Training
- Accident/Incident Investigation
- Service Monitoring
- ADA Customer Care Training

Professional Accomplishments

Quality Control

- Key contributor to the development and establishment of a comprehensive Quality Assurance Program at Empire
- Responsible for Customer Service and Accounts Executive training at UPS.
- Fully responsible for the job performance and safety of a team of 150 drivers at UPS.

Customer Service and Compliance

- Ensured compliance with a comprehensive Customer Service Program developed for the Call Center and Dispatch Departments at UPS
- Enforced strict professional conduct procedures at UPS
- Responsible for safety compliance as Area Manager for UPS

Employee Coaching/Counseling

- Emphasis in developing a Trust and Team approach at Empire
- Responsible for developing a Dispute Resolution Program at UPS •
- Worked with drivers to improve commitment to schedules that resulted in improved ontime delivery rates and a marked increase in efficiency at UPS

Work History

Quality Assurance Inspector	Empire Transportation	2009 - Present
Area Supervisor	UPS	2002 - 2009
Account Executive	UPS	1999 - 2002
Dispatch/Call Center Supervisor	UPS	1992 - 1999
Distribution Ctr. Supervisor	UPS	1988 - 1992
ducation/Certificates		

Education/Certificates

B.S. in Marketing and Business Admin

Cal State LA



C. Service Experience

Empire Transportation, Inc. provides high quality fixed route and demand responsive services to some of Southern California's most prestigious, quality centered organizations such as Los Angeles County Department of Public Works. These clients have chosen Empire to meet their transportation needs because of our reputation for providing transportation services that are consistent with the client's own high standards. Our success has come from working with each client to clearly understand their specific needs and then design a specific transportation program to satisfy those needs. Every client, large or small receives the same commitment to an individual customized level of excellent service from Empire.

We strongly believe that our references demonstrate that we not only "get it" as far as skills, practices and procedures necessary to operate diverse services but also that we honor our commitment to all of our customers.

- ✓ At RTA, Empire is the first company to have completed the initial term of two years and the three-one year options for the Fixed Route services in good standing. We operate and maintain a mixed fleet of 79 vehicles that service a high volume of passengers in harsh weather conditions. Empire has been awarded this contract for an additional 5 year term.
- ✓ At Disney we operate Type VII and Type VIII CNG powered vehicles on a highly intense 24/7 schedule where maintaining vehicle spacing is critical to customer satisfaction of the Disney cast members. We have been providing this service for nine years. After a lengthy procurement process, our contract was renewed in 2014. The new contract calls for an initial term of seven years with two-one year options. It is very unusual for The Walt Disney Company to issue such contract terms. Empire has earned their valued trust by meeting the commitment of improving service in every measurable category.
- ✓ AltaMed Health Services has been our customer since 1996. Empire provides service to eight different centers covering a large part of Los Angeles and Orange Counties. The success of this program is based in instant communication between drivers, dispatchers, program managers and end-users. Any concerns or issues are addressed promptly.
- ✓ Whittier and East Los Angeles Dial-a-Ride Programs. Empire has been successfully running both programs since 2013. We service the Los Angeles County unincorporated areas in Whittier and East Los Angeles. As with other customers, efficiency, transparency and communication between Empire and DPW are key to a well running operation.
- ✓ In 2009, Empire began expanding into municipal fixed routes and dial-a-ride services. With our RTA contracts, City of Bellflower and unincorporated areas of Los Angeles County we have instituted reporting standards to meet those of NTD's.

Firm Experience



D. References.

Disneyland Resort		
Address:	1313 S. Harbor Blvd, Anaheim, CA 92802	
Contact Person:	Mark Hatfield	
	mark.hatfield@disney.com	
Telephone:	714.781.1828	
Length of Service:	June 2006 to the present	_ . . .
Type of Service:	Fixed Route Shuttle Service – 365 Day	Disneyland
	Operation	· · · · · · · · · · · · · · · · · · ·
Fleet:	28 Type VII and VIII Medium Transit	
–	Vehicles – CNG Powered	
Revenue Hours:	123,140	
Riverside Transit A	Agency	
Address:	1825 Third Street	
	Riverside, CA 92507	
Contact Person:	Virginia Werly	
	vwerly@riversidetransit.com	
Telephone:	951-565-5184	
Length of Service:	2011 to the present	
Type of Service:	County Fixed-Route Service	Riverside Transit Agency
Fleet:	Mixed Fleet of Trolley, Thomas, Type II	
D	and Type VII Buses	
Revenue Hours:	156,000	
City of Beliflower	and the second second second second second second second second second second second second second second second	
Address:	16600 Civic Ctr. Dr, Bellflower, CA 90706	
Contact Person:	PJ Mellana	
	pmellana@bellflower.org	
Telephone:	562.804.1424	City of Bellflower
Length of Service:	July 1, 2010 to the present	consug together
Type of Service:	Fixed Route & Dial-a-ride	
Fleet:	6 Transit Vehicles	
Revenue Hours:	8,500	
AltaMed		
Address:	1040 Camfield, Los Angeles, CA 90040	
Contact Person:	Marco Martinez	
— , ,	marcmartinez@la.altamed.org	_
Telephone:	323.558.7626	AltakAnd
Length of Service:	2001 to the present	AltaMed
Type of Service:	Demand Responsive Service	llealth Servīces
Fleet: Revenue Hours:	44 Cutaway Paratransit Vehicles	
	68,208	



DPW - Sunshine S	Shuttle	
Address:	900 South Freemont Ave, Alhambra, CA	
a a	91803	
Contact Person:	Vanessa Rachai	
T . I	vrachal@dpw.lacounty.gov	
Telephone:	626.458.5960	PUBLIC WORKS
Length of Service:		
Type of Service:		
	2 EZ Rider Transit Vehicles	
Revenue Hours:	6,972	
	ngeles and Whittier, Dial-a-Ride	
Address:	900 South Freemont Ave, Alhambra, CA	
.	91803	
Contact Person:	Jordan Catanese	
	JCatanese@dpw.lacounty.gov	
T • •		
Telephone:	626.458.3964	
Longth of Consists	bely 0042 to the surger of	PUBLIC WORKS
Length of Service:	July, 2013 to the present	
Type of Service: Fleet:	Dial-a-Ride 15 Wheelchair Minivans and 2 Wheelchair	
	Buses	
Revenue Hours:	22,356	

D. Minimum Mandatory Requirements Met

Empire meets each and every one of the minimum mandatory requirements as set forth in the Request for Qualifications Part 1.1 and Form PW-19. This is shown fully throughout our proposal.

The three years of experience providing Fixed-Route and Dial-A-Ride services are explained fully in this section, and we invite County staff to contact our clients to confirm our ability to perform and meet and exceed client expectations.

Empire's CHP inspections for the prior thirteen (13) months have been attached at Tab III, Work Plan. Our commitment to maintaining our client's vehicles as well as our own is an essential part of our service.

EMPIRE

III. Work Plan

Successful and efficient Fixed Route and Dial-A-Ride programs are based in the ability of the operator to recognize the most important areas of the service that need to be carefully organized and addressed. For example, for a fixed-route program it is critical to have systems in place to check and manage on-time performance as well as to have an efficient maintenance team that keeps reliable and safe vehicles on the road. For a Dial-a-Ride program it is extremely important to minimize the scheduling peaks and valleys. This is achieved by establishing a well trained and technologically equipped Dispatching department that works very closely with the Call Center. By these statements, we are not forgetting about forming a strong team of drivers and supervisors in addition to a well maintained fleet. The following are the different components of our work plan:

A. Staffing Plan

1. Organization

The following table is a **sample** of the detailed disclosure of the labor resources allocation previously provided for a project. Often times, we assign additional resources such as dispatch and road supervision support for any operation during all hours that vehicles are in revenue service but on the required form LW-8 only the dedicated positions are noted because those positions are already in place at Empire and need not be charged to a project. Note that Empire is at all time cognizant of the LA County requirement for all staff to be full time. Any position shown as less than full time on the LW-8 reflects cost sharing of positions between this project and other Empire projects. In following pages you will find a detailed Staffing Plan.

				Hours
v	# of		Annual	Charged to
Position	Positions	Duties	Hours	Project
Driver	10	Operate transit vehicles on route	22,005	22,005
Project Mgr	1	Overall project direction	2,080	1,560
Field Supvr	1	On road supervision & training	2,080	2,080
Maintenance Manager	l	Overall vehicle maintenance direction	2,080	0
Mechanics	11	Repair & Preventive Maintenance	22,880	2,080
Service Worker	4	Bus Cleaning	8,736	2,340
Safety/Training Manager	ľ	Classroom training, supervise behind the wheel trainers	2,080	0
Qlty Assurance Inspector	1	Monitors adherence to Quality Assurance Program	2,080	0
Dedicated Dispatchers	2	Monitor service performance, coordinate emergency response	4,160	4,160
Reservationists	2	Call takers, input data in Routematch, Customer Service	4,160	4,1600
President & COO	1	Coordinate implementation, handle service escalation issues	2,080	0



2. Staff Position & Tasks

a. Project Manager

In any transportation service, an experienced hands-on manager with the ability to motivate her/his staff is extremely important. In Ana Arredondo and Ruben Mendoza the Department will have Managers that can hit the ground running since they have already worked on this service and in this capacity. The Project Managers have a multitude of duties but we believe that the key elements of the job are:

- Selecting drivers that are committed to passenger satisfaction and safety.
- Providing orientation and training to our staff so that they know how to provide service effectively.
- Insuring that we give our drivers a clean, fully functional vehicle for daily service.
- Intervening rapidly when there are any signs that an employee is not able to provide quality service.
- Providing rapid and comprehensive investigation of any accidents, incidents or complaints.
- Providing operational reports to insure that our client has all of the information required to effectively monitor our service.
- Insuring that our reporting meets the audit standards for the MTA voluntary NTD reporting system or any report as required by the Department.
- Insuring the all the requirements as set forth in the RFP for the call center, productivity levels, customer service and complaints resolution are met and when possible exceeded.

b. Drivers

Driver Trainee Selection

Our goal is to retain existing employees that are familiar with the system and customers. If the active drivers meet the criteria described below and they are in good standing with the Department, they will be given priority in the hiring process.

Every applicant seeking to become an Empire driver must submit an original H-6 Department of Motor Vehicles printout (dated within 7 working days of the application date) along with his/her application. The printout provides invaluable information regarding an applicant's driving experience and infractions.

The Empire Safety & Training Manager is responsible for the final selection of applicants seeking to be driver trainees, based upon consideration of the individual's application, interview and motor vehicle record. However, at a minimum Empire will not employ those whose record displays any of the following:



- 1. 2 or more points for moving violations within the previous 3 years.
- 2. DUI, or Reckless Driving within the previous 10 years.
- 3. Suspended or revoked drivers license due to moving violations, unless overturned and such information is identified on the record.
- 4. Other criminal activity as described below:
 - a. Conviction of a crime pursuant to which the applicant is required to register as a sex offender under Section 290 of the Penal Code or conviction of a felony involving violence against persons.
 - b. Conviction during the preceding 7 years of any one of the following:
 - ✓ an offense relating to the use, sale, possession or transportation of narcotics or addictive or dangerous drugs;
 - ✓ an act involving force, violence, threat or intimidation against persons;
 - ✓ an sexual offense;
 - ✓ an act involving moral turpitude, including fraud or intentional dishonesty for personal gain;
 - ✓ an offense involving the solicitation or agreement to engage in or engagement in any act of prostitution.
 - c. A record of habitual or excessive use or addiction to intoxicating beverages, narcotics or dangerous drugs.
 - d. Conviction <u>at any time of the following Vehicle Code sections:</u>
 - ✓ 20001 Hit and Run resulting in injury or death
 - ✓ 20003 Hit and Run failure to identify yourself to police or victim injury or death involved
 - ✓ 20004 Hit and Run death failure to report to police or CHP
 - ✓ 23104 Reckless driving- causing injury
 - ✓ 23153 Driving while under the influence of alcohol or drugs causing injury to others.



Driver Training Requirements

Once chosen for training, trainees undergo training based on the following curriculum. A full copy of the Empire Safety Training Program can be found in the Appendix. Only upon satisfactory completion of the curriculum will a driver be released for service as an Empire driver. At a minimum, the following subjects are taught as part of the required driver training.

Subject Area	Trainee has no CDL or Passenger Endorsement	Trainee has CDL and Passenger Endorsement	
	Instruction	Lindorschieht	
Empire Orientation and Policies	2 Hours	2 Hours	
National Safety Council Defensive Driving Course	8 Hours	6 Hours	
Transportations Safety Institute Bus Operator Training	8.5 Hours		
Emergency Management/ Accident/Incident Procedures	4.5 Hours	2 Hours	
Mobile Communications	3 Hour	3 Hour	
Substance abuse/Alcohol Abuse Awareness	2 Hours	1 Hour	
Customer Service/Passenger Relations/Confidentiality	3 Hours	1 Hour	
Illness and Injury Prevention – Includes Bio-Hazard	2 Hours	1 Hour	
Sexual Harassment Prevention	2 Hours	2 Hours	
Pre and Post Trip Inspection	4 Hours		
Behind the Wh	eel Instruction		
Paratransit, ADA & Sensitivity, Wheelchair Securement	4 Hours	4 Hours	
Behind the Wheel Training & Testing Note: will depend on the progress of the trainee and type of vehicle.	20 - 40 Hours	4 – 8 Hours	
Route/Service Familiarization Note: Will depend on complexity of the service and navigation requirements.	8 - 32 Hours	8 – 32 Hours	
Total Training Hours	70 - 115 Hours	34 - 62 Hours	

Note – Many contracts require CPR/First Aid Certification. This course will be provided after completion of the above curriculum to drivers on services requiring it.



Refresher Training

Empire conducts an ongoing schedule of refresher training courses. Normally, these are held once a month, for a minimum period of one hour. To maintain a position at Empire all employees, such as drivers assigned to a Department of Works project are required to attend at least eight refresher classes a year. Every staff member is required to participate in the location safety program meetings.

Background Checks

All Empire drivers will undergo a criminal background check before being assigned to revenue service.

<u>Tasks</u>

After a driver has completed all the training and the background checks, and has been put on service, their duties are to drive the routes in a safe manner, in compliance with the schedule, and providing courteous service to the riders. Additionally each driver is expected to communicate with the project manager, supervisor and dispatch if any issues or questions arise. Each driver is expected to manage fares and maintain the required reporting so that our project reporting complies with NTD and contract standards.

c. Maintenance Personnel

Our Safety and Training Policy includes standards for the initial training of maintenance personnel. We require that maintenance personnel who operate a vehicle on a public roadway must have a license applicable to the vehicles operated. Additionally all maintenance personnel undergo a minimum of 20 hours of original driver training including company orientation and policy, defensive driving, hazardous material handling, dealing with blood borne pathogens, sexual harassment, body mechanics, emergency procedures and drug and alcohol policy requirements.

We also recognize that the growing complexities of servicing transit fleets require ongoing training. Today's vehicles include complex computer systems and advanced cutting-edge engine technologies. In such an environment it is a challenge to keep the maintenance staff current with industry changes. As quality maintenance is an essential element of service quality we are committed to the continual training and upgrading of our maintenance employees' skills. We use multiple sources for mechanic training including the courses and resources offered by the manufacturers, vendors, as well as the National Institute for Automotive Service Excellence (ASE), the Service Technicians Society, and the Transportation Safety Institute. The company has established financial incentives for technicians who attain ASE certifications. We also identify training sources and work with the maintenance staff to arrange their schedule to attend training or study for certifications they need to further enhance their maintenance skills. After a member of staff develops a new expertise through training, she or he is asked to share that information and expertise with the other employees.



<u>Tasks</u>

The job tasks for maintenance staff fall in the following areas:

- Performing preventive maintenance inspections.
- Diagnosing observed or reported problems with vehicles.
- Repair or replacement of parts or subsystems to return vehicle performance to OEM standards.
- Performing their duties with their safety and the safety of co-workers always uppermost in their minds.
- Insuring that hazardous and/or polluting substances are handled in accordance with professional practice and legal requirements.

d. Supervisors

Supervision of drivers in service comes from three primary sources:

- Our project managers spend time in the field, not only at the office, and are an integral element of our operations monitoring. The Project Manager is also directly responsible for the accuracy and integrity of project reporting as well as maintaining and improving the services productivity level with the highest level of customer service possible.
- The Field Supervisor provides direct, on site supervision of our service operations on a daily basis. They also ensure that drivers are relieved on schedule for legally required breaks and further, that these reliefs are accomplished without causing service delays.
- The Dispatch Center maintains positive control of service operations throughout the service day, as drives are required to report any service delays throughout the day.
- The Call Center is the first point of contact for the stakeholders that is why it is key to maintain a high level of customer service. It is also important for the reservationists to have the knowledge and ability to provide accurate information as well as traveling time options which will allow us to maximize the resources at hand.

<u>Tasks</u>

Effective dispatchers, reservationists and field supervisors are critical to the success of a Fixed-Route and Dial-A-Ride projects. Their principal role is in supporting drivers in order to provide a team atmosphere and shared commitment to service quality. The most important tasks are:

- Communicating with drivers to insure they understand that the best way to protect all the parties involved in any situation is to make quick and accurate reports about any problem they encounter.
- Monitoring driver performance to provide a reminder that late service or poor service will be noticed and dealt with.



- Insuring that drives take the breaks that are legally required. This is not only a state law mandate but it is proven to improve driver's productivity.
- Providing rapid support when drivers need emergency resources.
- Provide and record accurate information to and from the requesting party in order to insure a smooth scheduling and service.

e. Office Staff

Existing staff in our office in Bellflower handles the counting of fares and recording of fares, as well as the deposit of funds in the bank. Staff there also processes payroll, handles human resources, pays vendors and renders accurate billings to our clients. Note that Empire adheres to best practices in the area of fare handling and billings in that the staff who count fare receipts are not in any way involved with either the billing of service or the reconciliation of expected fares to actual fares.

B. Communication Plan

Mobile Communications

Empire provides two forms of mobile communication between drivers, dispatch and supervisors. The most basic will be through the use of a Sprint push to talk device. The device provides better coverage than any radio system, and is allowed by State law as long as it is not used as a cell phone or for texting. We will also provide an MDT that will be installed in the vehicle. The MDT will have GPS capabilities as well as the ability to communicate in real time with our scheduling program, RouteMatch. This device will also have cell phone capabilities as a backup plan in case of failure of the two-way radio network. The use of the cell phone capability will be in case of emergencies only. We have a zero tolerance policy for cellular phone use and texting while driving and we enforce it aggressively, including through the use of our video surveillance system that can be installed on the vehicles with the Department's approval.

Scheduling Software

Our company decided to find a software, outside the widely known provider, that had all the same tools available as well as reporting capabilities at a lesser cost. RoutMatch met this criteria. We have been running RoutMatch since 2009 for our customers and the satisfaction level from both sides is very high. In the Appendix you will find detailed information for RoutMatch as well as sample of some of the reports produced.

Internet Connections

Our company has provided internet connections and individual e-mail addresses to our principals, and project managers for a long time. Each manager and supervisor has an individual e-mail address, which allows direct communication between the manager and the client. The e-mails can be seen either on the managers computer in the office, or through the smart phone phone each carries with them.

Communication via Dispatch Office

Calls regarding a Fixed-Route or Dial-a-Ride Service will proceed through the dedicated call center office at our Bellflower facility. We maintain and support the toll-free numbers required by the Department. In handling such calls the reservationists as well as dispatch employees will have access to general information regarding the service and the capability of taking calls regarding complaints, or to connect the caller with the appropriate manager or supervisor to handle incident or accident calls. The call center and dispatch office have full ability to connect callers to the appropriate supervisor or manager as required.

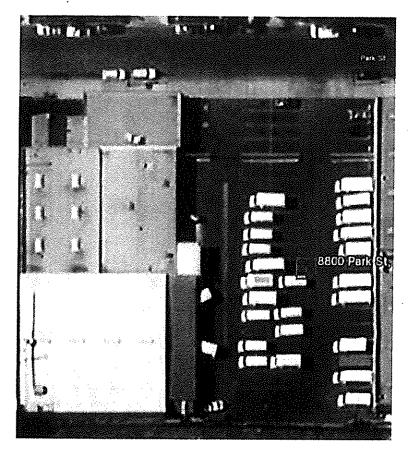
County staff will also have available, in addition to the dispatch and office line, the cell phone numbers of the Project Manager, and the Company's President.



C. Storage & Maintenance Facility

One of our main goals is to provide a proposal that is not only operationally compliant but also cost effective. Once a contract has been awarded, we identify locations that meet all the requirements as set forth in an RFP and that are close to the service area. This allows us to minimize the accumulation of miles for deadheading and in turn reduces the cost of vehicle maintenance and fuel. The Department's approval must be given to the proposed location. Having said that, we have two facilities available for storage. One is our corporate office located at 8800 Park Street in Bellflower (shown in the picture below). The second facility is located at 8701 Park Street in Bellflower (shown in the following pages). There is sufficient space at either facility to accommodate the County vehicles. Both lots have a security fence and are lighted. The distance from the initially proposed facilities to any given point within the County's different service areas is approximately 15 miles.

The corporate site provides over 10,000 square feet of enclosed maintenance space (large building at bottom left) and almost 12,000 feet of office, training and multipurpose space in the buildings just above the shop building in the site plan.

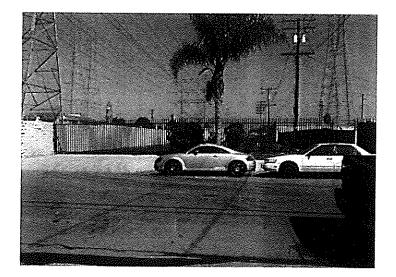




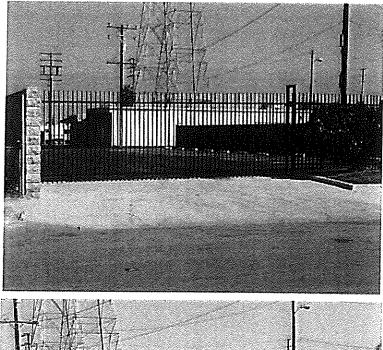
The second facility has capacity to store approximately 40 additional vehicles. It is located within a 3 minute walk from our corporate office. Below is the aerial picture before improvements.

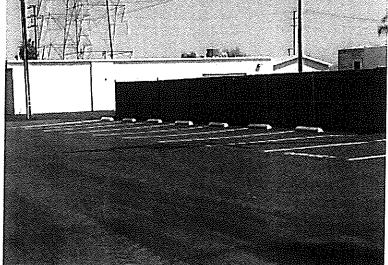


The following are pictures after the improvements to the property.

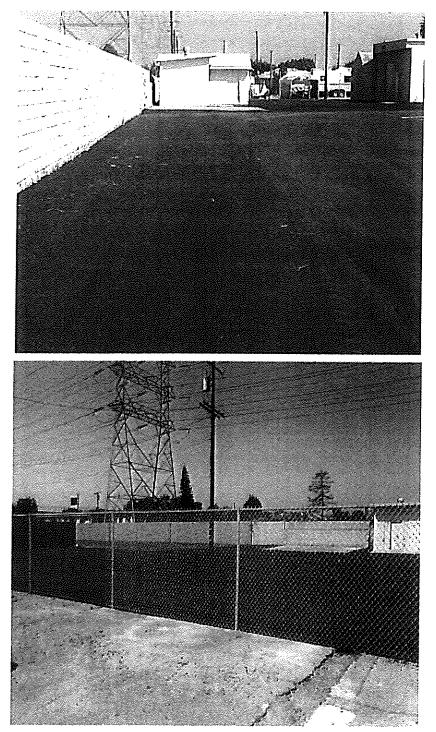














Equipment

Our corporate facility is fully equipped to provide maintenance for any the Department service vehicles. The following major maintenance equipment is already in place.

- Full shop compressed air system and all associated hoses and plumbing
- All required air tools, 3/4 drive and above
- Lighted high pressure vehicle wash rack with fully permitted wash water recovery/recycling
- Hoists for all sizes of equipment serviced
- 10 ton Vehicle support stands
- **5** ton Vehicle support stands
- 10 ton air/hydraulic rolling floor jack
- 20 ton air service jack
- 1/2 ton air/hydraulic Transmission jack
- 2000# Engine hoist
- 20 ton hydraulic press
- 7249 suspension ball joint service kit
- Heavy duty tire machine
- Computerized tire balancer
- Professional brake service station, including full refinishing capability
- Refrigerant recovery/service machine
- A/C refrigerant analyzer
- Nitrogen A/C system leak test system
- Ultra violet A/C leak detection kit
- Hydra krimp A/C hose repair kit
- Engine diagnostic scan tool systems for all engines serviced
- Combustible gas detector
- Battery/Charging system analyzer
- Cooling system pressure test kit
- 400 amp battery charger
- Wire/aluminum mig welder
- Gas welding torch set
- Aqueous parts washing tank
- Self contained emergency response service trucks

Administrative/Training/Dispatch Space

Our facility is already providing space for each of these key functions and has more than adequate space to add the personnel required to support this service. We relocated our dispatch center into newly constructed space. This change provided significantly more space for both dispatch and the administrative/clerical offices. We have plenty of space to accommodate this proposed operation.



Fueling

Our facility does have on-site fueling capability for propane that will accommodate some of the vehicles owned by the Department. We also have a corporate account with Arco for the gasoline powered vehicles. Drivers have a fuel card with pin that allows them to fuel vehicles at any Arco facility throughout Southern California.

D. Maintenance Plan

<u>Mission Statement</u>

The Maintenance Department's primary mission is to effectively and efficiently provide safe, clean, reliable, and comfortable vehicles for use by its drivers and the passengers they serve and to do so in accordance with California Highway Patrol Motor Carrier requirements as well as the requirements levied by the Federal Government upon DOT motor carriers. This principles apply to all vehicles operated by Empire regardless CHP regulations.

Graduated Preventive Maintenance Program

The emphasis of Empire's maintenance program is preventive rather than reactive maintenance. A strong preventive maintenance program effectively reduces overall maintenance costs by decreasing the number of road calls and the high cost of unpredictable repairs caused by reactive maintenance. Empire uses a graduated preventive maintenance program (PM) that is based on the manufacturer's recommendations and modified based on our experience and the local conditions we deal with in our individual services. Solid PM practices maximize useful life, are cost efficient over the life of the vehicle, and ensures that our vehicles remain in safe operating condition.

Empire has an aggressive preventive maintenance program that schedules bus inspections based on a variety of categories. A PM schedule is developed for each type or group of vehicles we operate. The PM schedule established is based upon usage and vehicle type. The schedule is progressive. Each successive PM includes a higher level of maintenance inspection activity. Vehicles are inspected based on mileage and time. In addition, each vehicle receives an annual comprehensive inspection.

Our maintenance staff continually reviews our practices to identify potential improvements to the program. This assures optimum benefits from the scheduled inspections. This is especially necessary in the area of understanding brake wear. There can be significant differences between similar vehicles in different model years and it is critical that technicians understand the expected wear cycle so that brakes are serviced based on inspections rather than degraded performance noticed by drivers.

Work Plan



On-time Inspection Variance

The allowable variance with all preventive maintenance inspections is a minus 500 miles to a plus 300 miles. Any inspection completed within this parameter is considered on time. Each sub-fleet has its own specific PM schedule. In the case of the Department's vehicles the schedule is built around the requirements set out in the County Maintenance Program.

Preventive Maintenance Inspections

Driver Daily Vehicle Inspection

Prior to putting a vehicle into service the driver is required to perform a detailed pretrip inspection of their assigned vehicle. Any defects or concerns are noted on the Daily Vehicle Inspection Report (DVIR), a copy of which is attached in the Appendix. In order to better comply with Federal DOT requirements, we have organized these forms into a booklet of three part forms which contains the approximately a month of driver inspections. The booklet is attached securely to the vehicle so that it cannot be misplaced.

The driver reviews the prior form, signs at the bottom and then completes the current day's form before placing the vehicle into service. If the driver checks the unsatisfactory box, the vehicle must be examined by the maintenance department before it can be placed into service. At the end of the day the driver is required to initial the post trip inspection box to insure that the federally required post trip inspection is accomplished. The top two copies of the DVIR form for the day are torn out of the book and turned in to dispatch with the driver's daily paperwork.

If there are defects the top copy of the DVIR are forwarded to the maintenance department, the second copy is retained in the office to evidence compliance with inspection requirements. The DVIR is reviewed by the Lead Mechanic on the shift. Repairs are prioritized to ensure that all safety related defects are completed before the vehicle goes into service again. In no case will any service defect, with the exception of only non-safety or cosmetic, be allowed to persist past the date of the next regularly scheduled preventive maintenance inspection. The DVIR booklets are changed at the time of the PMI-A inspection. Booklets are retained on file in the maintenance department to evidence compliance with CHP and Federal DOT requirements for pretrip inspections.

Drivers are thoroughly trained in pre-trip inspection requirements and are not allowed in revenue service until they can demonstrate full proficiency in conducting the appropriate inspection for the type or types of vehicles they will be called upon to operate. The effective performance of these inspections is a major item of emphasis for our service monitors. Drivers are also expected to leave their vehicle broom clean at the end of the day with all refuse removed.



I Inspection

The I inspection that is required in the DPW maintenance program encompasses the same points that are covered by our pre-trip inspection form with the exception of the inspection of the engine accessory drive and the measurement of drive belts. The principal difference is that the I inspection is to be conducted by a qualified and ASE certified technician. To document the I inspection we will have the technician conduct the inspection right on one of the DVIR forms in the DVIR log and adding a notation on the condition of the accessory drive and the drive belts. This methodology will insure that the record of the I inspection will be retained as a permanent part of the record.

J/A Inspection

The J/A Preventive Maintenance Inspection (PMI-J/A) is performed at intervals of 30 calendar days or 3,000 miles, whichever come first, thus meeting or exceeding both the manufacturer's recommendations and the DPW specifications. The inspection is conducted using a form, which is designed specifically for the type of equipment being maintained, in this case a propane powered integrated transit coach. Note that this form includes inspection of all key subsystems, including brake wear, climate control performance, charging system condition and wheelchair lifts as well as all other services required by the manufacturer.

"B" Inspection Service

This a DPW required inspection, conducted at 8 months or 24,000 miles, whichever comes first, that includes a J/A Inspection plus all of the additional items specified in the DPW maintenance program contained in Exhibit J.

"C" Inspection Service

This a DPW required inspection, conducted at 16 months or 48,000 miles, whichever comes first, that includes a J/A Inspection and a C Inspection plus all of the additional items specified in the DPW maintenance program contained in Exhibit J.

Additional Service

At every third "C" service, conducted at 48 months or 144,000 miles, whichever comes first, the services specified in the DPW program will be added.

Oil Samples

Oil samples for engines and transmissions are to be taken at 500 miles in advance of the J/A and B services. County staff will be notified seven days in advance of the sampling so that staff can be present if desired.

Brake Inspection

At each inspection the technician provides an estimate of the percentage of depth remaining on the brake shoes. This allows the Maintenance Manager at the facility to schedule the brake service in a way that directly addresses the wear rate on each axle.

Normally the Manager is able to schedule the brake inspection at the same time the vehicle will be down for a PMI-J/A or higher inspection thereby reducing vehicle down time.

In every case the brake drums will be resurfaced after which a measurement will be taken, and recorded on the repair order, using a brake micrometer to insure that the drum will continue to meet minimum wear requirements throughout the wear cycle of the new shoes. Drums and shoes will be replaced with approved OEM quality components. Wheel bearings will be cleaned and inspected before re-assembly. Oil and grease seals will not be reused on re-assembly.

Since wear rates can vary significantly between front and rear axles it is not necessary that brakes on both axles be disassembled at the same time. No single wheel brake repairs will be undertaken. If for some reason one brake on an axle requires repair (due to a leaking seal for example) the other brake on that axle will be renewed as well.

Engine Service

Empire no longer uses a "tune up" service. There is a regular change of spark plugs and wires as required by the DPW program but the rest of the engine maintenance is accomplished using computer diagnostics whenever a "check engine" light is encountered. We ensure that each maintenance facility has updated computer diagnostic software for each type and series of engine that is maintained.

Air Conditioning

Empire does not do seasonal air conditioning "campaigns" as we believe the climate controls need to work year around. AC output is monitored on every J/A inspection and through the DVIR process with a diagnostic process indicated if optimal performance is not evidenced on these inspections. We insure that condenser coils are free of airflow impediments on each and every inspection.

Wheelchair Lifts and Securements

Evidence of inspection and maintenance programs for wheelchair lift equipment, wheelchair ramps and securement devices is a major item of emphasis for modern transit service. We have incorporated all of the manufacturer's recommended steps into the DVIR and the PMI-A so that checks required by the manufacturer at 10 and 150 cycles are performed as required. Four point tie down and lap/shoulder belt equipment is also inspected at each PMI-A.

Authorize, Direct, and Control Maintenance Activities and Costs

The Maintenance Manager is responsible for developing the PM schedule for the vehicle fleet and ensuring that all PM activities are completed in a timely manner and consistent with the manufacturer's recommendations.



Each day the Maintenance Manager prints and reviews the PM Tracking report to identify which vehicles are due or coming due for Preventive Maintenance. Most regular PM inspections will be accomplished on the second maintenance shift where removal of the vehicle from service will not detract from operational capability. The Maintenance Manager will also review the vehicle history to determine whether there are any low priority DVIR reports that should be resolved during the inspection.

The work is then assigned to a Preventive Maintenance Technician who performs the PM and completes the appropriate PM inspection form. The technician is provided with complete instructions on how to perform the PM and is required to follow those instructions to completion. In addition to open DVIR Reports the technician will accomplish minor repairs such as light bulbs and the securing of fasteners etc. during the PM process.

Other needed repairs may be identified during the PM inspection. Any out of service items or repairs that could affect the reliability of the vehicle are accomplished before the vehicle is returned to service. Other repairs will also be accomplished before the vehicle is returned to service if parts and maintenance time are available and the vehicle is not required immediately for service. The overall objective is to put the vehicle back in service with no deferred maintenance.

Identify, Track, and Record Maintenance Activities and Costs

Empire uses a system of manual and computerized forms and reports to schedule and perform preventive/preservation maintenance (PM) and repairs to its fleet of vehicles. These documents include:

- Work orders
- Service orders
- Purchase orders
- Parts requests
- PM Tracking report
- PM Inspection forms (these vary based on type of vehicle and level of PM to be performed)

After the Maintenance Manager identifies which vehicles are due for PM, a work order is prepared that describes the work to be done, the account codes to be charged, and instructions as to which level of PM is to be performed. All the PM labor and costs are captured under the PM code on the work order. When there is a PM write-up, a new work order or multiple work orders are then generated listing those repairs. All repair labor and parts are charged to the work orders under the specific coding applicable to the individual repairs. The required parts and supplies are assembled by the Manager or Shift and charged to the work order.



Road Failures

The performance standard for road failures is to have a shop response vehicle en route to the location within five minutes of the report. During this time we will also get the Maintenance Manager or Lead Mechanic on the radio with the driver to insure that any minor problem can be immediately resolved (lift door not closed all the way, tire wedged against the curb so the key won't turn etc.)

If no vehicle is available in the field a supervisor or extra driver will be dispatched with a replacement vehicle while a technician goes to the scene with a fully equipped shop truck. Moving the replacement vehicle to the field with a technician is avoided except when there is absolutely no other choice (late evening shift, etc.)

The Maintenance Manager will prepare a report identifying the cause of the road failure and make an initial judgment as to causation and/or preventability. These reports will be provided to both the training department and general management to assist in developing an appropriate response, whether that be in improved driver training or maintenance procedures.

Warranty Recovery System

Empire operates a warranty recovery program to ensure that cost of parts and repairs on warranty-covered items are recovered.

Failed Components

Parts and components that may have failed prematurely are returned to the Maintenance Manager who researches the original installation date, miles of usage on the failed component, and the vendor it was originally purchased from. If the part or component is covered by a warranty, it is returned to the vendor.

Return to Manufacturer/Vendor

Authorization for warranty return and labor claims, if applicable, are obtained from the manufacturer or vendor. Information is supplied to the vendor on the circumstances of the failure, if known. The item is then returned to the vendor warranty department for repair or replacement. Often vendors will simply allow the parts to be stored at our location until the claim is resolved, at which time they can be discarded. Empire retains copy of the warranty claim form for tracking purposes.

Vehicle Cleaning

DPW has a high standard for vehicle cleaning that requires washing every other day and daily whenever the vehicle is operating in rainy conditions. We have full crew of service workers that will enable us to comply with this requirement in either circumstance.

E. ADA Compliance

A vehicle with an inoperative lift and air conditioning problems needs to be removed from service immediately. We will in all cases be able to replace a vehicle with these problems within 30 minutes. We have conducted deadheading studies from our



Bellflower facility to different points within the service and we were able to confirm that the time requirement can be met. If any lift passengers are stranded by an inoperative lift we will commit to serving those passengers within 30 minutes of the service failure. In addition, the Road Supervisor will be assigned a 8 passenger plus 2 wheelchair van which will allow us to immediately dispatch him should the drive from base be longer that the stated time limits due to heavy traffic conditions.

F. CHP Inspections

On the Appendix you will find Empire's last three CHP inspections, which were all marked "Satisfactory". The most recent was done in May 2016.

G. Transit Security Plan

A full copy of Empire's Transit Security Plan can be found in the Appendix. The plan was developed based on the information provided by the FTA. If the department feels that some parts do to meet the requirements, the required modifications will be immediately incorporated.



IV. Quality Assurance

Empire's philosophy is to view our company as an extension of our client's standards in quality of service. When we are awarded a contract we approach it as if we had become another of their departments. We place a big emphasis in learning and understanding the core of our customer base in order to deliver the best service possible. We have internal and external procedures in place that provide a check and balance system throughout the organization. The areas that we concentrate on are as follows:

1) Driver Selection, Training and Monitoring:

A detailed description of the hiring criteria and training program is described in the attached work plan. Monitoring of drivers is done in several tiers:

- a) On the road supervision carried out by the dedicated Road Supervisor.
- b) Use of technological means such as MDT equipped with GPS capabilities. This allows us to evaluate, in real time, the drivers' adherence to the schedule as well as data input.
- c) Passenger feedback, with the Department's authorization, can be done over the phone when requesting service or via written surveys.
- d) Mystery shoppers. We schedule random pickups in which our Quality Assurance Inspector himself is transported. We get a written report from him identifying areas for improvement as well as areas of excellence. We provide the driver with this feedback without identifying its actual source.

2) Call Center and Dispatching Department:

These two departments are the heart of the operation. The main areas where we evaluate, for quality control purposes, are:

- a) Their ability to use the technological resources at hand.
- b) Their ability to maintain and improve on the required parameters as set forth in the RFP.
- c) Their ability to assist and support drivers in emergency or break-down situations.
- d) Their ability to defuse and control a potentially negative encounter with passengers.
- e) Their ability to resolve complaints in a professional, efficient and courteous manner.

These departments are continuously evaluated by the Project Manager. We also conduct individual employee evaluations on a semi-annual basis or more frequently, if needed.

With the Department's authorization, we can also mail surveys to randomly selected passengers to get feedback on these departments performance.



3) Vehicle Maintenance and Cleanliness:

Vehicle maintenance and safety are of the utmost importance. We have provided a detailed description of our maintenance program in the work plan. Even though the vast majority of the vehicles assigned to this contract do not fall under CHP regulations, we do follow and meet their requirements. We keep vehicle maintenance files and conduct preventive maintenance inspections as required by federal and state regulations. Our Safety and Training Manager conducts random file reviews periodically comparing the physical file and the reports as produced by our vehicle maintenance software. Any deficiencies noted are brought up to the Maintenance Manger and the President of the company for immediate resolution.

Empire has its own car wash department at the proposed facility in Bellflower as well as a mobile unit that can be activated in case of an emergency situation. The vehicles will be washed, interior and exterior, every other day or as needed. The drivers are responsible for picking up any trash left behind between pick up. The drivers are also responsible for checking the vehicle cleanliness as part of their pretrip inspection. They are required to report any irregularities to the Project Manager. The reported concerns will be addressed on the spot. The Project Manager will conduct daily inspections of vehicles to insure that the established cleanliness standards are being met. The Road Supervisor will also include checks for cleanliness as part of their review process.

4) Safety and Training:

Empire has developed a very comprehensive training program. The training program in place was one of the most important factors to be accepted as part of a captive insurance program. We are proud to say that our training program is not only well written but also strictly adhered to. As a company, we place a lot of effort on accident prevention. We have an in-house claims adjustor that works very closely with our Safety and Training Department as well as our insurance carrier in order to get an objective assessment of the incidents/accidents at hand. This approach has allowed us to implement preventive steps throughout the company. While accidents can and will happen, our continual goal is to be completely accident free and our primary emphasis is always on accident avoidance. As a condition of remaining members of the captive program, we go through an extensive annual audit performed by a third party that is selected and hired by our insurance carrier. The audit covers all areas of the operation. They inspect the maintenance shop looking for potential OSHA violations. They inspect numerous records including, but not limited to, mechanics' files, vehicle files, driver files, incident/accident reports, and training records. We have never failed one of these inspections.

We also have access to resources from the insurance carrier to have a third party conduct evaluations on contracts individually. We have taken advantage of this option on numerous occasions and requested evaluation of several contracts. We



would certainly avail ourselves of this option for this service, if awarded the contract.

This is a summary of the steps taken by Empire regarding Quality Assurance. The resume of the Quality Assurance Inspector can be found in the experience section of the proposal. If awarded the contract, a Quality Assurance Program tailored specifically to these services will be submitted for the Department's review and approval.

Quality Assurance



V. Financial Resources & Insurance

Financial Statements

Our 2014 and 2015 financial statements can be found in a sealed envelope contained in the proposal notebook marked "original". We ask that our financial statements be afforded the maximum confidentiality possible and that they only be circulated to those individuals who will be involved with assessing our ability to meet the financial requirements for delivering on this project. Our 2015 financial statements are in the process of being reviewed by an outside CPA firm. They are not ready to be submitted along the RFQ but will be ready when an IFB is issued.

There are no existing liens or encumbrances against the company that would endanger our ability to perform on this contract. Additionally Empire and its principals are not involved in any pending litigation that might change that status. Nor is the company facing or considering bankruptcy, pending site closures, merger or labor disputes.

We would be delighted to make available to staff both our outside CPA and the Bank Officer responsible for our account should there be any questions at all about our ability to provide the necessary financial support for the shuttle operation.

		VE	RIFICAT	ION OF	PRC	POSAL		FORM PW-1
DATE: 06/13 ,20			THE UND	ERSIGN	EDH	EREBY D	ECLARES AS	FOLLOWS:
1. This Declaration is given in si incomplete, or deceptively unre- histher judgment shall be final.	upport of a Prop sponsive statem	osal for a Con enis in conne	ilract with The clion with this p	County of Lo iroposal are	s Ange nade, I	ks. The Propos he Proposal m	ser further neknovided ay be rejected at the T	ges that if any false, misleading, Director's sole judgment and
2. Name of Service: Em	pire Transpo	prtation, In	C.	*********				999 - 1994 - Millin Baumper, 1994 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997
			DECLAR	ANT INFOR	MATIC	IN	**************************************	ىرىن يېرىپى بىرىنىيىتىنى بىرىنىيىكىنى يېرىپى ئۇيغۇر يېرىيىتى تىرىنىڭ تىكىنىڭ تىرىپى يېرىپى يېرىكى بىرىپىلە قىر يېرىنى يېرىپى بىرىپى يېرىپى
3. Name Of declarant: Ber	tha Aguirre					1999 		ŎĸŎĊĸĸĸŢĦŧĊŢĊĸĊĸŎĸŎĊĊĊŎŎĬĊĊŢŎĔĸŎŎŎĬŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎ
4. I Am duly vested with the aut	writy to make an	ið sign instrum	nents for and o	n behalf of t	io Prop	oser(s).	۵۰۰۰۰۵۵۵۰۰۰۰۰۰۰ (۱۹۵۰-۱۹۵۵) (۱۹۵۱-۱۹۵۵) (۱۹۵۹-۱۹۵۵) (۱۹۵۹-۱۹۵۵) (۱۹۹۹) ۱۹۹۹ (۱۹۹۹)	2 ⁹⁹ -2497 - 27 - 27 - 27 - 27 - 27 - 27 - 27 -
6. My Tille, Capacity, Or Relation	nship to the Prop	ioser(s) is:	President	& C.O.O.		400 0000000000000000000000000000000000	enderse-sperimeer voorsfenderijk ender eeus -448. meter	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			PROPOS	ER INFOR	ATIO	N	na néhranyé kondés a portang akonana na pontang ang pangang kanang kanang kanang kanang kanang kanang kanang ka	ann a chuir an tar a
6. Proposer's full legal name:	Empire Tra	ensportatio	on, Inc.	******		*****	Telephone No.: 5	62.529.2676
Physical Address (NO P.O. B	0X): 8800 P	ark Street	, Bellflower	, CA 907	'06	ania	Mobile No.: 562	
e-mail: baguirre@emptra						**************************************	Fax No.: 562.5	29.2220
County WebVen No.: 1373			0.: 27-012	1666			Eusiness License	
7. Proposar's lictitious business	name(s) or dba	and the second se		er Charles af the only split of the star of the second second second second second second second second second	- B	*****	Lessen and the second s	₽₽₽₽₩₩₩₩\$\$\$₽₩\$₩\$\$₩\$₩\$₩\$₩\$₩\$₩\$₩\$₩\$₩\$\$₩\$\$₩
County(s) of Registration:	Ф			State:	*****	، (۲۰۰۵ میلی و ۱۹۹۵ میلی و ۱۹۹۵ میلی و ۱۹۹۵ میلی و ۱۹	Year(s) became D	BA:
8. The Proposer's form of busine	ess entity is (CH	ECK ONLY (DNE):			۵۹۹۹۵ میں میں اور میں میں میں میں میں میں میں میں میں میں		
Solo propriotor	Name of Prop	rielor:			el 🖶 de de colonadora			
A corporation:	Corporation's p	orincipal place	e of business:	8800 Pa	rk St	reet, Bellfio	wer, CA 90706	ĊĸĹĸĸĸŎĸŦŦĬŶġŦŦĸŊĿĸĹĹĊŎĊŎĸŦŦĬĊĹĊĬĊĸĸĸĸŊŊŎŎŎĬŎŎĬŔŢŎĸŎĊŎŎŎŎŎŎ ^ĸ ĬĊĸŎŦĬĊĸŎŢĬŎĸŎĬŎĸŎĬŎĸŎ
A corporation.	State of Incorp		alifornia			,	1	rporaled: 2005
Non-profit corporation with the CA Atlorney G	cerlified under li ieneral's Registry	RS 501(c) 3 a of Charitable	nd registered Trusts	President/ Secretary		889-2494	6 m, m9900, ann ann ann ann ann ann ann ann an ann an a	
A general partnership:			Nemes of pa	irtners:	*****		145 bernesettiines sentraanse on ander a	ŦŗŎŢĊŦĸŎġĬĸĸŧĸĔĸŢŀŎŎĬĬŎĿŎĦĸġĬĸĬĸĸĬĸĸĬĸĸĸĸţġijijŔĬĬĬŎĊĬĊĊĹĹĹĊĸĸĸĸĸĸĸĸĸĸĸĸ
A limited partnership:			Name of ger	veral partner			يوي يرون والم الم الم الم الم الم الم الم الم الم	aa - 1994 - 1994 - 1995 - 1996 - 1986 - 1986 - 1985 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1
A joint verture of:			Names of joi	nt venturers		Andreagn (1999) - 1999 - 1999 - 1999 - 1999 - 1999 - 1999	naffaðinur annun annun finnska daðaði - sá svæði farsanna	allan menyebel belanda kulumma a mananga Myapinga bela bela dan dara a mangang
A Emiled Bability comp	any:		Name of ma	naging mem	ber:		200-01100	маниналитталиналиндөн өөрөөдөө көлөөнө калан калан күр то 1 чо 6 илийни, 19 км/жинин 28 ойоноов.
9. The only persons or firms intera	sted in this prop	osal as princip	ais are the foll	owing:		¢995 €	0. #2000Claure 22	
Hans(s) Empire Transportati	on, inc.	16u			Picca	562.529.2	676	Fai 562,529,2220
and 8800 Park Street		^{cly} Bellf	lower		57r	CA		^{Zp} 90706
f35#[1]		Tito	**************************************		Phone			Fa
ited	n produkti da seksel den en sega	Слу	/*************************************		State			Ζρ
10. Is your firm wholly or majority o If yes, neme of parent firm: State of Incorporation/registration o		ibsidiary of an	wher linn? (<u>Ко</u> ү	85		کا ایک ایک ایک ایک ایک ایک ایک ایک ایک ا	99 Destantar - Alfred State (1999) - Second State (1999) - Second State (1999) - Second State (1999) - Second S
1. Has your firm done business ur lame(s): lame(s):	nder any olher na	ante(s) within	i lhe last (ive ye	ians? (No)	Year of name	please list the other r change: change:	name(a):
2. Is your firm involved in any per yes, indicate the associated com	pany's name:			Yes				
3. Proposer acknowledges that if a ay be rejected. The evaluation an 4. I am making these representation formation and bettet.	iu aexeminadon	in uns area s	nexi do al lhe D	irector's sole	LIMIT	ent and the Dire	clor's luciment shall	heins
declare under penalty of perjury u	nder the laws of (Califymia ling)	the above into	rmalion is in	e and e	correct.	********	
ignature of Proposer or Authorized	Contraction of the second second second second second second second second second second second second second s	うよ	Ó	~		****	Date: 0	6/13/16
ype name and little: Berth	a Aguirre, F	President	80.00	>	4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.			

* * * * *

14100

COUNTY OF LOS ANGELES CONTRACTOR EMPLOYEE JURY SERVICE PROGRAM APPLICATION FOR EXCEPTION AND CERTIFICATION FORM

。 一点,你我们们不会是你们不能不是,我们是我们们的这些你们的,你们都会给你是不是你们你们的是你们不会,你你你你你们的你们的你?"你说是,这些你们不知道你们,你们还是我们的吗?""你是我们

This contract is subject to the County of Los Angeles Contractor Employee Jury Service Program (Program) (Los Angeles County Code, Chapter 2.203). All contractors and subcontractors must complete this form to either (1) request an exception from the Program requirements or (2) certify compliance. Upon review of the submitted form, the County department will determine, in its sole discretion, whether the bidder or proposer is excepted from the Program.

Company Name:	Empire Transportation, Inc.	ŎŎŎĸŎĸĸĊŎĸĸŧġŎĸŎĸŎĸŎġŎŎŦĬĸĬĸġŎŎĊ Ţĸ ŎĸŎŖŎĔŎŎŎĬŎĬŎĬŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎ			4- 12-19-19-19-19-19-19-19-19-19-19-19-19-19-
Company Address:	8800 Park Street				۱۹۹ ۰
City: Bellflower		Slate:	CA	Zip Code:	90706
Telephone Number:	562.529.2676		inteliste a de la la de la fermenia de la deservación de la defensione de la defensione de la defensione de la		
Tump of Canada and					• • • • • • • • • • • • • • • • • • •

(Type of Goods or Services): Fixed- Route and Dial-a-Ride Services Provider

If you believe the Jury Service Program does not apply to your business, check the appropriate box in Part I (you must attach documentation to support your claim). If the Jury Service Program applies to your business, complete Part II to certify compliance with the Program. Whether you complete Part I or Part II, sign and date this form.

Part I: Jury Service Program Is Not Applicable to My Business

- My business does not meet the definition of "contractor," as defined in the Program as it has not received an aggregate sum of \$50,000 or more in any 12-month period under one or more County contracts or subcontracts (this exception is not available if the contract/purchase order itself will exceed \$50,000). I understand that the exception will be lost, and I must comply with the Program if my revenues from the County exceed an aggregate sum of \$50,000 in any 12-month period.
- My business is a small business as defined in the Program. It 1) has ten or fewer employees; and, 2) has annual gross revenues in the preceding twelve months which, if added to the annual amount of this contract, are \$500,000 or less; and, 3) is not an affiliate or subsidiary of a business dominant in its field of operation, as defined below. I understand that the exemption will be lost, and I must comply with the Program If the number of employees in my business and my gross annual revenues exceed the above limits.

"Dominant in its field of operation" means having more than ten employees, including full-time and part-time employees, and annual gross revenues in the preceding twelve months, which, if added to the annual amount of the contract awarded, exceed \$500,000.

"Affiliate or subsidiary of a business dominant in its field of operation" means a business which is at least 20 percent owned by a business dominant in its field of operation, or by partners, officers, directors, majority stockholders, or likely equivalent, of a business dominant in that field of operation.

My business is subject to a Collective Bargaining Agreement that expressly provides that it supersedes all provisions of the Program. <u>ATTACH THE AGREEMENT.</u>

Part II: Certification of Compliance

My business has and adheres to a written policy that provides, on an annual basis, no less than five days of regular pay for actual jury service for full-time employees of the business who are also California residents, or my company will have end adhere to such a policy prior to award of the contract.

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

Print Name:	Tillo;
Bertha Aguirre	President & C.O.O.
Signature:	Dale:
	06/13/2016

CONTRACTOR'S INDUSTRIAL SAFETY RECORD	LSNDNI S	IRIAL SAF	ETY RECO	0RD			FORM PW-4
PROPOSED CONTRACT FOR: Empire Transportation, Inc. SERVICE BY PROPOSER <u>Notice of Request for Statement of Qualifications for Fixed Route and Dial-a-Ride Services (2016-SQPA001</u> PROPOSAL DATE: 06/15/2016	rtation, Ir ent of Qual	лс, ifications fr	or Fixed Ro	ute and Dis	II-a-Ride S	ervices (20	16-SQPA001)
This information must include all work undertaken in the State of California by the proposer and any partnership, joint venture, or corporation that any principal of the proposer participated in as a principal or owner for the last five calendar years and the current calendar year prior to the date of proposal submittal. Separate information shall be submitted for each particular partnership, joint venture, or corporation that any principal of information shall be submitted for each particular partnership, joint venture, corporate, or individual proposer. The proposer may additional information or explanation of date which the proposer would like taken into consideration in evaluating the safety record. An explanation must be attach any additional surrounding any and all fatalities.	lfornla by the lendar yean nture, corpo eration in ev	e proposer au s and the cur rate, or indiv aluating the s	1d any parine rent calendar idual propose afely record.	rship, joint ve 'year prior to r. The prope An explanati	enture, or co the date of sser may alte lon must be a	rporation tha proposal sub sch any addit uttached to th	the State of California by the proposer and any partnership, joint venture, or corporation that any principal of or the fast five calendar years and the current calendar year prior to the date of proposal submittal. Separate thership, joint venture, corporate, or individual proposer. The proposer may attach any additional information aken into consideration in evaluating the safety record. An explanation must be attached to the circumstances
5 CALENDAR YEARS PRIOR TO CURRENT YEAR	YEARS PRI	<u>OR TO CUR</u>	RENT YEAR				
	2011	2012	2013	2014	2015	Total	Current Year to Date
1. Number of contracts.	19	21	24	22	22	108	25
2. Total dollar amount of Contracts (in thousands of dollars).	19477	22554	73£1B	rcrcc	001		
3. Number of fatalities.		1777-7-	0 00	0	22/43	110/13	10264
4. Number of lost workday cases.	6	<u> </u>	÷			- 4	>
5. Number of lost workday cases involving permanent transfer to another job or termination of employment.	2 (1		2	» r	23	243	м с
6. Number of lost workdays.	276	247	206	281	217	1227	46
The above information was complied from the records that are available to me at this time, and I declare under penalty of perjury that the information is true and accurate within the limitations of those records.	ble to me at	this time, an	d I declare u	nder penalty	of perjury th	at the inform	ation is true and
Bertha Aguirre Name of Proposer or Authorized Agent (print)	Signature	R	, h			06/13/2016 Date	3/2016 Date

والمرابع والم

s • , , , , , , ,

CONTRACTOR'S DRIVER SAFETY RECORD

explanation of the data, which the Proposer would like taken into considerationby the County in evaluating the Proposer's drivers' safety record. An joint venture, or corporation that any principal of the Proposer participates in as a principal or owner during the last five-catendar years. Separate information shall be submitted for each particular partnership, joint venture, corporate, or individual Proposer. Proposer may attach any additional information and/or The requested information must include all bus operations related work undertaken within the State of California by the Proposer and/or any partnership, explanation must be attached for circumstances surrounding any and all fatalities within the last five-calendar years. The Proposer shall provide below its total number of Bus Revenue Service Miles, its total number of National Transit Database (NTD) reportable bus accidients and fires, and its total number of bus fatalities, if any, for each of the fast five-calendar years. The NTD uses the following Federal Transportation Authority's definition of a reportable accident:

- Injuries requiring immediate medical attention. പ്പ്
- Property damage equal to or greater than \$7,500, including all damage (transit and nontransit) resulting from the accident.
 - All nonarson fires that occur in a revenue service bus (operating in or out of revenue service),

it Year
Currer
Prior to
Years
alendar
Five-C

	FIVE-TEEL AVERAGE		8412240		4		0.20		0.14		0,002	
2014	21.72	0000140	anno+ (D				1.0		1016			
2014		01110000		20		c		018		5	<u> </u>	
2013		R716420	X4. X7. 1X	17		0		010		c		
2012		8126232		2				50		0	and the second se	
2011		(210412	e	0	•	-		0.08	****	0.01		
			2 110tal Number of NTD Reportable Accidents		J 3 J J OLEI NUMDER OF FATERINES		4 Kate of Accidents/100 000 Bus Revenue Milcol	Called anitable and and and anitable anitable and anitable anitable and anitable anitable anitable anitable anitable anita	b IRate of Fatalities/100 000 Bus Revenue Miles	SAUN DRIDANT ONT CONTACT STATE		

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the limitations of those records.

Empire Transportation, Inc 8800 Park St Name of Proposer Address

90706 Bellflower, CA

Zip Code

Î

Signature

TCP-21507

PUC Permit Number and Classification

562.529.2676

Telephone Number

FORM PW-4.1

CONFLICT OF INTEREST CERTIFICATION

I,	Bertha Aguirre
	<pre>sole owner general partner</pre>
	President, Secretary, or other proper title)

of Empire Transportation, Inc.

Name of proposer

make this certification in support of a proposal for a contract with the County of Los Angeles for services within the scope of Los Angeles County Code, Section 2.180.010, which provides as follows:

Contracts Prohibited. A. Notwithstanding any other section of this code, the county shall not contract with, and shall reject any bid or proposel submitted by, the persons or entities specified below, unless the board of supervisors finds that special circumstances exist which justify the approval of such contract.

- 1. Employees of the County or of public agencies for which the board of supervisors is the governing body;
- 2. Profil-making firms or businesses in which employees described in subdivision 1 of subsection A serve as officers, principals, partners, or major shareholders;
- Persons who, within the Immediately preceding 12 months, came within the provisions of subdivision 1 of subsection A, and who:
 - (a) Were employed in positions of substantial responsibility in the area of service to be performed by the contract; or
 - (b) Participated In any way in developing the contract of its service specifications; and
- Profit-making firms or businesses in which the former employees described in subdivision 3 of subsection A, serve as officers, principals, partners, or major shareholders.

I hereby certify I am informed and believe that personnel who developed and/or participated in the preparation of this contract do not fall within scope of the Los Angeles County Code, Section 2.180.010, as cited above. Furthermore, that no County employee whose position in the County enables him/her to influence the award of this contract, or any competing contract, and no spouse or economic dependent of such employee is or shall be employed in any capacity by the Contractor herein, or has or shall have any direct or indirect financial interest in this contract. I understand and agree that any falsification in this Certificate will be grounds for rejection of this Proposal and cancellation of any contract awarded pursuant to this Proposal.

I certify under penalty of perjury under the laws of California that the foregoing is true and correct.

Signed Date 06/13/2016

PROPOSER'S REFERENCE LIST

PROPOSER NAME: Empire Transportation, Inc.

444734 5 C 4

;~

PROPOSED CONTRACT FOR: Notice of Request for Statement of Qualifications for Fixed Route and DAR Services

Provide a comprehensive reference list of all contracts for goods and/or services provided by the Proposer during the previous three years. Please verify all contact names, telephone and fax numbers, and e-mail addresses before listing. Incorrect names, telephone and/or fax numbers, or e-mail addresses will be disregarded. Use additional pages if required.

A. COUNTY OF LOS ANGELES AGENCIES

All contracts with the County during the previous three years must be listed.

SERVICE: Dial-A-Ride	SERVICE DATES:	SERVICE: Dial-A-Ri	de	SERVICE DATES:
L DEPT/ DISTRICT [,]	Department of Public Works, L.A. Count	DEPT/DISTRICT:		July, 2013 to date
CONTACT: Jordan Catane		CONTACT:	dan Catanese	in of Public Works, L.A County
TELEPHONE: 626.458.3964	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩	TELEPHONE	6,458,3964	&@@&&#\$#\$#\$</td></tr><tr><td>FAX:</td><td><i>ۥ</i>ۥ ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹۹۹ - ۱۹</td><td>FAX:</td><td></td><td>ĸŎĿŗġĸĸġĸĸĸĸĸĸĸĨĨŎŎſŦŎŎĸĔĸĬĊŎĸĔĸŎĸŎĊŎŎĔĨĬŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎŎ</td></tr><tr><td>E-MAIL: JCatanese@dpw.laco</td><td>ounly.gov</td><td>E-MAIL: JCatanes</td><td>e@dpw.lacoun</td><td>ily.gov</td></tr><tr><td>SERVICE: Fixed Route</td><td>SERVICE DATES:</td><td>SERVICE:</td><td>S</td><td>ERVICE DATES:</td></tr><tr><td>DEPT/DISTRICT:</td><td>rtment of Public Works, L.A. County</td><td>DEPT/DISTRICT:</td><td></td><td></td></tr><tr><td>CONTACT: Vanessa Rachal</td><td>COLORING F DURC VYCINS, L.C. COUNTY</td><td>CONTACT:</td><td>ан тараатан калан ка</td><td>2010/01/1949/01/01/01/01/01/01/01/01/01/01/01/01/01/</td></tr><tr><td>TELEPHONE: 626.458.5960</td><td>an an td><td>TELEPHONE:</td><td></td><td>، ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰</td></tr><tr><td>FAX:</td><td>Yerilden falste sinde stelen mitnemen om den som en som etter blande og en som en som etter som etter og sake s</td><td>FAX</td><td>n di gin fangeri ti kan kan kan kan kan kan kan kan kan kan</td><td>an fa alin ayan gan ayada aslada da alin dagaay siste da MCC kanya da an ayada da da alin akana ana yanya da an</td></tr><tr><td>E-MAIL: vrachal@dpw.lacounly.</td><td>gov</td><td>E-MAIL:</td><td>Weather and water and water and a second second second second second second second second second second second</td><td></td></tr><tr><td>B. OTHER GOVER</td><td>NMENTAL AGENCIES A</td><td>ND PRIVATE CO</td><td>WPANIES</td><td></td></tr><tr><td>SERVICE: Fixed-Route Services</td><td>SERVICE DATES: 2011 to date</td><td>SERVICE: Dial-A-Ride</td><td>SE</td><td>RVICE DATES: 2001 to date</td></tr><tr><td>AGENCY/ FIRM: Riverside Trai</td><td>1</td><td>AGENCY/FIRM</td><td>Med Health S</td><td></td></tr><tr><td>ADDRESS: 1825 Third Street, R</td><td></td><td>ADDRESS</td><td></td><td>s Angeles, CA 902040</td></tr><tr><td>CONTACT: Virginia Werly</td><td>we den de verse verse man hand de de de de de server ander de de de de de de de de de de de de de</td><td>CONTACT: Marco M</td><td></td><td></td></tr><tr><td>TELEPHONE: 951.565.5184</td><td>nin fan de mennen van de de de de de de de de de de de de de</td><td>TELEPHONE: 323 55</td><td>8.7626</td><td>*************************************</td></tr><tr><td>FAX:</td><td>Monthal Rand Marcon and a spectra for the second and a stabilized of some of the second second second second se</td><td>FAX:</td><td></td><td>94 Y - Color California (Color Color Co</td></tr><tr><td>E-MAIL: vwerly@riversideIrans</td><td>Il.com</td><td>E-MAIL:</td><td></td><td>***************************************</td></tr><tr><td></td><td></td><td></td><td>ez@la.altamec</td><td></td></tr><tr><td>AGENCY/ FIRM: City of Ballfaur</td><td>SERVICE DATES: 2010 to date</td><td>SERVICE: Fixed Rot</td><td>ute SEI</td><td>RVICE DATES: 2006 to date</td></tr><tr><td>ADDRESS: City of Bellflowe</td><td></td><td></td><td>eyland Resort</td><td></td></tr><tr><td>16600 Civic Center D</td><td>r. Bellflower, CA 90706</td><td>ADDRESS: 1313 S. H</td><td>arbor Blvd., An</td><td>aheim, CA 92802</td></tr><tr><td>CONTACT: PJ Mellana</td><td></td><td>CONTACT: Mark Hat</td><td>field</td><td></td></tr><tr><td>TELEPHONE: 562,804.1424</td><td></td><td>TELEPHONE: 714.78</td><td>81.1828</td><td></td></tr><tr><td>FAX:</td><td></td><td>FAX:</td><td></td><td></td></tr><tr><td>E-MAIL: pmellana@bellflowe</td><td>r.org</td><td>E-MAIL: mark.hatfiel</td><td>d@disney.com</td><td>,</td></tr></tbody></table>

PROPOSER'S EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION

Proposer's Name Empire Transportation, Inc.

Address 8800 Park Street, Bellflower, CA 90706

Internal Revenue Service Employer Identification Number 27-0121666

In accordance with Los Angeles County Code, Section 4.32.010, the Proposer certifies and agrees that all persons employed by it, its affiliates, subsidiaries, or holding companies are and will be treated equally by the firm without regard to or because of race, religion, ancestry, national origin, or sex and in compliance with all antidiscrimination laws of the United States of America and the State of California.

1.	The proposer has a written policy statement prohibiting any discrimination in all phases of employment.	YES NO
2.	The proposer periodically conducts a self-analysis or utilization analysis of its work force.	YES NO
З.	The proposer has a system for determining if its employment practices are discriminatory against protected groups.	YES NO
4.	Where problem areas are identified in employment practices, the proposer has a system for taking reasonable corrective action to include establishment of goals and timetables.	YES . NO

	₩₩, 4.000-01.000-01.000-01.000-01.000-01.000-01.000-01.000-000-
Preposer Empire Transportation, Inc.	
Authorized representative Bertha Aguirre	
Signature St.	Dale 06/13/2016
	₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩

12

40

	Manual and and the second and the second second second second second second second second second second second		······				01011.44-9		
	County of Los Angeles Request for Local Small Business Enterprise (SBE) Preference Program Consideration and CBE Firm/Organization Information Form								
Ali co	proposers responding to the Reque nsideration of the proposal.	st for Propos	sals must o	complete and r	eturn this fo	rm for prope	r		
	FIRM NAME: Empire Transportation, Inc.								
	My County (WebVen) Vendor Numbe	er: 1373510	11						
J.	LOCAL SMALL BUSINESS ENTERP	RISE PREFE	RENCE PR	OGRAM:			~		
	As Local SBE, certified by the Coun Local SBE Preference.	ly of Los Angele	es, Internal So	rvicos Department,	Trequest this pr	oposal/bid be co	onsidered for the		
	Alleched is a copy of Local SBE car	Micalion Isaued	by the County						
11.	FIRM/ORGANIZATION INFORMATION: The k award, contractor/vendor will be selected wit disability.	nformation requi licul regard lo	osted below is race/elhnicky	for statistical purp , color, religion, s	oses only. On fr ex, national orig	ial analysis and jin, age, sexua	consideration of i orientation, or		
	Business Structure: D Sole Proprietors	hip 🖸 Parine	ership		Nonprofit	G Frenchise)		
	Other (Please Specify):								
	Total Number of Employees (including own	ers): 451	an an an an an an an an an an an an an an an an	999-999-999-999-999-999-999-999-999-99	999 Chambraid an Antonio ann an Anna an Anna Anna Anna Anna Ann	Contractor and an an an an an an an an an an an an an			
	Race/Ethnic Composition of Firm. Please d	Istribute the abo	we lotel numb	er of Individuals Int	o the following c	alegorles:			
	Race/Ethnic Composition	Owners/ Associate		Mana	gers	Sec. Steele St	aff		
		Malé	Female	Male	Female 🖗	Male	Eemale		
	Black/African American					31	63		
	Hispanic/Latino	1	1	13	5	185	83		
	Asian or Pacific Islander	- Andrewski, and a state of the		andering and desire the property of the second states and		3	4		
	American Indian					1	2		
	Filipina					6	1		

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

White

	Black/African American	Hispanic/ Latino		Aslan or Pacific American Indian Islander		anici atino Asian or Pacific American fadian to		Filipino	White
Men	%	70	¥	%	° <u>⁄</u>	%			
Women	%	30	%	%	%	%	%		

IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES: If your firm is currently certified as a minority, women, disedvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agoncy Name	Minority	Women	Disadvantaged t	Expiration Date
City of Los Angeles	MBE			None(see attached)
SCMSDC	MBE			 11/2016

V. DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Autorized Signature:	Tilles	Dala:
La A.	President & COO	06/13/16
OCAL SBE-FIRM-ORGANIZATION FORM DOC OAAC Rev. 00/20/07 PW R	ev, 11/27/07	

BOARD OF PUBLIC WORKS MEMBERS

> VALERIE LYNNE SHAW PRESIDENT ELLEN STEIN VICE PRESIDENT

JANICE WOOD PRESIDENT PRO-TEMPORE

> RONALD LOW COMMISSIONER

YOLANDA FUENTES COMMISSIONER

JAMES A. GIBSON EXECUTIVE OFFICER

Ms. Bertha Aguirre Empire Enterprises, Inc. 606 Centinela Avenue Inglewood, CA 90302

CITY OF LOS ANGELES



JAMES K. HAHN MAYOR JOHN L. REAMER, JR. INSPECTOR OF PUBLIC WORKS AND DIRECTOR BUREAU OF CONTRACT ADMINISTRATION 221 N FIGUEROA ST, SUITE 700 LOS ANGELES, CA 90012 (213) 580-1382

OFFICE OF CONTRACT COMPLIANCE 600 S SPRING ST, SUITE 1300 LOS ANGELES, CA 90014 (213) 847-6480

http://www.tacity.org/bca

April 1, 2005 File No. - 10623 Expiration Date - 4/2008 Ethnicity - Hispanic American Phone No. - (310) 674-4877

RE: MINORITY BUSINESS ENTERPRISE (MBE) CERTIFICATION APPROVAL

Dear Ms. Aguirre:

Based on a thorough review of the submitted documents and pursuant to the provisions of the Department of Transportation (U.S.D.O.T.) Rules and Regulations 49 CFR, Part 26, we are pleased to inform you that your firm has been certified as a **Minority Business Enterprise (MBE)** and has been placed in the City of Los Angeles DBE/MBE/WBE directory as a firm specializing in:

NAICS Code	Description
485999	All other Transit and Ground Passenger Transportation

You may review your firm's information in the City of Los Angeles DBE/MBE/WBE database at <u>www.lacity.org/bca</u>.

This certification is valid for three (3) years from the date of this letter. If after three (3) years you wish to be certified by the City of Los Angeles and have not received recertification documents, please contact this office. If there are any changes in ownership, control, or work category of your firm during the certification period, you are required to notify this office of those changes in writing. Also, please include your file number on each page of correspondence relating to these matters.

The City reserves the right to withdraw this certification if at any time it is determined certification was knowingly obtained by false, misleading or incorrect information. The City also reserves the right to request additional information and/or conduct on site visits at any time during the certification period to verify any documentation submitted with your application. By accepting certification, the firm of **Empire Enterprises**, **Inc.** hereby consents to the examination of its books, records and documents by the City.

Empire Enterprises, Inc. April 1, 2005 Page 2

Should you have any questions, please contact Angela de la Rosa at (213) (847-5574) or e-mail at adelaros@bca.lacity.org.

Sincerely,

igela de la Rosa for

HELMUT PEINDL, Certification Manager Office of Contract Compliance Bureau of Contract Administration

BOARD OF PUBLIC WORKS MEMBERS

> CYNTHIA M. RUIZ PRESIDENT

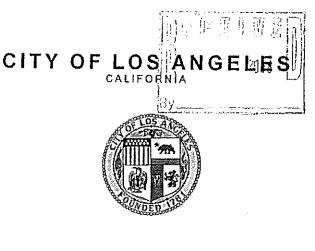
VALERIE LYNNE SHAW VICE PRESIDENT

PAULA A. DANIELS PRESIDENT PRO-TEMPORE

ERNESTO CÁRDENAS CONVAISSIONER

JULIE B. GUTMAN COMMISSIONER

JAMES A. GIBSON EXECUTIVE OFFICER



ANTONIO R. VILLARAIGOSA

Mayor

JOHN L. REAMER, JR. Inspector of Public Works and Director

Bureau of CONTRACT ADMINISTRATION 1149 South Broadway, Suite 300 Los Angeles, CA 90015

(213) 847-1922

http://bca.lacity.org

Ms. Bertha Aguirre Empire Transportation, Inc. 8800 Park Street Bellflower, CA 90706

June 16, 2008 File No.-10623 Ethnicity-Hispanic American Phone #-310/674-4877

RE: MINORITY BUSINESS ENTERPRISE (MBE) RECERTIFICATION

Dear Ms. Aguirre:

Thank you for submitting your recertification package to our office on 4/1/08. Your application will be processed as soon as possible. Although your MBE Certification was due for renewal on 4/1/08, it will not expire on that date. Your certification will continue in good standing beyond that date until your firm is officially decertified by this office. Your certification status can be verified at any time by visiting <u>http://bca.lacity.org</u> or by calling the Centralized Certification Administration at (213) 847-1922.

Sincerely,

HELMUT PEINDL, Certification Manager Office of Contract Compliance Bureau of Contract Administration

MSDC National Minority Supplier Development Council	em (NAICS) SC03350	Certificate Number	ligned mez	Virginia Gomez, President	entire profile; http://rwnscic.crg	cit. Trc. ®	
THIS CERTIFIES THAT Empire Transportation, Inc. MMSD(N	 Description of their product/services as defined by the North American Industry Classification System (NAICS) 		Joset B. Wright-Lacy		By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile; http://mnsdc.org	Certify, Develop, Cormect, Advocate, * MBEs certified by an Affiliate of the National Minority Supplier Development Council, Inc.®	
F * Nationally certified by the: SOUTHERN *NAICS C	* Description of their prod 11/01/2015	Issued Date	11/01/2016	Expiration Date	By using your password (NMSDC issued o	* MBEs certified by a	

GAIN and GROW EMPLOYMENT COMMITMENT

As a threshold requirement for consideration for contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall email: <u>GAINGROW@dpss.lacounty.gov</u> and <u>BSERVICES@wdacs.lacounty.gov</u>.

Proposers unable to meet this requirement shall not be considered for contract award.

Proposer shall complete all of the following information, sign where indicated below, and return this form with their proposal.

A. Proposer has a proven record of hiring GAIN/GROW participants.

_____YES (subject to verification by County)

~~~~

· ~~~

NO

B. Proposer is willing to provide DPSS with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Proposer is willing to interview qualified GAIN/GROW participants.

YES NO

C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

YES \_\_\_\_\_NO \_\_\_\_N/A (Program not available)

| Signature               | Title<br>Persiper . COD |
|-------------------------|-------------------------|
| / Firm Name             | Date , ,                |
| EMPIRE WAT SPORTATION / | 4/5/18                  |
| - · · · · ·             |                         |

# TRANSMITTAL FORM TO REQUEST AN <u>RFSQ</u> SOLICITATION REQUIREMENTS REVIEW

A Solicitation Requirements Review must be received by the County within ten business days of issuance of the solicitation document

| Proposer Name:<br>Empire Transportation, Inc. | Date of Request: |
|-----------------------------------------------|------------------|
| Project Title:                                | Project No.      |
| RFSQ for Fixed-Route and Dial-a-Ride Services | 2016-SQPA001     |

A Solicitation Requirements Review is being requested because the Proposer asserts that they are being unfairly disadvantaged for the following reason(s): (check all that apply)

- □ Application of Minimum Requirements
- Application of Evaluation Criteria
- Application of Business Requirements
- Due to unclear instructions, the process may result in the County not receiving the best possible responses

I understand that this request must be received by the County within ten business days of issuance of the solicitation document.

For each area contested, Proposer must explain in detail the factual reasons for the requested review. (Attach additional pages and supporting documentation as necessary.)

Request submitted by:

(Name)

(Titlo)

| Date Transmittal Received by County:  | Date Solicitation Released:             |
|---------------------------------------|-----------------------------------------|
| Reviewed by:                          |                                         |
| Results of Review - Comments:         | ĸĸĸĸĸĊĸĊŎĊĊĊĿĸĸĸĊĸĊĸĊĸĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊĊ |
| ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩ |                                         |
|                                       |                                         |
|                                       | ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩   |
| Date Response sent to Proposer:       |                                         |

## CHARITABLE CONTRIBUTIONS CERTIFICATION

nn de se anno compresentation de la montal anglante destante de comprete ande de la comprete de la desta de la comprete anna de la comprete ande a de comprete ande a de comprete ande a la comprete anna de la comprete anna de la comprete anna de la comprete anna de la comprete anna de la

MC/10.2 Functional Action Content of Party Society of the Society and the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society of the Society

Empire Transportation, Inc.

## Company Name

8800 Park Street, Bellflower, CA 90706

Address

#### 27-0121666

Internal Revenue Service Employer Identification Number

N/A

California Registry of Charitable Trusts "CT" number (if applicable)

-

The Nonprofit Integrity Act (SB 1262, Chapter 919) added requirements to California's Supervision of Trustees and Fundralsers for Charitable Purposes Act, which regulates those receiving and raising charitable contributions.

| CERTIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | YES                                                                       | NO                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------|
| Proposer or Contractor has examined its activities and determined<br>it does not how receive or raise charitable contributions regu<br>under California's Supervision or Trustees and Fundraisers<br>Charitable Purposes Act. If Proposer engages in activities subje-<br>it to those laws during the term of a County contract, it will ti<br>comply with them and provide County a copy of its initial registr<br>with the California State Attorney General's Registry of Chari-<br>Trusts when filed. | lated<br>for<br>cting<br>mely<br>ation                                    | ( )                |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | YES                                                                       | NO                 |
| Proposer or Contractor is registered with the California Registry of<br>Charitable Trusts under the CT number listed above and is in<br>compliance with its registration and reporting requirements under<br>California law. Attached is a copy of Its most recent filing with the<br>Registry of Charitable Trusts as required by Title 11 California Code<br>of Regulations, sections 300-301 and Government Code sections<br>12585-12586.                                                              |                                                                           | ( )                |
| \$ignature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 06/13/16                                                                  | NWERGERRAN & State |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>i</b>                                                                  |                    |
| Bertha Aguirre, President & COO                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 14) Ita 16, 611 talioteadatoo ona oo oo aana kanaanaa ayaa ahaa ahaa ahaa |                    |
| Name and Title (please type or print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                    |

# TRANSITIONAL JOB OPPORTUNITIES PREFERENCE APPLICATION

| COMPANY NAME:                        |              | ₩₩₩₩₩₩₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽ |  |  |
|--------------------------------------|--------------|----------------------------------------|--|--|
| Empire Transportation, Inc.          |              |                                        |  |  |
| COMPANY ADDRESS:<br>8800 Park Street |              |                                        |  |  |
| city:<br>Bellflower                  | STATE:<br>CA | ZIP CODE:<br>90706                     |  |  |

I am <u>not</u> requesting consideration under the County's Transitional Job Opportunities Preference Program.

# I hereby certify that I meet all the requirements for this program:

- □ My business is a nonprofit corporation qualified under Internal Revenue Services Code - Section 501(c)(3) and has been such for three years (attach IRS Determination Letter).
- □ I have submitted my three most recent annual tax returns with my application.
- I have been in operation for at least one year providing transitional job and related supportive services to program participants.
- I have submitted a profile of our program; including a description of its components designed to help the program participants, number of past program participants, and any other information requested by the contracting department.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.

| PRINT NAME:    | TITLE:          |
|----------------|-----------------|
| Bertha Aguirre | President & COO |
| SIGNATURE      | DATE:           |
| LAL.           | 06/13/16        |
|                |                 |

**REVIEWED BY COUNTY:** 

| SIGNATURE OF REVIEWER | APPROVED | DISAPPROVED | DATE |
|-----------------------|----------|-------------|------|
|                       |          |             |      |

# **PROPOSER'S LIST OF TERMINATED CONTRACTS**

PROPOSER'S NAME: \_\_\_\_Empire Transportation, Inc.

ي (17) مرد اين در و رو ميسينه يور در م

Proposer has not had any contracts terminated in the past three years.

Proposer must list all contracts that have been terminated within the past three years. Terminated contracts are those contracts terminated by an agency or firm before the contract's expiration date. If a contract(s) was terminated, please attach an explanation on a <u>separate sheet</u>, whether the termination was at the fault of the Proposer or not. Any and all terminated contracts should be accompanied with an explanation. It should be noted that contracts that naturally expired need not be listed. The County is only seeking information on contracts that were terminated prior to expiration.

| SERVICE:                 | TERMINATING DATE: |   | SERVICE:                 | TERMINATING DATE:                                                                                              |  |
|--------------------------|-------------------|---|--------------------------|----------------------------------------------------------------------------------------------------------------|--|
| NAME OF TERMINATING FIRM |                   |   | NAME OF TERMINATING FIRM |                                                                                                                |  |
| ADDRESS OF FIRM          | 99-4              |   | ADDRESS OF FIRM          | nan menunangaka dalam kang kanan kalan kana kanan kanan nan nan dara kanan mang mana kalan mang mang kanan kal |  |
| CONTACT PERSON:          |                   |   | CONTACT PERSON:          |                                                                                                                |  |
| TELEPHONE:               |                   |   | TELEPHONE:               |                                                                                                                |  |
| FAX:                     |                   | Ĩ | FAX:                     |                                                                                                                |  |
| E-MAIL:                  |                   |   | E-MAIL:                  |                                                                                                                |  |

| CEDISOF.            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | ······································                                                                          |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------|
| SERVICE:            | TERMINATING DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SERVICE:        | TERMINATING DATE:                                                                                               |
| NAME OF TERMINATING | > CIDM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                                                                                                                 |
|                     | 1 FIEVRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | NAME OF TERMINA | TING FIRM                                                                                                       |
| ADDRESS OF FIRM     | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ADDRESS OF FIRM | Хүл тамар таран арагы байлан арагыр алар байлар байлар жанар байлар тарар тарар тарар тарар байлан алар тарар б |
| CONTACT PERSON:     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CONTACT PERSON: |                                                                                                                 |
| TELEPHONE:          | an an an an an an an an an an an an an a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TELEPHONE:      | 700° 400                                                                                                        |
| FAX:                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FAX:            |                                                                                                                 |
| E-MAIL:             | He and an end of the first of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance o   | E-MAIL;         |                                                                                                                 |
|                     | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 |                                                                                                                 |
| SIGNATURE           | it is the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second | DATE: 06/13/16  |                                                                                                                 |

#### PROPOSER'S PENDING LITIGATIONS AND JUDGMENTS

Proposer's Name: Empire Transportation, Inc.

Proposer and/or principals are not currently involved in any pending litigation; are not aware of any threatened litigation where they would be a party; and have not had any judgments entered against them within the last five years as of the date of proposal submission.

Proposer and/or principals of the Proposer must list below (use additional pages if necessary) all pending litigation, threatened litigation, and/or any judgments entered against them within the last five years as of the date of proposal submission.

| A. | Pending Litigation | □ Threatened Litigation | 🗇 Judgment | (check one) |
|----|--------------------|-------------------------|------------|-------------|
|----|--------------------|-------------------------|------------|-------------|

- 1. Against 
  Proposer; 
  Principal; 
  Both (check as appropriate)
- 2. Name of Litigation/Judgment:
- 3. Case Number: \_\_\_\_\_
- 4. Court of Jurisdiction:
- 5. Please provide a statement describing the size and scope of the pending/threatened litigation or judgment (use additional page if necessary):

B. D Pending Litigation D Threatened Litigation D Judgment (check one)

- 1. Against 🗋 Proposer; 🗋 Principal; 🗖 Both (check as appropriate)
- 2. Name of Litigation/Judgment:
- 3. Case Number:
- 4. Court of Jurisdiction:
- 5. Please provide a statement describing the size and scope of the pending/threatened litigation or judgment (use additional page if necessary):

Signature of Proposer: / Date: 06/13/16

# PROPOSER'S INSURANCE COMPLIANCE AFFIRMATION

## FIXED ROUTE AND DIAL-A-RIDE TRANSIT SERVICES (2016-SQPA001)

Empire Transportation, Inc.

Proposer's Name

#### 8800 Park Street, Bellflower, CA 90706

Address

If awarded the contract: Proposer <u>will</u> comply with the insurance coverage provisions set forth in Exhibit B, Section 5, Indemnification and Insurance Requirements, of this Request for Proposals, and Proposer <u>will</u> procure, maintain, and provide the County with proof of insurance coverage in the coverage amounts and types specified in Exhibit B, Section 5, throughout the entire term of the proposed contract, without interruption or break in coverage.

If you check this box, your proposal will be determined nonresponsive and your proposal will be disqualified. Proposor will not comply with the insurance coverage provisions set forth in Exhibit B, Section 5, Indemnification and Insurance Requirements, of this Request for Proposals, and Proposer will not procure, maintain, and provide the County with proof of insurance coverage in the coverage amounts and types specified in Exhibit B, Section 5, throughout the entire term of the proposed contract, without Interruption or break In coverage.

Signature of Proposer: Date: 06/13/16

#### CERTIFICATION OF COMPLIANCE WITH THE COUNTY'S DEFAULTED PROPERTY TAX REDUCTION PROGRAM

The Proposer certifies that:

| র্থি | It is familiar with the terms of the County of Los Angeles Defaulted Property Tax Reduction<br>Program, Los Angeles County Code, Chapter 2,206. |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------|
|      | Program, Los Angeles County Code, Chapter 2.206.                                                                                                |

To the best of its knowledge, after a reasonable inquiry, the Proposer/Bidder/Contractor is not in default, as that term is defined in Los Angeles County Code, Section 2.206.020.E, on any Los Angeles County property tax obligation.

The Proposer/Bidder/Contractor agrees to comply with the County's Defaulted Property Tax Reduction Program during the term of any awarded contract.

-0R-

I am exempt from the County of Los Angeles Defaulted Property Tax Reduction Program, pursuant to Los Angeles County Code, Section 2.206.060, for the following reason:

I declare under penalty of perjury under the laws of the State of California that the information stated above is true and correct.

| Print Name: Bertha Aguirre | Tille: President & COO |
|----------------------------|------------------------|
| Signature:                 | Date: 06/13/16         |
|                            |                        |

## REQUEST FOR DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PREFERENCE PROGRAM CONSIDERATION FORM

المراقبة والمحادث والمراجع والمستقد والمحادية والمحادث والمحادث والمحادث والمحادث والمحادث والمحاد والمحاد

INSTRUCTIONS: All proposers/bidders responding to this solicitation must complete and return this form for proper consideration of the proposal/bid.

In evaluating bids/proposals, the County will give preference to businesses that are certified by the State of California as a Disabled Veteran Business Enterprise (DVBE) or by the Department of Veterans as a Service Disabled Veteran-Owned Small Business (SDVOSB) consistent with Chapter 2.211 of the Los Angeles County Code.

Vendor understands that in no instance shall the disabled veteran business enterprise preference program price or scoring preference be combined with any other County preference program to exceed 8 percent in response to any County solicitation.

Information about the State's DVBE certification regulations is in the California Code of Regulations, Title 2, Subchapter 8, Section 1896 et seq., and is also available on the California Department of General Services Office of Disabled Veteran Business Certification and Resources Website at <a href="http://www.pd.dgs.ca.gov">http://www.pd.dgs.ca.gov</a>.

Information on the Veteran Affairs Disabled Business Enterprise certification regulations may be found in the Code of Federal Regulations, 38CFR 74, and is also available on the Veterans Affairs Website at: <u>http://www.vetbiz.gov</u>.

- A <u>I AM NOT</u> a DVBE certified by the State of California or a Service Disabled Veteran-Owned Small Business with the Department of Veteran Affairs.
- I AM certified as a DVBE with the State of California or a Service Disabled Veteran-Owned Small Business with the Department of Veteran Affairs as of the date of this proposal/bid submission and I request this proposal be considered for the DVBE Preference.

# DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.

| Name of Firm: Empire Transportation, Inc. | County Webven No. 13735101 |
|-------------------------------------------|----------------------------|
|                                           | Tille: President & COO     |
| Authorized Signature:                     | Date: 06/13/16             |
|                                           |                            |

| SIGNATURE OF REVIEWER | APPROVED                                                                                                        | DISAPPROVED                                                                                                     | DATE |
|-----------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------|
|                       |                                                                                                                 | na na sana na s |      |
|                       | and the state of the state of the state of the state of the state of the state of the state of the state of the |                                                                                                                 |      |

# PROPOSER'S COMPLIANCE WITH THE MINIMUM REQUIREMENTS OF THE RFSQ

# FIXED ROUTE AND DIAL-A-RIDE TRANSIT SERVICES (2016-SQPA001)

# PROPOSER MUST CHECK A BOX IN EVERY SECTION

Important Note: The information on this form is subject to verification and may not be used for scoring purposes.

Completing this form by itself without including detailed narrative in your proposal to support the minimum mandatory requirement of this RFSQ, any inconsistencies or inaccuracy in the information provided in this form, or this form and your proposal, may subject your proposal to disqualification or other actions, at the sole discretion of the County.

At the time of proposal submission, Proposer must meet the following Minimum Mandatory Requirements:

No Subcontractors will be allowed to fulfill any of the following Minimum Requirements.

- 1. The Proposer must have a minimum of three years of experience providing the same or similar fixed route or paratransit services for governmental or social service agency(les).
  - Yes. Proposer does meet the experience requirement stated above. (In addition to responding on this form, as specified in Part I, Section 2.A.5, Experience, please provide a detailed narrative in your proposal to validate this minimum mandatory requirement for scoring of your proposal in this category).

| Proposer Name                 | Dates of<br>Experience<br>(Mth/Yr to<br>Mth/Yr) | Type of<br>Transit<br>Service    | Detail Description of Services/Experience                    | Page<br>Number* |
|-------------------------------|-------------------------------------------------|----------------------------------|--------------------------------------------------------------|-----------------|
| Empire<br>Transportation, Inc | 2001 to<br>date                                 | Fixed Route<br>& DAR<br>Services | For detailed information please see<br>Section II-Experience | 15-17           |

\*List the page number in the proposal containing the proposer's experience.

No. Proposer does not meet the experience requirement stated above.

Page 1 of 2

- 2. The Proposer must provide copies of all "Satisfactory" California Highway Patrol Safety Compliance Inspections (or passed all reinspections) of the Proposer's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month Inspections (California Vehicle Code 34501[c]).
  - Yes. Proposer does meet the minimum mandatory requirement stated above and has received a "<u>Satisfactory</u>" rating on the CHP's Safety Compliance Inspections (or passed all reinspections) of the Proposer's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month Inspections.
  - Proposer has received an "<u>Unsatisfactory</u>" rating on the CHP's Safety Compliance Inspections of the Proposer's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month Inspections, however, has remedied the problem by means of receiving a "Conditional" or "Satisfactory" rating within the CHP's 120-day reinspection period and/or recieved a "Conditional" rating and upgraded to a "Satisfactory" rating within the CHP's 180-day reinspection period as evidenced by the CHP Safety Compliance Inspection reports attached to proposal.
  - No. Proposer does not meet the minimum mandatory requirement stated above. Proposer has received an "Unsatisfactory" rating and <u>did not</u> upgrade the rating to a "Conditional" or "Satisfactory" within the CHP's 120-day reinspection periods and/or received a "Conditional" rating and <u>did not</u> upgrade the rating to "Satisfactory" within the CHP 180-day reinspection period, whether on the initial inspection or the CHP reinspection, the Proposer will have falled this criteria.

Proposer declares under penalty of perjury that the information stated above is true and accurate. Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected at the sole discretion of the County.

| Signature      | Title           |
|----------------|-----------------|
|                | President & COO |
| Firm Name      | Date            |
| Bertha Aguirre | 06/13/16        |

FORM PW-20 Please list one (1) item per line; DO NOT submit an equipment list in your own format. This form may be reproduced in order PRINTER васкир Check one  $\triangleright$ > STATE BELOW THE INFORMATION FOR ALL EQUIPMENT THAT WILL BE DEDICATED AND/OR DESIGNATED PRIMARY 135 VEHICIES DEDICATED THE VEHICLES LISTED ABOVE ARE SAMPLES OF VEHICLES AVAILABLE TO BE ASSIGNED TO PROJECTS. EMPIRES FLEET CONSISTS OF LOCATION OF DIFFERENT \$12ES. IF NONE OF THESE VEHICLES MEETS THE SPECIFICATIONS LISTED IN AN RFP. THEY WILL BE PURCHASED. STATEMENT OF EQUIPMENT FORM FOR FIXED ROUTE AND DIAL-A-RIDE TRANSIT SERVICES (2016-SQPA001) **1**BD TBD **DBD** Unleaded ONO cng SEATING 18/2 W/C 2 28 CONDITION EQUIPMENT 90706 い HO 派 0000 0000 GOOD 8800 Park Street, Bellflower, CA 1FDFE4FS0BDA73548 1FDAF5GYDEA64450 Empire Transportation, Inc. SERIAL NUMBER 1FOFE4FS7BDA72834 562.529.2676 YEAR 2011 2012 2011 WODEL E-450 E-450 E-450 **BACKUP TO THIS SERVICE** MAKE OF EQUIPMENT PROPOSER'S NAME: El Dorado Startrans to list all equipment. Startrans TELEPHONE: ADDRESS: EQUIPMENT Minibus Minibus Minibus

#### COUNTY OF LOS ANGELES LIVING WAGE PROGRAM

Π

#### APPLICATION FOR EXEMPTION

The contract to be awarded pursuant to the County's solicitation is subject to the County of Los Angeles Living Wage Program (LW Program) (Los Angeles County Code, Chapter 2.201). Contractors and subcontractors must apply individually for consideration for an exemption from the LW Program. To apply, Contractors must complete and submit this form with supporting documentation to the County after the Mandatory Proposers Conference by the due date set forth in the solicitation document. Upon review of the submitted Application for Exemption, the County department will determine, in its sole discretion, whether the contractor and/or subcontractor is/are exempt from the LW Program.

| Company Name:<br>Empire Transportation, Inc.                                                                                                                                                                                |  |                                          |                                           |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|-------------------------------------------|---------------------------|
| Company Address:<br>8800 Park Street                                                                                                                                                                                        |  |                                          |                                           |                           |
| City: Sellflower S                                                                                                                                                                                                          |  | Stato;<br>CA                             | iseret Currature Currature (grading       | Zip Code:<br>90706        |
|                                                                                                                                                                                                                             |  | Address:<br>guirre@emptransportation.com |                                           |                           |
| Awarding Department:                                                                                                                                                                                                        |  |                                          | Contract Term:                            |                           |
| Type of Service:                                                                                                                                                                                                            |  |                                          |                                           |                           |
| Contract Dottar Amount:                                                                                                                                                                                                     |  |                                          | 499-00-00-00-00-00-00-00-00-00-00-00-00-0 | Contract Number (if any): |
| My business has received an aggregate sum of less than \$25,000 during the preceding 12 months under one or more Proposition A contracts and/or cafeletia services contracts, including Yes No the proposed contract amount |  |                                          |                                           |                           |

I am requesting an exemption from the LW Program for the following reason(s) (attach all documentation that supports your claim to this form). Please check all that apply:

My business is subject to a bona fide Collective Bargaining Agreement (attach agreement); AND

- In the Collective Bargaining Agreement expressly provides that it supersedes all of the provisions of the Living Wage Program; OR
- the Collective Bargaining Agreement expressly provides that it supersedes the following specific provisions of the Living Wage Program (I will comply with all provisions of the Living Wage Program not expressly superseded by my business' Collective Bargaining Agreement):

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct.

| PRINT NAME: | TITLE: |
|-------------|--------|
| SIGNATURE:  | DATE:  |
|             |        |

#### FORM LW-4

COUNTY OF LOS ANGELES

## ACKNOWLEDGMENT AND STATEMENT OF COMPLIANCE FOR LIVING WAGE ORDINANCE AND CONTRACTOR NONRESPONSIBILITY DEBARMENT

The undersigned individual is the owner or authorized agent (Agent) of the business entity or organization ("Firm") identified below and makes the following statements on behalf of his or her Firm.

The Agent is required to check each of the following two boxes:

#### LIVING WAGE ORDINANCE:

 $\square$ 

\*\*\*\*\*

The Agent has read the County's Living Wage Ordinance (Los Angeles County Code, Section 2.201.010 through 2.201.100), and understands that the Firm is subject to its terms.

CONTRACTOR NON-RESPONSIBILITY AND CONTRACTOR DEBARMENT ORDINANCE:

| 14.1 |
|------|
| 14 1 |

The Agent has read the County's Determinations of Contractor Nonresponsibility and Contractor Debarment Ordinance (Los Angeles County Code Section 2.202.010 through 2.202.060), and understands that the Firm is subject to its ferms.

#### LABOR LAW/PAYROLL VIOLATIONS:

A "Lebor Law/Payroll Violation" includes violations of any federal, state or local statute, regulation, or ordinance pertaining to wages, hours or working conditions such as minimum wage, prevailing wage, living wags, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination.

#### History of Alleged Labor Law/Payroll Violations (Check One):

The Firm HAS NOT been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of the proposal; OR

The Firm HAS been named in a complaint, claim, investigation or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of this proposal. (I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each ellegation.)

History of Determinations of Labor Law /Payroll Violations (Check One):

V

There HAS BEEN NO determination by a public enlity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation; OR

There HAS BEEN a determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation. I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each violation (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding.) (The County may deduct points from the proposer's final evaluation score ranging from 1% to 20% of the total evaluation points evaluated with the largest deductions occurring for undisclosed violations.)

#### HISTORY OF DEBARMENT (Check one):

 $\checkmark$ 

The Firm HAS NOT been debarred by any public entity during the past ten (10) years; OR

The Firm HAS been debarred by a public entity within the past ten (10) years. Provide the pertinent information (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding) on the attached Labor/Payroll/Debarment History form.

I declare under penalty of perjury under the laws of the State of California that the above is true, complete and correct.

| Cwriter and gent & Authorized Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Print Name and Tille            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon | Bertha Aquirre, President & COO |
| Privit Name of Firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Dale                            |
| Empire Transportation, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 06/13/16                        |

#### FORM LW-5

# COUNTY OF LOS ANGELES LIVING WAGE PROGRAM LABOR/PAYROLL/DEBARMENT HISTORY

The Firm must complete and submit a separate form (make photocopies of form) for each instance of (check the applicable box below):

An alleged claim, investigation, or proceeding relating to an alleged Labor Law/Payroll Violation for an incident occurring within the past three years of the date of the proposal.

A determination by a public entity within three years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation.

A debarment by a public entity listed below within the past ten years.

| Print Name of Firm;         | Print Name of Owner:                  |
|-----------------------------|---------------------------------------|
| Empire Transportation, Inc. | Corporation                           |
| Print Address of Firm       | Owner's/AGENT's Authorized Signature: |
| 8800 Park Street            |                                       |
| Cily, Stale, Zip Code       | Print Harne and Tige:                 |
| Bellflower, CA 90706        | Bertha Aguirre, President & COO       |

| Public Entity Name                      | Labor Commissioner, Department of Industrial Relations               |
|-----------------------------------------|----------------------------------------------------------------------|
| Public Entity                           | Street Address: 300 Oceangate, Suite 302                             |
| Address:                                | City, State, Zip: Long Beach, CA 90802                               |
| Case Number/Date                        | Case Numbor: 05-62617EE                                              |
| Claim Opened:                           | Date Claim Opened: 2014                                              |
|                                         | Name: Martha Solis                                                   |
| Name and Address                        | Street Address:                                                      |
| of Clalmant:                            | City, State, Zip:                                                    |
| Description of Work: (                  |                                                                      |
|                                         | Dispatch Department Supervisor                                       |
|                                         | Alleged that she was denied her lunch before the fifth hour of work. |
|                                         |                                                                      |
| Description of<br>Allegation and/or     |                                                                      |
| Violation:                              |                                                                      |
| Disposition of                          |                                                                      |
| Finding: (attach<br>disposition letter) | Company presented all the pertinent documentation and the case was   |
| (e.g., Liquidated                       | settled.                                                             |
| Damages, Penalties,<br>Debarment, etc.) |                                                                      |

Additional Pages are attached for a total of <u>2</u> pages. P:\ASPUBLCONTRACTICONTRACTING FORMSIREPITOF-PROPA-10-2-06.DOCDOC PW Rev. 12/2002

| Direct any correspo<br>LABOR COMMIS<br>Department of Indu<br>Division of Labor S<br>300 Oceangate, Su<br>Long Beach, CA 9<br>Tel: (562) 590-504 | SIONER, STATE<br>ustrial Relations<br>standards Enforcer<br>ite 302<br>90802 | nent                                              | HT REAL OF THE STATE |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------|----------------------|
| PLAINTIFF:                                                                                                                                      | Martha Solis                                                                 |                                                   | CALIFORNIA           |
| DEFENDANT:                                                                                                                                      | Empire Transp<br>8800 Park Ave<br>Bellflower, CA                             | ortation, Inc., a California Corporation<br>90706 |                      |
| State Case Number<br>05 - 62617 EE                                                                                                              |                                                                              | NOTICE - INVESTIG                                 | ATION COMPLETED      |

We have completed our investigation of the complaint made by the plaintiff shown above.

This is to advise you that no further action is contemplated by this office and we are closing our file.

This case is been settled. Therefore, we are closing our file.

HAY 04 2003

Date: 4/30/2015

Esther

Esther Espinoza ' 562-590-5456

Deputy Labor Commissioner

#### FORM LW-5

# COUNTY OF LOS ANGELES LIVING WAGE PROGRAM LABOR/PAYROLL/DEBARMENT HISTORY

The Firm must complete and submit a separate form (make photocopies of form) for each instance of (check the applicable box below):

An alleged clelm, investigation, or proceeding relating to an alleged Labor Law/Payroll Violation for an Incident accurring within the past three years of the date of the proposal.

A determination by a public entity within three years of the date of the proposal that the Firm committed a Lebor Lew/Payroll Violation.

A debarment by a public entity listed below within the past ten years.

120 100

| Print Namo of Firm:         | Print Name of Owner:                  |
|-----------------------------|---------------------------------------|
| Empire Transportation, Inc. | Corporation                           |
| Print Address of Firm:      | Owner's/AGENT's Authorized Signature: |
| 8800 Park Street            |                                       |
| City, State, Zip Code       | Print Namo and Tille:                 |
| Beliflower, CA 90706        | Bertha Aguirre, President & COO       |

| Public Entity Name                                                                                                        | Labor Commissioner, Department of Industrial Relations                  |  |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| Public Entity                                                                                                             | Street Address: 300 Oceangate, Suite 302                                |  |
| Address:                                                                                                                  | City, State, Zip: Long Beach, CA 90802                                  |  |
| Case Number/Date                                                                                                          | Case Number: 05-66278 LP                                                |  |
| Claim Opened:                                                                                                             | Date Claim Opened: 2015                                                 |  |
|                                                                                                                           | Name: Hector Chavez                                                     |  |
| Name and Address                                                                                                          | Street Address;                                                         |  |
| of Claimant:                                                                                                              | City, State, Zip:                                                       |  |
| Description of Work: (e.g., Janitorial)<br>Mechanic                                                                       |                                                                         |  |
|                                                                                                                           |                                                                         |  |
|                                                                                                                           | Alleged he was denied the required breaks and lunch times.              |  |
| Description of<br>Allegation and/or<br>Violation:                                                                         |                                                                         |  |
| Disposition of<br>Finding: (attach<br>disposition letter)<br>(e.g., Liquidated<br>Damages, Penalties,<br>Debarment, etc.) | Company presented all the pertinent documents and the case was settled. |  |

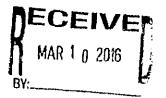
Additional Pages are allached for a total of <u>2</u> pages. PMSPUBICONTRACTICONTRACTING FORMSIRFPITCF-PROPA-10-2-06.DOCDOC PW Rev. 12/2002

| Department of Ind<br>Division of Labor<br>300 Oceangate, S<br>Long Beach, CA<br>Tel: (562) 590-50 | SSIONER, STATE OF CALIFORNIA<br>Justrial Relations<br>Standards Enforcement<br>uite 302          | STAL OF THE VILLE  |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------|
| PLAINTIFF:                                                                                        | Hector Chavez                                                                                    | CALIFORNIA         |
| DEFENDANT:                                                                                        | Empire Transportation Inc., a California Corporation<br>8800 Park Street<br>Bellflower, CA 90706 |                    |
| State Case Numbe<br>05 - 66278 LP                                                                 |                                                                                                  | TIGATION COMPLETED |

We have completed our investigation of the complaint made by the plaintiff shown above.

This is to advise you that no further action is contemplated by this office and we are closing our file.

The case was settled and the defendant submitted full payment of the settlement amount to the plaintiff. The case is therefore closed.



Date: 3/7/2016

Lilia Pance

Lilia Ponce 562-590-5455 Deputy Labor Commissioner

#### FORM LW-6

# **GUIDELINES FOR ASSESSMENT OF PROPOSER LABOR LAW/PAYROLL VIOLATIONS**

| COUNTY DETERMINATION Proposer Name: Empire Transportation, Inc.                                                        | RANGE OF DEDUCTIC<br>(Doduction is taken from<br>points available)       | N<br>The maximum evaluation                                              |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Contracting Department:                                                                                                |                                                                          |                                                                          |
| Department Contact Person:                                                                                             |                                                                          |                                                                          |
| Phone:                                                                                                                 |                                                                          |                                                                          |
|                                                                                                                        | Proposer Fully<br>Disclosed                                              | Proposer <i>Did Not</i> Fully<br>Disclose                                |
| MAJOR                                                                                                                  | 8 - 10%                                                                  | 16 - 20%                                                                 |
| Counly determination, based on the Evaluation Criteria, that proposer has a record of very serious violations.*        | Consider investigating a<br>finding of proposer non-<br>responsibility** | Consider investigating a<br>finding of proposer non-<br>responsibility** |
| SIGNIFICANT                                                                                                            | 4 - 7%                                                                   | 8 - 14%                                                                  |
| County determination, based on the Evaluation Criteria, that<br>proposer has a record of significant violations.*      |                                                                          | Consider investigating a<br>finding of proposer non-<br>responsibility** |
| MINOR                                                                                                                  | 2 - 3%                                                                   | 4 - 6%                                                                   |
| Counly determination, based on the Evaluation Criteria, that<br>proposer has a record of relatively minor violations.* |                                                                          |                                                                          |
| INSIGNIFICANT                                                                                                          | 0 - 1%                                                                   | 1 - 2%                                                                   |
| Counly determination, based on the Evaluation Criteria, that<br>proposer has a record of very minimal violations.*     |                                                                          |                                                                          |
| NONE                                                                                                                   | 0                                                                        | N/A                                                                      |
| County determination, based on the Evaluation Criteria, that proposer does not have a record of violations.*           |                                                                          |                                                                          |

Assossment Criteria

A 'Labor Law/Payroll Violation' includes violations of any Federal, State or local statute, regulation or ordinance pertaining to wages, hours, working conditions such as minimum wage, prevailing wage, living wage, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination. The County may deduct points from a proposer's final evaluation score only for Labor Law/Payroll Violations with disposition by a public entity within the past three years of the date of the proposal.

The assessment and determination of whether a violation is major, significant, minor, or insignificant and the assignment of a percentage deduction shall include, but not be limited to, consideration of the following criteria and variables:

- Accuracy in self-reporting by proposer
- Health and/or safety impact D
- Ü Number of occurrences
- Identified patterns in occurrences
- Dollar amount of lost/delayed wages α
- Assessment of any fines and/or penalties by public entities а
- Proportion to the volume and extent of services provided, e.g., number of contracts, number of employees, Ľ number of locallons, etc.

\*\* County Code Title 2, Chapter 2.202.030 sets forth criteria for making a finding of contractor non-responsibility which are not limited to the above situations.

GUIDELINES FOR ASSESSMENT OF PROPOSER\_ 7/25/01

| The<br>requuses<br>orde<br>the p | The contractor selected through this RFSQ process will be recreating tequirements. The objective of this questionnaire is to determine uses and the internal controls in place to ensure compliance vorter to appropriately evaluate this area (Part 1, Section 4.D, Evente processes and the steps associated with those processes. Answer all questions thoroughly and in the same sequence as pwhy such question is not applicable. Provide additional details this questionnaire, the term Proposer includes the busines; timesheet, pay check, and pay stub that show deduction categers and the set of any stub that show deduction categers. | The contractor selected through this RFSQ process will be required to comply with the State and Fair labor regulations and record keeping requirements. The objective of this questionnaire is to determine the appropriateness, scope, and suitability of the procedures the Proposer uses and the internal controls in place to ensure compliance with State and Federal labor regulations and record keeping requirements. In order to appropriately evaluate this area (Part 1, Section 4.D, Evaluation Criteria), if is critical that the Proposer submit a detailed description of the processes and the steps associated with those processes. Answer all questions is not applicable, indicate with "N/M" and explain why such question is not applicable, indicate with "N/M" and explain why such question is not applicable, indicate with "N/M" and explain why such question is not applicable, indicate with "N/M" and explain this questionnaire, the term Proposer includes the business entity that will provide the proposed services. Attach a sample copy of timesheet, pay check, and pay stub that show deduction categories as requested in this form. <b>ADDITIONAL PAGES MAY BE ATTACHED OR RESPONSES CAN BE PROVIDED IN A SEPARATE DOCUMENT. IDENTIFY EACH RESPONSE BY THE CORRESPONDING QUESTION NUMBER.</b> |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ansı<br>why                      | wer all questions thoroughly and in the same<br>/ such question is not applicable. Provide add<br>i questionnaire, the term Proposer include<br>esheet, pay check, and pay stub that show d<br>abbiTIONAL PAGES MAY BE ATTA<br>IDENTIFY EACH RES                                                                                                                                                                                                                                                                                                                                                                                                    | sequence as provided below. If a question is not applicable, indicate with "N/A" and explain<br>ditional details to ensure a clear picture of the Proposer's processes and controls. As used in<br>es the business entity that will provide the proposed services. Attach a sample copy of<br>deduction categories as requested in this form.<br><i>ACHED OR RESPONSES CAN BE PROVIDED IN A SEPARATE DOCUMENT.</i><br><i>SPONSE BY THE CORRESPONDING QUESTION NUMBER.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| this                             | ADDITIONAL PAGES MAY BE ATTA<br>IDENTIFY EACH RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NCHED OR RESPONSES CAN BE PROVIDED IN A SEPARATE DOCUMENT.<br>SPONSE BY THE CORRESPONDING QUESTION NUMBER.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                  | QUESTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RESPOND HERE OR ATTACH NUMBERED RESPONSES IF MORE SPACE NEEDED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 1.                               | TRACKING HOURS WORKED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Hours worked are tracked using a database program called TimeForce. Each employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                  | How does the Proposer track employee hours actually worked?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | with internet access. The schedule for each employee is also built into the database so that<br>managers can easily note potential errors in nunches. These time nunches are accounted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 2 2 2                            | Where do the Proposer's employees report to<br>work at the beginning of their shift? At the work<br>location or at a central site with travel to the<br>worksite?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | daily by the manager for each employee to ensure the accuracy of the hours worked as well<br>as to ensure that employees have clocked in and out correctly and that missed punches are<br>corrected in a timely manner.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                  | If the employees report to a central site with<br>travel to the worksite, when does the Proposer<br>consider the employee's shift to have started?<br>At a central site or upon arrival at the work<br>location?                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

FORM LW-9 WAGE AND HOUR RECORD KEEPING FOR LIVING WAGE CONTRACTS

Form LW-9 Page 1 of 6

| <ol> <li>REPORTING TIME</li> <li>Reported to work and at what time? For example, sign-in sheets, computerized check in, call-in system, or some other method?</li> </ol>                              | We have no employees who report to work and then travel to their worksite. All employees begin their shift on-site where the revenue vehicle is parked for their work location.                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol> <li>RECORDS OF ACTUAL TIME WORKED</li> <li>What records are created to document the<br/>beginning and ending times of employee's actual<br/>work shifts?</li> </ol>                              | 3.1 All records created and documenting hours worked by an employee are produced<br>electronically according to the times the employee clocks in and out. When an<br>employee enters a time-punch, they will enter their employee ID and the number |
| 3.2 What records are maintained by the Proposer of<br>actual time worked?                                                                                                                             | processing. The server will time-stamp the punch and process the numbers to determine the identity of the employee and of the contract. Once processing is                                                                                          |
| <ul> <li>3.3 Are the records maintained daily or at another<br/>interval (indicate the interval)?</li> <li>3.4 Who creates these records (e.g. employee,<br/>supervisor, or office staff)?</li> </ul> | complete, the server sends the information back to the device from which the employee entered the information and shows them the time for their information.                                                                                        |
| 3.5 Who checks the records, and what are they checking for?                                                                                                                                           | 3.2 All records related to hours worked are stored electronically on the server hosting TimePorce and backed up as with all other server data. In addition a hard                                                                                   |
| 3.6 What happens to those records?<br>3.7 Are they used as a source document to create<br>Proposer's payroll?                                                                                         | copy is given to the employee at the end of a pay cycle by the employee's manager. The employee signs the time sheet or identifies errors, which are then investigated by the manager.                                                              |
| 3.8 ATTACH COPIES OF THESE RECORDS.                                                                                                                                                                   | 3.3 The electronic records are maintained automatically in real-time by the server.<br>The hard copies are printed at the end of each semi-monthly pay period and filed<br>at our main office.                                                      |
|                                                                                                                                                                                                       | 3.4 The initial creation of the electronic records is, as previously mentioned, performed by the server based on information submitted by the employee.                                                                                             |
|                                                                                                                                                                                                       | 3.5 The records produced by the server are checked for accuracy daily by the manager responsible for the employee. At the conclusion of the pay period, a timecard is printed from TimeForce for each employee and given to them for                |
|                                                                                                                                                                                                       | Form LW-9<br>Page 2 of 6                                                                                                                                                                                                                            |

|                                                                                                                       | review. If the employee has any issues with missed time, forgotten punches, etc.<br>or sees another problem he or she is able to raise the issue with their manager<br>prior to their check being generated. Once the employee has reviewed the<br>timecard, and signed it, the time card is returned to their manager.                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                       | 3.6 At the conclusion of every pay period, each manager checks the final day for each employee during that pay period and verifies the accuracy of the semi-monthly period per employee. This is accomplished by marking the verification checkbox in the web browser-based interface. TimeForce then indicates that the record was reviewed and verified and provides the name of the manager who performed the verification. Verifications occur after the printed timecard has been returned with the employee's signature.                                                                                                                                                                                          |
|                                                                                                                       | 3.7 Once verified the records are imported into QuickBooks and used as the basis for every employee's paycheck.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 4. OTHER RECORDS USED TO CREATE PAYROLL<br>(IF ANY)                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>4.1</b> If records of actual time worked are not used to create payroll, what is the source document that is used? | As described previously, all records pertaining to hours are based solely on hours<br>worked and are created primarily on information submitted to TimeForce by the<br>employee themselves. Timecards are printed and signed by the employee prior to                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 4.2 Who prepares and checks the source document?                                                                      | issuance of their paycheck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4.3 Does the employee sign it?                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 4.4 Who approves the source document, and what do<br>they compare it with prior to approving it.                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 5. BREAKS                                                                                                             | Meal periods are built into each employee's schedule. The employees clock out and in<br>directly on their conint above and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s |
| 5.1 How does the Proposer know that employees take mandated breaks and meal breaks (periods)?                         | available for audit. In transit service there is a relief driver who takes over the vehicle<br>to make these hurch breaks available. These reliefs are also doctored and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5.2 Does the Proposer maintain any written supporting documentation to validate that the breaks actually              | sheets. In terms of other breaks, the California State Labor Board has accepted the make up time in the transit schedule as available break time as long as the employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                       | Form LW-9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                       | Page 3 of 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| occurred?                                                                                                                                                                                                                                 | has the ability to attend to nerconal needs during these stars and a                                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5.3 If so, who prepares, reviews, and approves such documentation?                                                                                                                                                                        | Payroll entries are made directly by the worker and audited by the supervisor and payroll coordinator. Worker then annroves the final time short in unities                                                                                                      |
| 6. HOW PAYROLL IS PREPARED                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                  |
| <ol> <li>Discuss how the Proposer's payroll is prepared and<br/>how the Proposer ensures that employee wages are<br/>appropriately paid.</li> </ol>                                                                                       | The hours maintained and entered into TimeForce for every employee can be<br>accessed by the payroll department at all times. After verification by the managers,                                                                                                |
| 6.2 How are the employee paid (e.g. manually issued<br>check, automated check, or combination of<br>methods)?                                                                                                                             | The payrou department imports the nours worked into QuickBooks from TimeForce.<br>The payroll department makes any necessary entries into employee records with<br>regard to required deductions (such as wage garnishments, changed tax status, etc.)           |
| 6.3 If by check, do they receive a single check for<br>straight time and overtime or are separate payments<br>made?                                                                                                                       | applicable to the period and verifies the data prior to check issuance. The payroll department then processes the information and creates checks. For those employees who use direct deposit, the information is submitted to the employee's bank and a          |
| 6.4 What information is provided on the check (e.g., deductions for taxes, etc.)?                                                                                                                                                         | check stub is printed and delivered to the employee. Checks for employees who are<br>not enrolled in direct deposit have their check delivered to them by their manager.<br>Every employee will receive a single check reflecting hours worked at straight wages |
| 6.5 <u>ATTACH A COPY OF A PAY CHECK</u><br><u>AND PAY CHECK STUB THAT SHOWS</u><br><u>SHOWS DEDUCTION CATEGORIES</u><br><u>(COVER UP OR BLOCK OUT BANK</u><br><u>ACCOUNT INFORMATION AND ANY</u><br><u>ANY EMPLOYEE INFORMATION).</u>     | and overtime wages. All deductions and wages are itemized on the check stub<br>A copy of two pay checks with the applicable "Time Card" which explains the basis for<br>the pay are attached to this form.                                                       |
| 7. MANUAL PAYROLL SYSTEM                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                  |
| 7.1 If the Proposer uses a manual payroll system,<br>describe the steps the person preparing the payroll<br>takes to create a check, starting from the source<br>document through the issuance of a check.                                | We do not use a manual payroll system.                                                                                                                                                                                                                           |
| 7.2 If the employee has multiple wage rates (ie.,<br>County's Living Wage rate for County work and the<br>Proposer's standard rate for other non-County work)<br>how does the person preparing the payroll calculate<br>total wages paid? |                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                           | Form LW-9<br>Page 4 of 6                                                                                                                                                                                                                                         |

| 8. AUTOMATED PAYROLL SYSTEM                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8.1 If the Proposer uses an automated payroll system or contracts for such automated payroll services to an outside firm, describe the steps taken to prepare the payroll.                                                                                                   | As described previously we use the automated system TimeForce for recording an employee's hours. Checks are issued in-house using the import of TimeForce information into Quick Books.                                                                                                                                                                                                |
| 8.2 If the employee has multiple wage rates (i.e.<br>County's Living Wage rate for County work and the<br>Proposer's standard rate for other non-County work),<br>How does the automated payroll system calculate<br>total wages paid?                                       | At this time, should any employee work at multiple rates during a work week, over<br>time is paid based on the higher of the rates.                                                                                                                                                                                                                                                    |
| 8.3 Is the calculation embedded in the software program<br>or does someone have to override the system to<br>perform the calculation?                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                        |
| 9. TRAVEL TIME                                                                                                                                                                                                                                                               | 0.1. Traviol timo io monolus as issues 1.                                                                                                                                                                                                                                                                                                                                              |
| 9.1 How is travel time during an employee's shift paid?                                                                                                                                                                                                                      | the driving assignment from that location.                                                                                                                                                                                                                                                                                                                                             |
| 9.2 At what rate is such travel time paid if the employee has multiple wage rates?                                                                                                                                                                                           | 9.2 Due to the rare occurrence of travel time, should it occur the travel time is paid                                                                                                                                                                                                                                                                                                 |
| 9.3 Discuss how the Proposer calculates the day's<br>wages for each situation described in the following<br>two examples:                                                                                                                                                    | at regular rate.<br>9.3 County staff employees are not assigned to work for other services on a remita-                                                                                                                                                                                                                                                                                |
| a. During a single shift, an employee works three<br>hours at a work location under a County Living<br>Wage contract, then travels an hour to another<br>work location to work four hours, where they are<br>paid at a different rate than the County's Living<br>Wage rate. | basis. Should there be a shortage of drivers and a County worker is assigned to<br>temporarily cover on another service, the employee would be paid at their<br>regular County Living Wage rate. Only in the case of an employee who is<br>permanently transferred to another service either by request of the employee or<br>County staff, would the employee's wage rate be changed. |
| b. During a single shift, an employee works three<br>hours at a work location under a County Living<br>Wage contract, then travels an hour to another<br>work location to work four hours, where they are<br>also paid the County's Living Wage rate.                        | We do not have the situations described in 9.3.a or 9.3.b.                                                                                                                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                              | Form LW-9                                                                                                                                                                                                                                                                                                                                                                              |

Page 5 of 6

| 10. OVERTIME       The         10.1 How does the Proposer calculate overtime wages?       driv         10.2 What if the employee has multiple wage rates?       employee         10.2 What if the employee has multiple wage rates?       employee         10.2 What if the employee has multiple wage rates?       employee         10.2 What if the employee has multiple wage rates?       employee         10.2 What if the employee has multiple wage rates?       employee         10.2 What if the employee has multiple wage rates?       employee         10.2 What if the employee has multiple wage rates?       employee         10.2 What if the employee has multiple wage rates?       employee         10.2 What if the employee has multiple wage rates?       for the rates?         10.2 What if the employee       excee         11.0 Print Name:       Bertha Aguirre         Signature:       Signature: | There are two earnings statements with time sheets attached. The first reflects a driver who has a C license and non-exempt employees. C drivers, like almost all employees in California, are subject to daily overtime, i.e. overtime after eight hours worked in a day. The Total Hours, broken down by day show the daily allowed and then the overtime hours per day. The earnings statement again shows the hours paid at regular rate, and then separately the hours paid at 1.5x rate.<br>The second earnings statement is for a driver with a B license. These drivers are an exception to daily overtime as set forth in the Transportation Wage Order. The exception is necessary due to the fact that the B license and the hours worked by B and B license drivers are subject to federal law and the regulation of the USDOT. As such A and B license drivers are subject to federal law and the regulation of the USDOT. As such A and B license drivers are subject to federal law and the regulation of the USDOT. As such A and B license drivers are subject to federal law and the regulation of the USDOT. As such A and B license drivers are subject to federal law and the regulation of the USDOT. As such A and B license drivers are subject to federal law and the regulation of the USDOT. As such A and B license drivers are subject to federal law and the regulation of the USDOT. As such A and B license drivers are subject to federal law and the regulation of the USDOT. As such A and B license drivers are subject to federal law and the regulation of the USDOT. As such A and B license drivers are subject to federal law and the regulation of the USDOT. As such A and B license drivers are budies to the employee's B.5 hours on a Monday are all shown as regular and .5 show as over time. This is because on that Friday the employee went over the allowed to hours in the week. Therefore to hours in the week. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Form LW-9 Page 6 of 6

Empire Jransportanon, anc. -

**Department: BASE** 

Gonar, Estoa P.

c to c aspra

Date Range: 5/16/2016 - 5/31/2016

| Date                                                                                                                                             | e<br>Se<br>Se<br>Se<br>Se<br>Se<br>Se<br>Se<br>Se<br>Se<br>Se<br>Se<br>Se<br>Se |                                                          | Weci<br>13                             | å e                | n n<br>S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ä õ                                                       | 비중<br>S | Mcn<br>23   | 746<br>24                                              | Wed<br>25                          | Тли<br>26                | T h                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ख द<br>अ | Sun Won<br>26 26            |                        |               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------|-------------|--------------------------------------------------------|------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------|------------------------|---------------|--|
|                                                                                                                                                  | 한 북 E<br>4 주 문                                                                  | sur ser a<br>Fill (s. 53<br>g. (s. 65 a)<br>g. (s. 65 a) |                                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |         |             |                                                        |                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2        |                             |                        |               |  |
| Punches                                                                                                                                          | 17, 23)<br>3<br>1 (125)<br>1                                                    |                                                          |                                        |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |         |             |                                                        |                                    | e o c<br>S e c<br>c ra c | 145 L 1 F<br>5 E 5 C<br>5 E 5 C 5 C<br>5 C 5 C 5 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |                             | 16 - 16 y<br>16 - 17 f |               |  |
|                                                                                                                                                  |                                                                                 |                                                          | n tri ch<br>Sin Cu<br>Sin Cu<br>Sin Ch |                    | 5 - 4 - 1<br>2 C ( - 7<br>2 ( - 7) - 1<br>2 ( - 7) - |                                                           |         |             | (11)<br>(14) 전<br>(14) 전<br>(14) 전<br>(14) 전<br>(14) 전 |                                    |                          | 3 (1 ) (<br>2 (3 ) (<br>3 (7) (<br>3 (7) (<br>3 (7) (<br>3 (7) (<br>3 (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) (<br>7 ) () |          |                             | 6 87<br>13 17 2        |               |  |
| Total University                                                                                                                                 | 6. t                                                                            |                                                          |                                        | 2                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                           |         |             |                                                        | ₹3 <sup>€</sup><br>22 <sup>€</sup> | e stra<br>1 de<br>1 de   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |                             | ,                      |               |  |
|                                                                                                                                                  | 07.0                                                                            | 07.0                                                     | 62.0L                                  | 8.00               | 8,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |         |             | 8.00                                                   | 8.25                               | 8.25                     | 8.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                             | 8.00                   |               |  |
|                                                                                                                                                  | 0.0                                                                             | 0.00<br>70                                               | 8.00<br>202                            | 8.00<br>9          | 8.00<br>9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                           |         |             | 8.00                                                   | 8.00                               | 8.00                     | 8.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                             | 8.00                   |               |  |
| <b>D</b> epantment                                                                                                                               | 07'0                                                                            | C7'N                                                     | 2.2.2                                  | 0.00               | 0,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |         |             | 0.00                                                   | 0.25                               | 0.25                     | 0.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                             | 0.00                   | 3.75          |  |
| BASE                                                                                                                                             | 8.25                                                                            | 8.25                                                     | 10.25                                  |                    | 8.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                           |         |             | 00 8                                                   | д 7.<br>Д                          |                          | 4C 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                             | 6                      |               |  |
| Norked Last & Days                                                                                                                               | 48.25                                                                           |                                                          | 50.75                                  | 50.75              | 50.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 42,75                                                     | 42.75   | 51.00       | 50.75                                                  | 50.75                              | 48.75                    | 49.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 41.00 4  | 41.00 41.00 41.00           | 8.00<br>0 40.75        | 91.75         |  |
| I certify, under the penalty of perjury in the State of California, that<br>foregoing times are correct and that all times worked, including all | enalty of sorrect a                                                             | f perjur.<br>Ind that                                    | y in the<br>tall time                  | State c<br>es wort | of Calif<br>ked, inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State of California, that the<br>es worked, including all | hat the | Total Crand | Total Worked Hours<br>Grand Total Hours                | Hours<br>-lours                    |                          | <b>91.75</b><br>91.75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Regu     | Regular Hours<br>Overtime 1 |                        | 88.00<br>3.75 |  |

foregoing times are correct and that all times worked, including all Grand Total Hours meal periods, are reflected herein. 9 Employee Signature: Date: 10/2010

Supervisor Signature: Date: 2

6/2/2016  Empire Transportation, Inc. 8800 Park Street Bellflower,CA 90706

#### Erica R. Gomez

| Employee Pay Stub                                                                                                                                    | Ch                    | eck number              | 060702347                                                |                                                                         | Pay Period: 05/1 | 6/2016 - 05/31/2016 | ·····        | Pay Date: 06/07/201 | 6            |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|----------------------------------------------------------|-------------------------------------------------------------------------|------------------|---------------------|--------------|---------------------|--------------|
| Employee                                                                                                                                             |                       |                         |                                                          |                                                                         | SSN              | Status (Fed/State)  |              | Allowances/E        | xtra         |
| Erica R. Gomez,                                                                                                                                      |                       |                         |                                                          |                                                                         |                  | Single/Single       |              | Fed-6/0/CA-6/0      | )            |
| Earnings and Hours                                                                                                                                   | Qty                   | Rate                    | Current                                                  | YTD Amount                                                              | Pald Time Off    |                     | Earned       | YTD Used            | Avallabi     |
| Clerical Hourly Wage<br>Clerical OT Wage<br>Holiday Pay - Clerical HW<br>Holiday Hourly Wages<br>Clerical D.T. Wage<br>Clerical Vacation<br>Sick Pay | 88.00<br>3.75<br>8.00 | 19.00<br>28.50<br>19.00 | 1,672.00<br>106.88<br>152.00                             | 17,617.75<br>1,432.15<br>152.00<br>304.00<br>9.50<br>1,368.00<br>304.00 | Sick<br>Vacation |                     | 0,00<br>0,00 | 444                 | 48.0<br>-8.0 |
|                                                                                                                                                      | 99.75                 |                         | 1,930,88                                                 | 21,187.40                                                               |                  |                     |              |                     |              |
| Deductions From Gross                                                                                                                                |                       |                         | Current                                                  | YTD Amount                                                              |                  |                     |              |                     |              |
| Medical Post-Tax                                                                                                                                     |                       |                         | -3.37                                                    | -37.07                                                                  |                  |                     |              |                     |              |
| Taxes                                                                                                                                                |                       |                         | Current                                                  | YTD Amount                                                              |                  |                     |              |                     |              |
| Medicare Employee Addi Tax<br>Federal Withholding<br>Social Security Employee<br>Medicare Employee<br>CA - Withholding<br>CA - Disability Employee   |                       |                         | 0.00<br>-104.00<br>-119.51<br>-27.95<br>-22.04<br>-17.34 | 0.00<br>-438.00<br>-1,311.32<br>-308.68<br>-106.13<br>-190.35           |                  |                     |              |                     |              |
|                                                                                                                                                      |                       |                         | -290.84                                                  | -2,352.48                                                               |                  |                     |              |                     |              |
| Adjustments to Net Pay                                                                                                                               |                       |                         | Current                                                  | YTD Amount                                                              |                  |                     |              |                     |              |
| Vedical Pre-Tax                                                                                                                                      |                       |                         | -52.83                                                   | ~581.13                                                                 |                  |                     |              |                     |              |
| Vet Pay                                                                                                                                              |                       |                         | 1,583.84                                                 | 18,216.72                                                               |                  |                     |              |                     |              |

Empire Transportation, Inc. -

Page 4 of 11

| Colis, Cesar                                                                                   |                                           |              |          |          |          |           |        |                    |          |       | Date F | ange: /  | 4/16/20       | Date Range: 4/16/2016 - 4/30/2016 | 0/2016                              |             |
|------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|----------|----------|----------|-----------|--------|--------------------|----------|-------|--------|----------|---------------|-----------------------------------|-------------------------------------|-------------|
| Department: Whittier Dial-A-Ride                                                               | al-A-Ride                                 | _            |          |          |          |           |        |                    |          |       | Super  | visor: / | Ashegh        | ian, Ana                          | Supervisor: Asheghian, Ana Angelica | ą           |
|                                                                                                | Sat                                       | Sun          | Mon      | Tue      | Wed      | Thu       | Fri    | Sat                |          | Mon   | Tue    | Wed      | Thu           | Fri                               | Sat                                 | 15 Day      |
| Date                                                                                           | 16                                        | 17           | <b>3</b> | 19       | 20       | 21        | 22     | 23                 |          | 25    | 26     | 27       | 28            | 29                                | 30                                  | Total       |
|                                                                                                |                                           | 08:15        |          | 00:00    | 05:57    | 07:00     | 05:57  |                    |          | 05:57 | 06:30  | 06:00    | 06:30         | 06:03                             |                                     |             |
| 0.11140                                                                                        |                                           | 11:30        |          | 1:15     | 10:15    | 10:57     | 11.15  |                    |          | 10:00 | 10:18  | 10:27    | 10:30         | 11:00                             |                                     |             |
| r un ches                                                                                      |                                           | 12:00        |          | 11:45    | 10:45    | 11:30     | 11:45  |                    |          | 10:33 | 1115   | 10:57    | 11:00         | 11:30                             |                                     |             |
|                                                                                                |                                           | 15:15        |          | 16:06    | 14:30    | 15:30     | 16:03  |                    |          | 16:09 | 16:12  | 16:15    | 16:36         | 14:33                             |                                     |             |
| Total Hours                                                                                    |                                           | 6.50         |          | 9.60     | 8.05     | 7,95      | 9.60   |                    |          | 9.65  | 8.75   | 9.75     | 9.60          | 8,00                              |                                     | 94.80       |
| Reg                                                                                            |                                           | 6.50         |          | 8.00     | 8.00     | 7.95      | 8.00   |                    |          | 8.00  | 8.00   | 8,00     | 8.00          | 8.00                              |                                     | 85.80       |
| 071                                                                                            |                                           | 0.00         |          | 1.60     | 0.05     | 0,00      | 1.60   |                    |          | 1.65  | 0.75   | 1.75     | 1.60          | 000                               |                                     | 9.00        |
| Department                                                                                     |                                           |              |          |          |          |           |        |                    |          |       |        |          |               |                                   |                                     | 8<br>4<br>4 |
| Whittier Dial-A-Ride                                                                           |                                           | 6.50         |          | 9.60     | 8.05     | 7.95      | 9,60   |                    | 7.35     | 9.65  | 8.75   | 9.75     | 9,60          | 8.00                              |                                     | 94.80       |
| Worked Last 8 Days                                                                             | 42.35                                     | 48.85        | 43.15    | 52.75    | 51.70    | 50,35     | 50.55  | 50.55 41.70 49.05  |          | 52.20 |        |          | 62.65         |                                   | 53.10                               |             |
|                                                                                                | :                                         |              | :        | •        |          | :         | ц<br>Ч | Total Worked Hours | red Hou  | ß     | 94.80  |          | Regular Hours | ours                              |                                     | 85.80       |
| I certify, under the penalty of perjury in the State of California, that the Grand Total Hours | ialty of p                                | erjury j     | n the Si | ate of ( | Californ | iia, that | the G  | and Tot            | al Hours |       | 94.80  |          | Overtime 1    |                                   |                                     | 9.00        |
| meal periods, are reflected herein.                                                            | cted her                                  | gjn.<br>Bjn. |          | avina    |          | ung an    |        |                    |          |       |        |          |               |                                   |                                     |             |
|                                                                                                | A. C. |              | L.       |          |          |           |        |                    |          |       |        |          |               |                                   |                                     |             |
| Employee Signature:                                                                            | Date: G                                   | TAIL (       | Į-       |          |          |           |        |                    |          |       |        |          |               |                                   |                                     |             |
|                                                                                                |                                           | 817          | ~        |          |          |           |        |                    |          |       |        |          |               |                                   |                                     |             |

Supervisor Signature: Date: 5/2

http://tforce.emptransportation.com/qqest/report/Timecard/Report.asp?BID=5&EmployeeType=0&AllowGroupResults=1&Auto... 5/2/2016

Empire Transportation, Inc. 8800 Park Street Bellflower,CA 90706

Cesar Colis

| Employee Pay Stub                                                                                                                                                                 | Ch            | ieck number    | 05062315                                              |                                                                            | Pay Period: 04/16/2016 - 04/30/2016 |              | Pay Date: 05/06/201 | 6<br>6          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|-------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------|--------------|---------------------|-----------------|
| Employee                                                                                                                                                                          |               |                |                                                       |                                                                            | SSN                                 |              |                     |                 |
| Cesar Colis,                                                                                                                                                                      |               |                |                                                       | ***************************************                                    | \$44_54                             |              |                     |                 |
| Earnings and Hours                                                                                                                                                                | Qty           | Rate           | Current                                               | YTD Amount                                                                 | Paid Time Off                       | Earned       | YTD Used            | Available       |
| Driver Hourly Wage<br>Driver OT Hourly Wage<br>Holiday Hourly Wages<br>Training Hourly Wages<br>Driver Vacalion Wages<br>Hourly Birthday Wages<br>Sick Pay<br>Skipped Meal Period | 85,80<br>9,00 | 11.84<br>17.75 | 1,015.87<br>159.84                                    | 8,624,52<br>907,30<br>189,44<br>11,84<br>94,72<br>94,72<br>226,88<br>62,88 | Sick<br>Vacation                    | 0.00<br>0.00 |                     | -39.00<br>-8.00 |
| ••                                                                                                                                                                                | 94.80         |                | 1,175,71                                              | 10,292.30                                                                  |                                     |              |                     |                 |
| Taxes                                                                                                                                                                             |               |                | Current                                               | YTD Amount                                                                 |                                     |              |                     |                 |
| Medicare Employee Addi Tax<br>Federal Withholding<br>Social Security Employee<br>Medicare Employee<br>CA - Withholding<br>CA - Disability Employee                                |               |                | 0.00<br>-65.00<br>-72.89<br>-17.05<br>-9.97<br>-10.58 | 0.00<br>-533.00<br>-638.12<br>-149.24<br>-77.60<br>-92.63                  |                                     |              |                     |                 |
|                                                                                                                                                                                   |               |                | -175.49                                               | •1,490.59                                                                  |                                     |              |                     |                 |
| Net Pav                                                                                                                                                                           |               |                | 1.000.22                                              | 8,801.71                                                                   |                                     |              |                     |                 |

| 5               |
|-----------------|
| Inc.            |
| Transportation, |
| Empire          |

GOMEZ, LYDIA

Department: East LA Dial-A-Ride

| Department: East LA Dial-A-Ride                                                              | I-A-Ride            | 21.                   |                   |                                                       |                       |                                                           |                |                                     |         |                                                                                                    | ound<br>Cine                 | , icor               | dood o A                    |             |                                  |                                     |
|----------------------------------------------------------------------------------------------|---------------------|-----------------------|-------------------|-------------------------------------------------------|-----------------------|-----------------------------------------------------------|----------------|-------------------------------------|---------|----------------------------------------------------------------------------------------------------|------------------------------|----------------------|-----------------------------|-------------|----------------------------------|-------------------------------------|
| Date                                                                                         | Sat<br>16           | Sun<br>17             | Mon<br>18         | Tue<br>19                                             | Wed<br>20             | Thu 5                                                     | Eri<br>E       | Sat                                 | Sun     | Mon                                                                                                | Tue                          | Wed                  | Thu                         | ET.         | Tue Wed Thu Fri Sat 16           | ca<br>15 Day                        |
| ,<br>Punches                                                                                 |                     | 08:09                 | 07:12<br>10:45    | 07:12<br>10:30                                        | 07:12                 | 07:12                                                     | 06:42<br>10:46 | 2                                   | 4       | 06:43<br>10:43                                                                                     | 07:12                        | 27<br>06:42<br>40:00 | 28<br>07:12                 | 29<br>07:12 | 00<br>00                         | Total                               |
|                                                                                              |                     | 14:09                 | 11:15<br>16:24    | 11:00<br>16:32                                        | 11:00<br>16:18        | 11:00                                                     | 11:16<br>11:16 |                                     |         | 10,4<br>10,4<br>4,7<br>4,7<br>4,7<br>4,7<br>4,7<br>4,7<br>4,7<br>4,7<br>4,7<br>4                   | 11.44<br>11.44<br>144<br>144 |                      |                             | 11:15       |                                  |                                     |
| Total Hours                                                                                  |                     | 7.00                  | 8.70              | 8.83                                                  | 8.60                  | 7,63                                                      | 8.90           |                                     |         | 5.5.4<br>6<br>7.5.4<br>6<br>7.5.4<br>6<br>7.4<br>6<br>7.4<br>6<br>7.4<br>6<br>7.4<br>6<br>7.4<br>6 | α η<br>υ                     | 70.01                | 07:01                       | 10:34       |                                  |                                     |
| Reg                                                                                          |                     | 1.00                  | 8.70              | 8.83                                                  | 8,60                  | 7.63                                                      | 6.23           |                                     |         | ο<br>α<br>α                                                                                        |                              |                      | 0 0<br>2 <del>(</del>       | )<br> <br>  |                                  | 91.07                               |
| 071                                                                                          |                     | 6.00                  | 00'00             | 00.00                                                 | 0.00                  | 0000                                                      | 2.67           |                                     |         |                                                                                                    |                              |                      | 0<br>1<br>1<br>1<br>1       | 0.47        |                                  | 81.00                               |
| Department                                                                                   |                     |                       |                   |                                                       |                       | )                                                         | 2              |                                     |         | S                                                                                                  | 0.00                         | 0U                   | 0.UU                        | 1.40        |                                  | 10.07                               |
| East LA Dial-A-Rid <del>e</del><br>Absences                                                  |                     | 7,00                  | 8.70              | 8.83                                                  | 8.60                  | 7.63                                                      | 8.90           |                                     |         | 8,53                                                                                               | 9.02                         | 7.85                 | 8.13                        | 7.87        |                                  | 91.07                               |
| Skipped Meal Period                                                                          |                     | 1.00                  |                   |                                                       |                       |                                                           |                |                                     |         |                                                                                                    |                              |                      |                             |             |                                  | 4                                   |
| Worked Last 8 Days                                                                           | 43,98               | 43,98 49,98           | 58.68             | 59.07                                                 | 58.55                 | 57,07                                                     | 56.68          | 48.67                               | 48.67   | 51.20                                                                                              | 51.52                        | 50.53                | 50,07                       | 50.30       | 41.40                            | 1.00                                |
| l certify, under the penalty of perjury in the foregoing times are correct and that all time | ty of pe<br>ect and | arjury h<br>I that al |                   | State of California, that<br>es worked, including all | Californ<br>J, inclue | State of California, that the<br>ss worked, including all | ····           | Total Worked Hours<br>Paid Absences | red Hou | ស                                                                                                  | 90.07<br>1.00                |                      | Regular Hours<br>Overtime 1 | ours        | oor a mar vinde worksteene oom v | 81.00<br>10.07                      |
| meal periods, are reflected herejn                                                           | ed here             | - di                  | $\langle \rangle$ |                                                       |                       | )                                                         | 5              |                                     |         |                                                                                                    | 91.07                        |                      |                             |             |                                  | processing the second second second |

1

1

Supervisor Signature: Date:

Date

Employee Signature:

http://empireapps/qqest/report/Timecard/Report.asp?BID=5&EmployeeType=0&AllowGroupResults=1&AutoSaveChanges=1&... 5/2/2016

Date Range: 4/16/2016 - 4/30/2016

Empire Transportation, Inc. 8800 Park Street Bellflower,CA 90706

Lydia Gomez

•

| Employee Pay Stub                                                                                                                                        | Ch                     | reck number             | 05082390                                                           |                                                                            | Pay Period: 04/16/2016 - 04/30/2016  |              | Pay Date: 05/06/201 | 6                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------------------------|--------------|---------------------|------------------|
| Employee                                                                                                                                                 |                        |                         |                                                                    |                                                                            | SSN                                  |              |                     |                  |
| Lydia Gomez,                                                                                                                                             |                        |                         |                                                                    | ******                                                                     | ₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩ |              |                     |                  |
| Earnings and Hours                                                                                                                                       | Qty                    | Rate                    | Current                                                            | YTD Amount                                                                 | Paid Time Off                        | Earned       | YTD Used            | Available        |
| Driver OT Hourly Wage<br>Driver Hourly Wage<br>Skipped Meal Period<br>Holiday Hourly Wages<br>Training Hourly Wages<br>Driver Vacation Wages<br>Sick Pay | 10.07<br>80.00<br>1.00 | 17.76<br>11.84<br>11.84 | 178.78<br>947.20<br>11.84                                          | 1,709.70<br>8,969.04<br>116.40<br>189.44<br>11.84<br>54.27<br>94.72        | Sick<br>Vacation                     | 0.00<br>0.00 | 88999               | -56.00<br>-36.58 |
|                                                                                                                                                          | 91.07                  |                         | 1,137.82                                                           | 11,147.41                                                                  |                                      |              |                     |                  |
| Taxes                                                                                                                                                    |                        |                         | Current                                                            | YTD Amount                                                                 |                                      |              |                     |                  |
| Medicare Employee Addi Tax<br>Federal Withholding<br>Social Security Employee<br>Medicare Employee<br>CA - Withholding<br>CA - Disability Employee       |                        |                         | 0.00<br>-137.00<br>-70.55<br>-16.50<br>-21.99<br>-10.24<br>-256.28 | 0.00<br>-1,369.00<br>-691.14<br>-161.64<br>-237,33<br>-100.33<br>-2,559.44 |                                      |              |                     |                  |
| Net Pay                                                                                                                                                  |                        |                         | 881.54                                                             | *2,539,44<br>8,587.97                                                      |                                      |              |                     |                  |

Empire Transportation, Inc. -

Page 5 of 11

| GUTIERREZ MARTINEZ, NOEMI                                                  |           |                   |          |           |          |             |       |                    |          |       | Date F | Range:  | Date Range: 4/16/2016 - 4/30/2016   | 16 - 4/3 | 0/2016   |            |
|----------------------------------------------------------------------------|-----------|-------------------|----------|-----------|----------|-------------|-------|--------------------|----------|-------|--------|---------|-------------------------------------|----------|----------|------------|
| Department: VVNItuer Dial-A-Kide                                           | al-A-Kide | .40.              |          |           |          |             |       |                    |          |       | Super  | rvisor: | Supervisor: Asheghian, Ana Angelica | ian, Ane | a Angeli | 53         |
|                                                                            | Sat       | Sun               | Mon      | Tue       | Wed      | Thu         | нц.   | Sat                | Sun      | Mon   | Tue    | Wed     | Thu                                 | Fri      | Sat      | 15 Dav     |
| Date                                                                       | 16        | 17                | 8        | 19        | 20       | 5           | 22    | 23                 | 24       | 25    | 26     | 27      | 28                                  | 29       | 30       | Total      |
|                                                                            |           |                   | 06:30    | 06:31     | 06.30    | 06:25       | 06:32 |                    |          | 06:00 | 06:04  | 06:15   | 06:30                               | 06:30    |          |            |
| Punches                                                                    |           |                   | 10:30    |           | 11:40    | 09:51       | 11:15 |                    |          | 10:35 | 10:15  | 10:30   | 10:32                               | 10:50    |          |            |
|                                                                            |           |                   | 11:00    | 11:32     | 12:10    | 10:21       | 11,45 |                    |          | 11:05 | 11:15  | 11:01   | 11:02                               | 11:20    |          |            |
|                                                                            |           |                   | 14:59    | 15:16     | 15:24    | 15:00       | 16:19 |                    |          | 15:35 | 14:51  | 15:02   | 15:03                               | 16:18    |          |            |
| Total Hours                                                                |           |                   | 7.98     | 8.23      | 8.40     | 8,08        | 9.28  |                    |          | 9.08  | 7.78   | 8.27    | 8,05                                | 9.30     |          | 84.47      |
| Reg                                                                        |           |                   | 7.98     | 8,23      | 8.40     | 8.08        | 7.30  |                    |          | 9.08  | 7.78   | 8.27    | 8.05                                | 6.82     |          | 80.00      |
| 011                                                                        |           |                   | 0.00     | 0.00      | 0.00     | 0.00        | 1,98  |                    |          | 0.00  | 0.00   | 0.00    | 000                                 | 2 48     |          | 4.47       |
| Department                                                                 |           |                   |          |           |          |             |       |                    |          |       |        |         | •                                   |          |          |            |
| City of Beliflower                                                         |           |                   |          | 8.23      |          |             | 9.28  |                    |          |       |        |         |                                     |          |          | 47 KO      |
| Whittier Dial-A-Ride                                                       |           |                   | 7.98     |           | 8.40     | 8,08        |       |                    |          |       | 7.78   | 8.27    | 8 05                                | 02.0     |          | 46 97<br>7 |
| Worked Last 8 Days                                                         | 42.37     | 42.37 42.37 50.35 | 50.35    | 50,53     | 50.67    | 51.58       |       | 49.97 41.98 41.98  |          | 51.07 | 50.87  | 50.90   | 50.55                               | 51.77    | 42.48    |            |
| I certify under the neusly of neriting in the State of California that the | aihu of n |                   | n tha C  | hata of ( | alifoun. | 10 11<br>10 |       | Total Worked Hours | ked Hou  | rs    | 84.47  | 5       | Regular Hours                       | ours     |          | 80.00      |
| foregoing times are correct and that all times worked, including all       | orrect an | d that a          | ll times | worked    | d, inclu | ding all    | 5     | and lot            | al Hours | 6     | 84.47  |         | Overtime 1                          | -        |          | 4.47       |
| meal periods, are reflected herein.                                        | scted her | en.               |          |           |          | )           |       |                    |          |       |        |         |                                     |          |          |            |

Employee Signature Martin Chi Tu 059 Supervisor Signature: Date: 3/3

http://tforce.emptransportation.com/qgest/report/Timecard/Report.asp?BID=5&EmployeeType=0&AllowGroupResults=1&Auto... 5/2/2016

Empire Transportation, Inc. 8800 Park Street Bellflower,CA 90706

## Noemi Gutierrez Martinez

| Employee Pay Stub                                                                                                                                                                       | Ch            | eck number     | 05082412                                                      |                                                                            | Pay Period: 04/16/2016 - 04/30/2016 | 1            | Pay Date: 05/06/201 | 6                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|---------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------|--------------|---------------------|--------------------|
| Employee                                                                                                                                                                                |               |                |                                                               |                                                                            | SSN                                 |              |                     |                    |
| Noemi Gutierrez Martinez,                                                                                                                                                               |               |                |                                                               |                                                                            | \$7*_\$1                            |              |                     |                    |
| Earnings and Hours                                                                                                                                                                      | Qty           | Rate           | Current                                                       | YTD Amount                                                                 | Paid Time Off                       | Earned       | YTD Used            | Available          |
| Driver Hourly Wage<br>Driver OT Hourly Wage<br>Holiday Hourly Wages<br>Training Hourly Wages<br>Driver Vacation Wages<br>Health Insurance (Company p<br>Sick Pay<br>Skipped Meal Period | 80.00<br>4.47 | 11.84<br>17.76 | 947,20<br>79.32                                               | 8,768,15<br>388,94<br>189,44<br>11.84<br>189,44<br>75.00<br>94.72<br>11.84 | Sick<br>Vacation                    | 0.00<br>0.00 |                     | -144.00<br>-176.00 |
|                                                                                                                                                                                         | 84.47         |                | 1,026.52                                                      | 9,729.37                                                                   |                                     |              |                     |                    |
| Taxes                                                                                                                                                                                   |               |                | Current                                                       | YTD Amount                                                                 |                                     |              |                     |                    |
| Medicare Employee Addi Tax<br>Føderal Withholding<br>Social Security Employee<br>Medicare Employee<br>CA - Withholding<br>CA - Disability Employee                                      |               |                | 0.00<br>0.00<br>-63.64<br>-14.89<br>-12.10<br>-9.23<br>-99.66 | 0.00<br>-717.00<br>-603.22<br>-141.08<br>-130.49<br>-87.56<br>-1,679.35    |                                     |              |                     |                    |
| Vet Pay                                                                                                                                                                                 |               |                | 926.66                                                        | 8,050.02                                                                   |                                     |              |                     |                    |



## APPENDIX

| DEPARTMENT OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ORNIA                                                                                                                                                          |                                                                                                                                              |                                                                                                 | ,                                  | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                      |                             |                                                                                                                           |                                                                               |                                                                       |                                                                             |                 | Page                          | 1 of                         | pages                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------|-------------------------------|------------------------------|------------------------------------|
| SAFETY C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                |                                                                                                                                              |                                                                                                 |                                    | erminal<br>Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INFORMATIO                                           | N C                         | a number<br>32691                                                                                                         |                                                                               | FILE CODE                                                             | NUMBER<br>5940                                                              | COUNT           | 19                            |                              | 850                                |
| TERMINA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                |                                                                                                                                              |                                                                                                 |                                    | NAL TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u> </u>                                             | c                           |                                                                                                                           |                                                                               |                                                                       | LOCATION                                                                    | CODE            |                               | UBAR                         | EA                                 |
| CHP 343 (Rev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | / 6-10) OPI (                                                                                                                                                  | 062                                                                                                                                          |                                                                                                 |                                    | Truck 🔽                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ] Bus                                                |                             | т                                                                                                                         | В,                                                                            |                                                                       |                                                                             | 550             |                               |                              | S44                                |
| TERMINAL NAME<br>EMPIRE TI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | RANSPO                                                                                                                                                         | RTATION                                                                                                                                      | INC                                                                                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |                             | n an tha ann an Annaichte an tha ann an Annaichte ann an Annaichte<br>Ann ann ann annaichte ann an Annaichte ann an Cu    |                                                                               |                                                                       | TELI                                                                        | PHONE N         | имеел р<br>562-52             |                              | -                                  |
| TERMINAL STREE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TADDRESS (                                                                                                                                                     | WIMBER, STREE                                                                                                                                | ET, CITY, ZIP COI                                                                               |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |                             |                                                                                                                           |                                                                               | **********************                                                | <u> </u>                                                                    |                 | 102-02                        | 9-20                         | 576                                |
| 8800 PARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                |                                                                                                                                              |                                                                                                 |                                    | RENT FRO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M ABOVE)                                             | INSPECT                     | ON LOCATION                                                                                                               | I INUMB                                                                       | ER, STREE                                                             | T. CITY OR                                                                  | COUNTYI         |                               |                              |                                    |
| 8800 PARK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ST, BEL                                                                                                                                                        | LFLOWE                                                                                                                                       | R, CA 9070                                                                                      |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      | 8800                        | PARK ST                                                                                                                   | , BEL                                                                         | LFLOV                                                                 |                                                                             |                 | )6                            |                              |                                    |
| HM LIC, NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | HWT. R                                                                                                                                                         | EG. NO.                                                                                                                                      | IMS LIC. NO.                                                                                    | LICEN                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |                             | L INFORM                                                                                                                  |                                                                               |                                                                       | DRIV                                                                        | ERS             | 1                             | BIT FL                       | EET SIZE                           |
| N/A<br>EXP. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EXP. D/                                                                                                                                                        | N/A                                                                                                                                          | EXP. DATE                                                                                       |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1-V                                                  |                             | N/A .                                                                                                                     |                                                                               | 5 II-                                                                 |                                                                             | 81              |                               |                              |                                    |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EAF. D/                                                                                                                                                        | N/A                                                                                                                                          | N/A                                                                                             |                                    | REG, CT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N/A                                                  | HW VEH.                     | N/A                                                                                                                       | HW CO                                                                         | NT.<br>N/A                                                            | 699<br>V                                                                    | /CSAT<br>│Yes「  | No                            |                              | N/A                                |
| CONSOLIDATED T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ERMINALS                                                                                                                                                       |                                                                                                                                              | FILE CODE NUM                                                                                   | BER OF C                           | ONSOLIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATED TERMIN                                          | IALS AND                    | DIVISION LCC.                                                                                                             | ATIONS                                                                        | BY NUMBE                                                              | R (Use Rem                                                                  | arks for Ad     | dilional FC                   | NS}                          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                |                                                                                                                                              | 1                                                                                               | ERGEN                              | CY CON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                      |                             | Order of F                                                                                                                |                                                                               | nce)                                                                  |                                                                             |                 |                               |                              | *****                              |
| EMERGENCY CO<br>BERTHA A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                | F)                                                                                                                                           |                                                                                                 |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |                             | ( <i>W/AREA</i> CO<br>29-2676 [                                                                                           |                                                                               | A A                                                                   | NIGH                                                                        | T TELEPH        | ONE NO. (                     | W/A                          | REA CODE )                         |
| EMERGENCY CO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ONTACT (NAME                                                                                                                                                   | []                                                                                                                                           |                                                                                                 |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | £                                                    |                             | W/ AREA CO                                                                                                                |                                                                               |                                                                       | NIGH                                                                        | T TELEPH        | ONE NO. (                     | W/A                          | REA CODE)                          |
| JOSE GUZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MAN                                                                                                                                                            |                                                                                                                                              | CTIMATED O                                                                                      | N ICOD                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | L                                                    |                             | 29-2676 E                                                                                                                 |                                                                               |                                                                       |                                                                             |                 |                               |                              | -                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                | I C                                                                                                                                          |                                                                                                 | D                                  | NIA MIL<br>.001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E                                                    | R THIS                      | F                                                                                                                         |                                                                               | G                                                                     | 2015                                                                        | H               |                               | 1                            |                                    |
| 15,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 50,0                                                                                                                                                           |                                                                                                                                              | 100,000                                                                                         | 년 <u>500</u>                       | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      | 0,000                       | 1,000,<br>2,000,                                                                                                          | 000                                                                           |                                                                       | 0,001<br>0,000                                                              | 5,0             | 000,001                       | Ľ                            | 10,000,000                         |
| PUC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | T N                                                                                                                                                            | 1/A                                                                                                                                          |                                                                                                 | <u>OF</u><br>21507                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      |                             | OR PERMIT                                                                                                                 |                                                                               | E                                                                     | IMS F                                                                       | ITNESS EV       | VALUATIO                      | N                            |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DOT NUMBER                                                                                                                                                     | <b>NIA</b>                                                                                                                                   | LT PSC                                                                                          | 41007                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2] Yes                                               | ) No [                      | N/A                                                                                                                       | Friki FO                                                                      | RINSPECT                                                              |                                                                             | Yes[-/          | No                            | 1.0.11-12ande.               |                                    |
| USDOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 27319                                                                                                                                                          | 988                                                                                                                                          | ∐ мс<br>∏ мх                                                                                    | N/A                                | ļ.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MC<br>  MX                                           | N/A                         |                                                                                                                           |                                                                               |                                                                       |                                                                             | TERM            | ΙΝΔΙ Ι                        | NSE                          | PECTION                            |
| NSPECTION FINE<br>REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VIOL                                                                                                                                                           |                                                                                                                                              | RATINGS: S =                                                                                    |                                    | ny U=L<br>River Rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                      |                             | nditional UF                                                                                                              | R = Unra                                                                      | ted N/A ≈                                                             | Not Applic                                                                  | able            |                               |                              | ·····                              |
| MAINTENANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                | and the start                                                                                                                                | NOE PROGRAM                                                                                     | 1                                  | niven net                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      | 1 10                        | O. EQUIPMEN                                                                                                               | 41                                                                            | HAZAF                                                                 | ROOUS MAT                                                                   | ERIALS          |                               | TER                          | MINAL                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                                                                                                                                              | I. S S                                                                                                                                       | - S - S                                                                                         | S                                  | . S .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S . S                                                | . 5 .                       | S . S                                                                                                                     |                                                                               | . N/A .                                                               | Ν/Δ . N/                                                                    | Δ. ΧΗΔ          | c                             | e                            | e e                                |
| POGRAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                                                                                                                              | 1 <u>S 2</u> S                                                                                                                               | 3 <u>S</u> 4 <u>S</u>                                                                           | 1 <u>_S</u>                        | 2 <u>S</u> 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>S 4 S</u>                                         | 1 <u></u> 2                 | <u>S</u> 3 S                                                                                                              | 4 <u>S</u>                                                                    | 1 <u>N/A</u> 2                                                        | N/A <sub>3</sub> N/                                                         | A <u>4 N/A</u>  | 1 S                           |                              | 3 <u>S</u> 4S                      |
| POGRAM<br>DRIVER<br>RECORDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                                                                                                              | No. 14                                                                                                                                       | Time                                                                                            | 1_S<br>No. 1                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                      | No. 14                      | Time                                                                                                                      | <u>4_S</u>                                                                    | TIME                                                                  | N/A                                                                         |                 | TOTAL T                       |                              | <u>3_S 4_S</u>                     |
| POGRAM<br>DRIVER<br>RECORDS<br>RIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                | No. 14<br>Hazardous n<br>Z No H/M T                                                                                                          | Time                                                                                            | No. 1                              | 5 Tin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nø                                                   | No. 14<br>CONTAIN           |                                                                                                                           |                                                                               | TIME                                                                  | N/A                                                                         |                 | TOTAL T                       |                              | <u>3 S 4 S</u><br>N/A              |
| Program<br>Driver<br>Records<br>Driver<br>Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                                                              | No. 14<br>Hazardous n                                                                                                                        | Time                                                                                            | No. 1                              | 5 Tin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nø                                                   | No. 14<br>CONTAIN           | Time<br>ERS/TANKS                                                                                                         |                                                                               | TIME<br>VEHICLES                                                      | N/A                                                                         | UT-OF-SEP       | TOTAL TI                      |                              |                                    |
| PPOGRAM<br>DRIVER<br>RECORDS<br>DRIVER<br>HOURS<br>IRAKES<br>AMPS &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                                                                                                              | No. 14<br>Hazardous n<br>Z No H/M T                                                                                                          | Time                                                                                            | No. 1                              | 5 Tin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nø                                                   | No. 14<br>CONTAIN           | Time<br>ERS/TANKS                                                                                                         |                                                                               | TIME<br>VEHICLES                                                      | N/A                                                                         | UT-OF-SEP       | TOTAL TI                      |                              |                                    |
| POGRAM<br>PRIVER<br>NECORDS<br>SRIVER<br>HOURS<br>RAKES<br>AMPS &<br>IGNALS<br>QNNECTING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0<br>1<br>0                                                                                                                                                    | No. 14<br>Hazardous n<br>Z No H/M T                                                                                                          | Time                                                                                            | No. 1                              | 5 Tin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nø                                                   | No. 14<br>CONTAIN           | Time<br>ERS/TANKS                                                                                                         |                                                                               | TIME<br>VEHICLES                                                      | N/A                                                                         | UT-OF-SEP       | TOTAL TI                      |                              |                                    |
| POGRAM<br>DRIVER<br>LECORDS<br>RRIVER<br>HOURS<br>IRAKES<br>AMPS &<br>LIGNALS<br>LONNECTING<br>LEVICES<br>TEERING &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0<br>1<br>0<br>1                                                                                                                                               | No. 14<br>Hazardous n<br>Z No H/M T                                                                                                          | Time                                                                                            | No. 1                              | 5 Tin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nø                                                   | No. 14<br>CONTAIN           | Time<br>ERS/TANKS                                                                                                         |                                                                               | TIME<br>VEHICLES                                                      | N/A                                                                         | UT-OF-SEP       | TOTAL TI                      |                              |                                    |
| POGRAM<br>IECORDS<br>IRIVER<br>IOURS<br>RAKES<br>AMFS &<br>IONALS<br>QNNECTING<br>EVICES<br>TEERING &<br>USPENSION<br>RES &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0<br>1<br>0<br>1<br>N/A                                                                                                                                        | No. 14<br>Hazardous n<br>Z No H/M T                                                                                                          | Time                                                                                            | No. 1                              | 5 Tin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nø                                                   | No. 14<br>CONTAIN           | Time<br>ERS/TANKS                                                                                                         |                                                                               | TIME<br>VEHICLES                                                      | N/A                                                                         | UT-OF-SEP       | TOTAL TI                      |                              |                                    |
| POGRAM<br>RIVER<br>IECORDS<br>RIVER<br>IOURS<br>RAKES<br>AMPS &<br>IGNALS<br>ONNECTING<br>EVICES<br>TEERING &<br>USPENSION<br>RES &<br>HEELS<br>QUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0<br>1<br>0<br>1<br>N/A<br>1                                                                                                                                   | No. 14<br>Hazardous n<br>Z No H/M T                                                                                                          | Time                                                                                            | No. 1                              | 5 Tin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nø                                                   | No. 14<br>CONTAIN           | Time<br>ERS/TANKS                                                                                                         |                                                                               | TIME<br>VEHICLES                                                      | N/A                                                                         | UT-OF-SEP       | TOTAL TI                      |                              |                                    |
| FOGRAM<br>FRIVER<br>ECORDS<br>RIVER<br>OURS<br>RAKES<br>AMFS &<br>GINALS<br>GNNECTING<br>EVICES<br>TEERING &<br>USPENSION<br>RES &<br>MEELS<br>ZUIPMENT<br>COURCENTS<br>DITAINERS &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0<br>1<br>0<br>1<br>N/A<br>1<br>1<br>8                                                                                                                         | No. 14<br>Hazardous n<br>Z No H/M T                                                                                                          | Time                                                                                            | No. 1                              | 5 Tin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nø                                                   | No. 14<br>CONTAIN           | Time<br>ERS/TANKS                                                                                                         |                                                                               | TIME<br>VEHICLES                                                      | N/A                                                                         | UT-OF-SEP       | TOTAL TI                      |                              |                                    |
| POGRAM<br>DRIVER<br>RECORDS<br>DRIVER<br>40URS<br>AMPS &<br>IGNALS<br>DONNECTING<br>EVICES<br>TEERING &<br>USPENSION<br>IRES &<br>VIEELS<br>QUIPMENT<br>EQUIPMENT<br>EQUIPMENTS<br>ANKS<br>AZARDOUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0<br>1<br>0<br>1<br>N/A<br>1<br>1<br>8<br>N/A                                                                                                                  | No. 14<br>Hazardous n<br>Z No H/M T                                                                                                          | Time                                                                                            | No. 1                              | 5 Tin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nø                                                   | No. 14<br>CONTAIN           | Time<br>ERS/TANKS                                                                                                         |                                                                               | TIME<br>VEHICLES                                                      | N/A                                                                         | UT-OF-SEP       | TOTAL TI                      |                              |                                    |
| POGRAM<br>PRIVER<br>RECORDS<br>SRIVER<br>HOURS<br>IRAKES<br>AMPS &<br>IGNALS<br>CONNECTING<br>REVICES<br>TEERING &<br>USPENSION<br>IRES &<br>HEELS<br>QUIPMENT<br>EQUIREMENTS<br>CONTAINERS &<br>ANKS<br>AZARDOUS<br>ATERIALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0<br>1<br>0<br>1<br>N/A<br>1<br>1<br>8<br>N/A<br>N/A                                                                                                           | No. 14<br>Hazardous n<br>Z No H/M T                                                                                                          | Time                                                                                            | No. 1                              | 5 Tin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ne<br>ons noted                                      | NO. 14<br>CONTAIN<br>NO. N  | Time<br>Erstanks<br>A Time N                                                                                              | I/A .                                                                         | TIME<br>VEHICLES                                                      | N/A<br>PIACED O<br>N                                                        | ut-of-ser<br>/A | TOTAL TI                      | ME.                          | N/A                                |
| PPPOGRAM<br>DRIVER<br>RECORDS<br>JRIVER<br>40URS<br>AMPS &<br>ISIGNALS<br>CONNECTING<br>AEVICES<br>DEVICES<br>DEVICES<br>DEVICES<br>USPENSION<br>IRES &<br>VHELS<br>QUIPMENT<br>EQUIREMENTS<br>CONTAINERS &<br>AXARDOUS<br>MATERIALS<br>IT<br>I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0<br>1<br>0<br>1<br>N/A<br>1<br>1<br>8<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A                                                                                      | NO. 14<br>HAZARDOUS N<br>NO H/M T<br>REMARKS                                                                                                 | Time<br>MATERIALS<br>Transported                                                                | No. 1                              | 5 Tin<br>I/M violati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ne<br>ons noted                                      | NO. 14<br>CONTAIN<br>NO. N  | Time<br>ERSITANKS<br>A Time N<br>ECTION DATE<br>05-02-20                                                                  | J/A .                                                                         | VEHICLES<br>Vehicles                                                  | N/A<br>PIACED 0<br>N                                                        | UT-OF-SEF<br>/A | TOTAL TI                      |                              | N/A                                |
| POGRAM PROBLEM | 0<br>1<br>0<br>1<br>N/A<br>1<br>1<br>8<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A                                                                                      | NO. 14<br>HAZARDOUS N<br>J NO H/M T<br>REMARKS                                                                                               | Time<br>MATERIALS<br>Transported                                                                | No. 1                              | 5 Tin<br>I/M violati                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ne<br>ons noted                                      | NO. 14<br>CONTAIN<br>NO. N  | Time<br>ERSITANKS<br>A Time N<br>ECTION DATE<br>05-02-20<br>JMBER(S)                                                      | I/A .<br>5(5)<br>016, 0                                                       | VEHICLES<br>Vehicles                                                  | N/A<br>PIACED 0<br>N                                                        | IME IN          | TOTAL TI<br>TOTAL TI<br>UNITS | TIME                         | ουτ                                |
| POGRAM POGRAM PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PRIVER PR | 0<br>1<br>0<br>1<br>N/A<br>1<br>1<br>8<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>MF(S))                                                              | NO. 14<br>HAZARDOUS N<br>JNO H/M T<br>REMARKS                                                                                                | Time<br>MATERIALS<br>Transported                                                                | <u>No.</u> 1<br><u>No H</u><br>Снг | 5 Tin<br>IM violati<br>1000 Col                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ne<br>ons noted                                      | NO. 14<br>CONTAIN<br>NO. N/ | Time<br>ERSTANKS<br>A Time N<br>Time N<br>Control Date<br>(05-02-20<br>JMBER(S)<br>A<br>TICATION                          | J/A .                                                                         | VEHICLES<br>Vehicles                                                  | N/A<br>PIACED 0<br>N                                                        | UT-OF-SEF<br>/A | TOTAL TI<br>TOTAL TI<br>UNITS | ME.                          | N/A                                |
| POGRAM<br>PRIVER<br>RECORDS<br>PRIVER<br>ROURS<br>RAKES<br>AMPS &<br>IGNALS<br>QNNECTING<br>EVICES<br>TEERING &<br>USPENSION<br>RES &<br>AHELS<br>QUIPMENT<br>EQUIREMENTS<br>QUIPMENTS<br>AXARDOUS<br>ATERIALS<br>T<br>I   R<br>SPECTED BY (WAA<br>CONSIONS of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 0<br>1<br>0<br>1<br>N/A<br>1<br>1<br>8<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A                                                                 | REES DUE<br>S.MIDDL1<br>S.MIDDL1<br>Cons describ<br>Cons describ                                                                             | Time MATERIALS Transported IND EBROOKE No and the Califo                                        | No. 1                              | 5 Tin<br>I/M violati<br>2 1000 Col<br>2 10                                                                                                                            | ne<br>ons noted                                      | INSF                        | Time<br>ERSTANKS<br>A Time N<br>Time N<br>Control Date<br>(05-02-20<br>JMBER(S)<br>A<br>TICATION                          | i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A . | TIME<br>VEHICLES<br>Vehicles<br>5-03-2(<br>37<br>will be cuuest a rei | N/A<br>PLACED O<br>N<br>D16                                                 |                 | DATE                          | TIME<br>No                   | N/A<br>our<br>ne                   |
| PPPOGRAM PPPOGRAM PRECORDS PRIVER RECORDS PRIVER AUURS PRAKES PRA | 0<br>1<br>0<br>1<br>N/A<br>1<br>1<br>8<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>MF(S)<br>That all viola<br>California V<br>otor Carrier<br>L RATING | NO. 14<br>HAZARDOUS N<br>□ No H/M T<br>REMARKS<br>EMARKS<br>S.MIDDLE<br>S.MIDDLE<br>Uons describ<br>fehicle Code<br>Safety Unit S            | Time<br>MATERIALS<br>Transported<br>No<br>BBROOKE<br>EBROOKE<br>and the Califo<br>Supervisor at | No. 1                              | 5 Tin<br>I/M violati<br>1000 Col<br>2000  ne<br>ons noted<br>ARRIER<br>altacped<br>yuaijons, 1 | INSP                        | Time<br>ERSTANKS<br>A Time N<br>Time N<br>Control<br>Time<br>Time<br>Time<br>Time<br>Time<br>Time<br>Time<br>Time         | i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A . | TIME<br>VEHICLES<br>Vehicles<br>5-03-2(<br>37<br>will be cuuest a rei | N/A<br>PLACED O<br>N<br>D16                                                 |                 | DATE                          | TIME<br>No                   | N/A<br>out<br>ne                   |
| PPOGRAM DRIVER RECORDS DRIVER RECORDS DRIVER HOURS BRAKES LAMPS & SIGNALS CONNECTING DEVICES STEERING & SUSPENSION ITRES & MHEELS COUPMENT COUDINEMENTS CONTAINERS & ANKS IT I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0<br>1<br>0<br>1<br>N/A<br>1<br>1<br>8<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A                                                                 | NO. 14<br>HAZARDOUS N<br>□ No H/M T<br>REMARKS<br>FEES DUE<br>□ Yes □<br>S.MIDDLE<br>tions describ<br>fehicle Code<br>Safety Unit S<br>CTORY | Time<br>MATERIALS<br>Transported<br>No<br>BBROOKE<br>EBROOKE<br>and the Califo<br>Supervisor at | No. 1                              | 5 Tin<br>I/M violati<br>1000 Col<br>2000  ARRIER<br>aptacped<br>utaijons. 1<br>44-9557         | INSP                        | Time<br>ERSTANKS<br>A Time N<br>ECTION DATE<br>05-02-20<br>IMBER(S)<br>FICATION<br>through<br>and that I m<br>hin 5 calem | i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A .<br>i/A . | TIME<br>VEHICLES<br>Vehicles<br>5-03-2(<br>37<br>will be cuuest a rei | N/A<br>PLACED O<br>N<br>D16<br>f<br>orrected i<br>view of ar<br>ating.<br>D |                 | DATE<br>o<br>5/3/2            | TIME<br>No<br>h app<br>ating | N/A<br>out<br>ne<br>plicable<br>by |

|                     |                                        |                              | Cal                                      | lifornia Hig                         | hway Patrol                                                                                                     |                                                                                                                 |                                                                                                                |
|---------------------|----------------------------------------|------------------------------|------------------------------------------|--------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| M                   | US DOT #                               | Legal: EMPI                  | RE TRANSPOR                              |                                      |                                                                                                                 | **************************************                                                                          | 869 million alum monto a a anna an gun gun gun gun gun gun gun gun gun gu                                      |
|                     | 2731988                                | Operating (E                 |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
| MC/MX #             |                                        | State #: 326916              |                                          | Federal Ta                           | x ID:27-0121666                                                                                                 | (EIN)                                                                                                           |                                                                                                                |
| Review T            | ype: Non-ra                            | table Review - Sp            | ecial Study                              |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
| Scope:              | Termin                                 | al                           | Location of                              | f Review/A                           | udit: Company fa                                                                                                | cility in the U.S.                                                                                              | Territory: C                                                                                                   |
| Operation           | n Types Inf                            | terstate Intrasta            | · · · · · · · · · · · · · · · · · · ·    | W16464666677777777778874666666778784 |                                                                                                                 |                                                                                                                 |                                                                                                                |
| (                   | Carrler: N                             | /A Non-HN                    | M Business: (                            | Corporation                          |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     |                                        | /A N/A                       | Gross Reve                               | enue:                                |                                                                                                                 | for year ending:                                                                                                |                                                                                                                |
| Cargo               | o Tank:                                | N/A                          |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
| Company             | Physical A                             | ddress:                      |                                          |                                      | 0001.http://www.astanto.com/astanto.com/astanto.com/astanto.com/astanto.com/astanto.com/astanto.com/astanto.com |                                                                                                                 | 89417548804804804804000000000000000000000000                                                                   |
| 8800 PAF            |                                        |                              |                                          | ******                               |                                                                                                                 |                                                                                                                 | 9444-9                                                                                                         |
|                     | WER, CA 9                              | 0706                         |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
| Contact I           | Namo                                   |                              |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
| 1                   |                                        | JOSE GUZMAN<br>562- 529-2676 |                                          |                                      | _                                                                                                               |                                                                                                                 |                                                                                                                |
| E-Mail Ac           |                                        | 502-529-2010                 | (2)                                      |                                      | Fax                                                                                                             |                                                                                                                 |                                                                                                                |
|                     | Mailing Add                            | drace.                       | ******                                   |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
| 8800 PAR            |                                        | 11033,                       |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     | K ST<br>WER, CA 90                     | 1706                         |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     |                                        | 7700                         |                                          | ****                                 |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     | assification                           | - Duraia a sa                | <u></u>                                  | 11/10/00 1 20/00 1                   |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     | te Passenger                           | , Business                   | Other:                                   | INTRASTA                             | TE                                                                                                              |                                                                                                                 |                                                                                                                |
| Cargo Clas<br>Passe |                                        | ረጉዙ                          | ror: Mabila sawa                         |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     |                                        | Ul                           | ier: Mobile repa                         | IIF LOOIS                            |                                                                                                                 |                                                                                                                 |                                                                                                                |
| Equipmen            |                                        | Owned Tor                    | m Leased Tri                             | nleanad                              | 1940-000-00-00-00-00-00-00-00-00-00-00-00-                                                                      |                                                                                                                 | -                                                                                                              |
| Truck               | 50000000000000000000000000000000000000 | 1                            | 0                                        | p <u>Leaseu</u><br>0                 | Minibus, 16+                                                                                                    | Owned Terr<br>50                                                                                                | n Leased Trip Leased                                                                                           |
| Van, 9              | <del>)</del> -15                       | 22                           | 0                                        | 0                                    | initiality ( )                                                                                                  |                                                                                                                 |                                                                                                                |
|                     | s used in the                          |                              |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     |                                        | I in the U.S.: 100           |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     |                                        | rt placardable qu            | Jantities of HM                          | 1? No                                |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     | Permit requ                            | ired?                        |                                          | N/A                                  |                                                                                                                 |                                                                                                                 |                                                                                                                |
| Driver Info         | ormation                               |                              |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     | 1                                      | nter Intra                   | Average tri                              | in leased d                          | rivers/month: 0                                                                                                 |                                                                                                                 |                                                                                                                |
| < 10                | 0 Miles:                               | 58                           |                                          | •                                    | Total Drivers: 58                                                                                               |                                                                                                                 |                                                                                                                |
| >= 10               | 0 Miles:                               |                              |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
| >= 10               |                                        |                              | na a na | *****                                | CDL Drivers: 58                                                                                                 | Non a second a constant a second a constant and a second second second second second second second second secon | 999 y mar 2019 a 1999 a 19 |
|                     |                                        |                              |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     |                                        |                              |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     |                                        |                              |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     |                                        | e                            |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     |                                        |                              |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     |                                        |                              |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
|                     |                                        |                              |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
| 3/2016 11:29:       |                                        | <b></b>                      |                                          |                                      |                                                                                                                 |                                                                                                                 |                                                                                                                |
| 3/2016 11:29        | 132 AM                                 |                              |                                          | Page 1 of 2                          |                                                                                                                 |                                                                                                                 | Capri 6.8.9.3                                                                                                  |
|                     |                                        |                              |                                          |                                      | O6LKM4C                                                                                                         | 2A39DAA                                                                                                         |                                                                                                                |

| EMPIRE TRANSPORTATION INC - Terminal                                                      | <b>**********************</b> ************** | Review Date                                                                                                    |
|-------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| U.S. DOT #: 2731988                                                                       | State #: 326916                              | 05/03/2016                                                                                                     |
| Parl                                                                                      | ŁĄ                                           |                                                                                                                |
| QUESTIONS regarding this report may be directed to the s<br>Motor Carrier Safety Unit at: | Southern Division                            | so de la constante de la constante de la constante de la constante de la constante de la constante de la const |
| 437 North Vermont Ave<br>Los Angeles, CA 9004<br>(323) 644-9557                           |                                              | Y                                                                                                              |
|                                                                                           |                                              | M946666984444444444444444444444444444444                                                                       |
| This TERMINAL REVIEW deals only wi<br>Person(s) Interviewed                               | In safety compliance at this terminal.       |                                                                                                                |
| Name: JOSE GUZMAN                                                                         | Title: COMPLIANCE SUPERVISOR                 |                                                                                                                |
| Name:                                                                                     | Title:                                       |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           | •                                            |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
| · · · · · · · · · · · · · · · · · · ·                                                     |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
|                                                                                           |                                              |                                                                                                                |
| /2016 11:29:32 AM Page 2 of 2                                                             | O6LKM4CA39DAA                                | Capri 6.8.9.3                                                                                                  |
|                                                                                           | O6LKM4CA39DAA                                |                                                                                                                |



EMPIRE TRANSPORTATION INC - Terminal U.S. DOT #: 2731988

State #: 326916

Review Date: 05/03/2016

## **Part B Violations**

| 1<br>STATE                                                                     | Primary: 13CCR12      |                                                                              |             | Discovered             | Checked        | Drivers/V<br>In Violation | Checke  |
|--------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------|-------------|------------------------|----------------|---------------------------|---------|
|                                                                                | CFR Equivalent: 3     | 95.8(a)                                                                      |             | 1                      | 450            | 1                         | 15      |
| Description<br>Carrier failed to<br>1212(e). Drive<br>Example<br>Ana Vargas DL | r was not released fr | aintain a record of duty<br>om work within 12 cons<br>duty more than 12 hour | ecutive hou | FS.                    |                |                           | ents of |
| 2                                                                              | Primary: 13CCR12      |                                                                              |             | liot manadan a log     | 10000-1040 1   | Drivers/V                 |         |
| STATE                                                                          | CFR Equivalent: 3     |                                                                              |             | Discovered             | Checked<br>1   | In Violation              |         |
| Description                                                                    | Chine Equivalent. D.  | 00.10(0)                                                                     |             | <u> </u>               |                |                           | 14      |
| The motor carr<br>signed by the s<br>Example<br>Unit # 250<br>Drivers daily ve | ubsequent driver.     | re that daily vehicle insp<br>rt (DVIR) indicated the k                      |             |                        |                |                           |         |
| 04-20-2016                                                                     |                       |                                                                              |             |                        |                |                           |         |
|                                                                                | Rating Information:   | 500 000                                                                      |             |                        | OOS Vehic      |                           |         |
|                                                                                | s Operated            | 500,000                                                                      |             | Number of Vel          | nicle Inspecte | d (CR): 14                |         |
| Necoluau                                                                       | la Acaidante          | 0                                                                            |             |                        |                |                           |         |
|                                                                                | le Accidents          | 0                                                                            | Num         | 0                      | OS Vehicle (N  | ICMIS): 0                 |         |
|                                                                                | afety rating is :     | o<br>is Review is n                                                          |             | Of<br>ober of Vehicles | OS Vehicle (N  | ICMIS): 0                 | ,<br>   |
|                                                                                | afety rating is :     | -                                                                            |             | Of<br>ober of Vehicles | OS Vehicle (N  | ICMIS): 0                 |         |
|                                                                                | afety rating is :     | -                                                                            |             | Of<br>ober of Vehicles | OS Vehicle (N  | ICMIS): 0                 |         |
|                                                                                | afety rating is :     | -                                                                            |             | Of<br>ober of Vehicles | OS Vehicle (N  | ICMIS): 0                 |         |
|                                                                                | afety rating is :     | -                                                                            |             | Of<br>ober of Vehicles | OS Vehicle (N  | ICMIS): 0                 |         |
|                                                                                | afety rating is :     | -                                                                            |             | Of<br>ober of Vehicles | OS Vehicle (N  | ICMIS): 0                 |         |
|                                                                                | afety rating is :     | -                                                                            |             | Of<br>ober of Vehicles | OS Vehicle (N  | ICMIS): 0                 |         |
|                                                                                | afety rating is :     | -                                                                            |             | Of<br>ober of Vehicles | OS Vehicle (N  | ICMIS): 0                 |         |
|                                                                                | afety rating is :     | -                                                                            |             | Of<br>ober of Vehicles | OS Vehicle (N  | ICMIS): 0                 |         |

| C |
|---|
|---|

EMPIRE TRANSPORTATION INC - Terminal U.S. DOT #: 2731988

State #: 326916

Review Date: 05/03/2016

## Part B Requirements and/or Recommendations

.

1. Require drivers to complete a record of duty status when all the provisions of the 100 air-mile radius driver exemption, contained in 13 CCR 1212(e)are not met.

| C                                                        | EMPIRE TRANSPORTATION INC - Terminal<br>U.S. DOT #: 2731988                                                                                                                                                                                      |                                                           | ;          | State #: 326            | 916                             | Review Date:<br>05/03/2016             |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------|-------------------------|---------------------------------|----------------------------------------|
|                                                          |                                                                                                                                                                                                                                                  | Part C                                                    |            |                         |                                 | •<br>•                                 |
|                                                          | n for Review: Other T<br>ed Action: Compliance Monitoring                                                                                                                                                                                        | our bus ins                                               | PECTION    |                         |                                 |                                        |
|                                                          | Reviewed Certification:<br>182 383 387 390 391 392 393 395                                                                                                                                                                                       | 396 397 ;                                                 | 398 399    | 171 172                 | 173 177                         | 178 180                                |
| Prior R<br>7/9/201<br>6/18/20<br>6/19/20                 | 5<br>14                                                                                                                                                                                                                                          | son not Rated:                                            | Special SI | udy                     | Study Code                      | :CA                                    |
| Is the n<br>proced<br>transpo<br>Does ca                 | <u>Unfit Information</u><br>notor carrier of passengers subject to the safe<br>ures contained in 49 CFR part 385 subpart A, a<br>ort passengers in a commercial motor vehicle'<br>arrier transport placardable quantities of haza<br>Infit rule: | AND does it                                               | ls?        | Intrastate<br>oplicable |                                 |                                        |
|                                                          | ate Contact: JOSE GUZMAN<br>ate Contact Title: COMPLIANCE SUPERVISOR                                                                                                                                                                             |                                                           | ······     |                         | Information                     | ************************************** |
| Terminal<br>Rating Ir<br>In accord<br>MAINTE<br>See Part | Name: Empire Transportation Inc CA<br>Address: 8800 Park St., Beliflower, Ca 90706<br>Information:<br>Jance with 13 CCR 1233, this terminal has been r                                                                                           | # - 326916<br>FCN - 24<br>rated Satisfacto                |            | ime.                    |                                 |                                        |
| Ali currer                                               | OF SERVICE VIOLATIONS:                                                                                                                                                                                                                           |                                                           |            |                         |                                 |                                        |
| See Part                                                 | В.                                                                                                                                                                                                                                               | Upload Autho<br>Authorized b<br>Uploaded:<br>Verified by: |            | Yes<br>No               | No<br>Date:<br>Failure<br>Date: | Code:                                  |

| •<br>•                                                                                | DRIVER/                                  | VEHICLE EXAMINATION                                                  | ON REPORT                                                                                                                      | inSPECT 1.0.86                                      |
|---------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 411 North C<br>Glendale, C<br>Phone: (32                                              | 3) 644-9557                              |                                                                      | Report Number: CAA13<br>Inspection Date: 05/02/<br>Start: 6:00 AM PD End<br>Inspection Level: V - Te<br>HM Inspection Type: No | 2016<br><b>1: 6</b> :30 AM PD<br>erminal Inspection |
| EMPIRE TRANSPORTATIC<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br>USDOT: 2731988       | DN INC<br>Phone#: (562)529-              | Driver:<br>License#:<br>Date of Birth<br>2676 CoDriver:              |                                                                                                                                | State:                                              |
| MC/MX#:<br>State#: 326916<br>Location: BELLFLOWER<br>Highway:                         | Fax#:                                    | License#:<br>Date of Birth:<br>Milepost: Sh<br>Origin: N/A           | :<br>lipper: N/A<br>Bill of Lac                                                                                                | State:<br>ding: N/A                                 |
| County: LOS ANGELES                                                                   | -                                        | Destination: N/A                                                     | Cargo:                                                                                                                         | ,                                                   |
| VEHICLE IDENTIFICATION<br>Unit Iype Make Year State<br>1 BU FORD 2001 CA              | Plate Equipment                          | JD VIN<br>1FDXE45S91HB060                                            | GVWR CVSA Existing                                                                                                             | CVSA#                                               |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR |                                          |                                                                      | 99999999999999999999999999999999999999                                                                                         |                                                     |
| VIOLATIONS No violations v                                                            | were discovered                          | ar da mandra yakan ini balayo ono ana ana ana ana ana ana ana ana an |                                                                                                                                | 999-9999-9999-9999-9999-9999-9999-9999-9999         |
| HazMat: No HM transported                                                             |                                          | **************************************                               | Placard:                                                                                                                       | Cargo Tank:                                         |
| Special Checks: No data fo                                                            | r special checks                         |                                                                      |                                                                                                                                |                                                     |
| State Information:                                                                    | 007-00-000-000-000-00-00-00-00-00-00-00- |                                                                      | **************************************                                                                                         |                                                     |

Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 295047; Passenger Capacity: 25; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10

Report Prepared By: S. M. Middlebrooke <u>Badge #:</u> A13337

Χ\_



X

|                                                                                       | DRIVER/VE                                                                                  | HICLE EXAMINATION                                                           | ON REPORT                                                                                                                    | inSPECT 1.0.86                              |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 411 North of<br>Glendale, 0<br>Phone: (32                                             | Highway Patrol<br>Central Avenue, #410<br>CA 91203<br>3) 644-9557<br>ally Accredited Agenu |                                                                             | Report Number: CAA13<br>Inspection Date: 05/02/<br>Start: 6:30 AM PD En<br>Inspection Level: V - To<br>HM Inspection Type: N | 2016<br>d: 7:00 AM PD<br>erminal Inspection |
| EMPIRE TRANSPORTATIC<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br>USDOT: 2731988       | Phone#: (562)529-26                                                                        | Driver:<br>License#:<br>Date of Birth:<br>76 CoDriver:                      | Management of the second second second second second second second second second second second second second s               | State:                                      |
| MC/MX#:<br>State#: 326916<br>Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES  | 0                                                                                          | License#:<br>Date of Birth:<br>ilepost: Sh<br>rigin: N/A<br>estination: N/A | ipper: N/A<br>Bill of La                                                                                                     |                                             |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State<br>1 BU FORD 2007 CA              | I<br>Plate Equipment ID                                                                    | ······································                                      | Cargo: N/<br>GVWR CVSA Existing<br>12 14050                                                                                  | CVSA#                                       |
| BRAKE ADJUSTMENTS<br>Axle.# 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR |                                                                                            |                                                                             |                                                                                                                              |                                             |
| VIOLATIONS:No violations v                                                            | were discovered                                                                            | <b></b>                                                                     |                                                                                                                              | 9-10-10-10-10-10-10-10-10-10-10-10-10-10-   |
| HazMat: No HM transported                                                             |                                                                                            | **************************************                                      | Placard:                                                                                                                     | Cargo Tank:                                 |
| Special Checks: No data for                                                           | r special checks                                                                           |                                                                             |                                                                                                                              |                                             |
| State information:                                                                    | , , , , , , , , , , , , , , , , , , ,                                                      |                                                                             | ######################################                                                                                       |                                             |

Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 294744; Passenger Capacity: 14; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10; WC Passenger Capacity: 2

Report Prepared By: S. M. Middlebrooke

Х

<u>Badge #:</u> A13337

х



|                                                                                       | DRIVER/                                                                                                         | VEHICLE EXAMINATION                                        | ON REPORT                                                                                                                      | inSPECT 1.0.86                              |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 411 North C<br>Glendale, C<br>Phone: (323                                             | 3) 644-9557                                                                                                     | 10<br>ency CHP407F/343A                                    | Report Number: CAA13<br>Inspection Date: 05/02/<br>Start: 7:00 AM PD Env<br>Inspection Level: V - Te<br>HM Inspection Type: No | 2016<br>d: 7:30 AM PD<br>erminal Inspection |
|                                                                                       | Phone#: (562)529-                                                                                               | Driver:<br>License#:<br>Date of Birth:<br>2676 CoDriver:   |                                                                                                                                | State:                                      |
| State#: 326916<br>Location: BELLFLOWER<br>Highway:                                    | Fax#:                                                                                                           | License#:<br>Date of Birth:<br>Milepost: Sh<br>Origin: N/A | ipper: N/A<br>Bill of Lac                                                                                                      | State:<br>ding: N/A                         |
| County: LOS ANGELES                                                                   | and a state of the second second second second second second second second second second second second second s | Destination: N/A                                           | Cargo: N/                                                                                                                      |                                             |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State<br>1 BU FORD 2011 CA              | Plate Equipment<br>274NA 263                                                                                    | ID <u>VIN</u><br>1FDFE4FS0BDA462                           | GVWR CVSA Existing<br>36 14500                                                                                                 | CVSA#                                       |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR |                                                                                                                 |                                                            |                                                                                                                                |                                             |
| VIOLATIONS:No violations w                                                            | vere discovered                                                                                                 | 2019-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-                  |                                                                                                                                |                                             |
| HazMat: No HM transported                                                             |                                                                                                                 |                                                            | Placard:                                                                                                                       | Cargo Tank:                                 |
| Special Checks: No data for                                                           | special checks                                                                                                  | na na na ann an an an ann an ann ann an                    |                                                                                                                                |                                             |
| State Information:                                                                    |                                                                                                                 |                                                            |                                                                                                                                | 10000                                       |

Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 172152; Passenger Capacity: 20; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10

Report Prepared By: S. M. Middlebrooke

Х

÷

<u>Badge #:</u> A13337

X



| ,                                                                                                                                 | 1             | DRIVER/VEHIC                                                                                                    | LE EXAMINATIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N REPORT                                                                                                                  | inSPECT 1.0.86                                  |
|-----------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| 411 North<br>Glendale,<br>Phone: (3)                                                                                              | 23) 644-955   | enue, #410<br>7                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Report Number: CAA1<br>Inspection Date: 05/02<br>Start: 7:30 AM PD Er<br>Inspection Level: V - 1<br>HM Inspection Type: 1 | 2/2016<br>nd: 8:00 AM PD<br>Ferminal Inspection |
| EMPIRE TRANSPORTATI<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br>USDOT: 2731988                                                    |               | 562)529-2676                                                                                                    | Driver:<br>License#:<br>Date of Birth:<br>CoDriver:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | antananan (1999) Ministra an ann an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Ann           | State:                                          |
| MC/MX#:<br>State#: 326916<br>Location: BELLFLOWER                                                                                 | Fax#:         | Miler                                                                                                           | License#:<br>Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ipper: N/A                                                                                                                | State:                                          |
| Highway:<br>County: LOS ANGELES                                                                                                   |               | Orlgi                                                                                                           | in: N/A<br>ination: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                           | ading: N/A<br>I/A                               |
| VEHICLE IDENTIFICATIO<br>Unit Type Make Year State<br>1 BU FORD 2011 CA                                                           | Elate E       | Equipment ID<br>266 1                                                                                           | VIN<br>FDFE4FS6BDA462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | GVWR CVSA Existing<br>39 14500                                                                                            | I CVSA#                                         |
| BRAKE ADJUSTMENTS       Axle #     1     2       Right     N/A     N/A       Left     N/A     N/A       Chamber     HYDR     HYDR |               | non management and a second second second second second second second second second second second second second |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           |                                                 |
| VIOLATIONS:No violations                                                                                                          | were discov   | vered                                                                                                           | 977 (A.Y.).000 (F.J.).000 (F.J.). | 1999 - La Barnar, 1970 - Barnar I. Barnar, a Marina de Barnar, 1999 - La Barnar, 1999 - La Barnar, 1999 - La Ba           |                                                 |
| HazMat: No HM transporter                                                                                                         | J             |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Placard:                                                                                                                  | Cargo Tank:                                     |
| Special Checks: No data f                                                                                                         | or special ch | iecks <sup>.</sup>                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                           | **************************************          |
| State Information:                                                                                                                |               |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | danna da ya perioda ya ya mana ya da kana ya da mana ya da dana da banana da mananga na ya perioda ya perioda             |                                                 |

Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 117763; Passenger Capacity: 20; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10

Report Prepared By: S. M. Middlebrooke

Х

<u>Badge #:</u> A13337

Х



|               | DRIVER                                                                                                                                                                                                             | VEHICLE EXAMINATION                                       | ON REPORT                                                                                                                                           | inSPECT 1.0.86    |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
|               | California Highway Patrol<br>411 North Central Avenue, #<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accredited Ag                                                                           |                                                           | Report Number: CAA133370<br>Inspection Date: 05/02/2016<br>Start: 8:00 AM PD End: 8:34<br>Inspection Level: V - Termina<br>HM Inspection Type: None | D AM PD           |
| i             | EMPIRE TRANSPORTATION INC<br>3800 PARK ST<br>3ELLFLOWER, CA, 90706<br>JSDOT: 2731988 Phone#: (562)525                                                                                                              | Driver:<br>License#:<br>Date of Birth                     |                                                                                                                                                     | State:            |
|               | JSDOT: 2731988 Phone#: (562)529<br>//C/MX#: Fax#:<br>State#: 326916<br>.ocation: BELLFLOWER                                                                                                                        | License#:<br>Date of Birth                                | ipper: N/A                                                                                                                                          | State:            |
|               | lighway:<br>County: LOS ANGELES                                                                                                                                                                                    | Origin: N/A<br>Destination: N/A                           | Bill of Lading:<br>Cargo: N/A                                                                                                                       | N/A               |
|               | VEHICLE IDENTIFICATION<br>Init Type Make Year State Plate Equipmer<br>1 BU CHEV 2008 CA 8V75558 250                                                                                                                | 1 <u>1D VIN</u><br>1GBE5V1G98F4061                        | <u>GVWR CVSA Existing</u> CV<br>76 19500                                                                                                            | SA <i>#</i>       |
| F             | BRAKE ADJUSTMENTS<br>Ixle # 1 2<br>Night N/A N/A<br>eft N/A N/A<br>Chamber HYDR HYDR                                                                                                                               |                                                           |                                                                                                                                                     |                   |
| <u>S</u><br>1 | IOLATIONS<br>ection Type Unit QOS Citation # VerifyC<br>232(A) CCR S 1 N N<br>16                                                                                                                                   | Crash Violations Discovered<br>N Steering gear box leakir | g al bollcm                                                                                                                                         |                   |
| F             | azMat: No HM transported                                                                                                                                                                                           |                                                           | Placard: Carg                                                                                                                                       | o Tank:           |
| S             | pecial Checks: No data for special checks                                                                                                                                                                          |                                                           |                                                                                                                                                     |                   |
| B             | tate Information:<br>eat/Sub Area: S44; Bus Type: 1; File Code Nu<br>5; Pre-Cleared Vehicle: N; PUC: 21507; Regul                                                                                                  | mber: 245940; Fuel Typ<br>ated Vehicle: Y; Veh #1         | e: G; Odometer: 175728; Pass<br>Type: 10                                                                                                            | enger Capacity:   |
| se<br>U       | rsuant to Section 24004 CVC, violations recorded on this<br>rvice must be corrected before the vehicle is operated on<br>NTIL ALL VIOLATIONS ARE CLEARED. This document s<br>DRM TO THE CALIFORNIA HIGHWAY PATROL. | the highway. For your conven                              | PROF KEEP THIS REPORT OR A COL                                                                                                                      | OV IN THE VEHICLE |
|               |                                                                                                                                                                                                                    |                                                           |                                                                                                                                                     |                   |

Report Prepared By: S. M. Middlebrooke

۰

Х\_

<u>Badge #;</u> A13337

Χ\_



|                                                               |                   |                                | DF                               | RIVER/VE                                    | HICL                        | E EXAMINATIO                                                                           | N REPOR                                                  | :T                                                                                                             |                                         | inSPECT 1.0.86          |
|---------------------------------------------------------------|-------------------|--------------------------------|----------------------------------|---------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------|
|                                                               | Glendal<br>Phone: | th Cent<br>e, CA 9<br>(323) 64 | ral Aven<br>1203<br> 4-9557      | iue, #410                                   |                             | P407F/343A                                                                             | Inspection<br>Start: 8:30<br>Inspection                  | Imber: CAA13<br>n Date: 05/02//<br>) AM PD End<br>n Level: V - Te<br>otion Type: No                            | 2016<br><b>1:</b> 9:00 Af<br>erminal In |                         |
| EMPIRE TRAN<br>8800 PARK ST<br>BELLFLOWER<br>USDOT: 27319     | , CA, 907         | 06                             |                                  | 32)529-26                                   | 76                          | Driver:<br>License#:<br>Date of Birth:<br>CoDriver:                                    |                                                          | и интоски и на тос с на работо на боли и на тос на работо на боли на тос на тос на тос на тос на тос на тос на |                                         | State:                  |
| MC/MX#:<br>State#: 326916                                     |                   | Fax                            |                                  |                                             |                             | License#:<br>Date of Birth:                                                            |                                                          |                                                                                                                |                                         | State:                  |
| Location: BELI<br>Highway:<br>County: LOS A                   |                   |                                |                                  | C                                           | lilepo:<br>rigin:<br>estina |                                                                                        | ipper: N/A                                               | Bill of Lac<br>Cargo: N/                                                                                       |                                         |                         |
| VEHICLE IDEN<br>Unit Type Make<br>1 BU FORD                   | Year Sta          | ite Pla                        |                                  | uipment IC<br>238                           |                             | <u>VIN</u><br>SS31L76DB098                                                             |                                                          | CVSA Existing                                                                                                  | CVSA /                                  | ŧ                       |
| BRAKE ADJUS<br>Axle # 1<br>Right N/<br>Left N/<br>Chamber HYD | <u>2</u><br>A N/A |                                |                                  | af f f f a dirith de Annahars e a gampa gan |                             | n e e a men men no meningano ante para e da se                                         |                                                          | 4999-0480.0740-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0                                                             |                                         |                         |
| VIOLATIONS<br>Section<br>27465(B)(2) VC<br>7001               | Type Unit<br>S 1  |                                | illation#                        | <u>VerifyCras</u><br>N N                    |                             | ions Discovered<br>1 left tire worn bel                                                | low 4/32 Inch                                            | (repaired at scene                                                                                             | )                                       | <b></b>                 |
| 1242(A) CCR                                                   | S 1               | N                              |                                  | N N                                         | Fire e                      | xlingulsher Indicati                                                                   | ng discharged                                            | d (repaired at scen                                                                                            | e)                                      |                         |
| HazMat: No HM                                                 | 1 transpor        | ted                            | 1880-2006-2012-10-2022-2022-2022 |                                             |                             | 1944 - Handre Hanner, ann an 1979 an 1979 ann an 1979 ann ann ann ann ann ann an 1979. | Placard:                                                 | a / / / / / / / / maganajani ( aparanan para manana arawanan arawanan                                          | Cargo T                                 | ank:                    |
| Special Checks                                                | s: No data        | a for spe                      | cial che                         | cks                                         |                             |                                                                                        | 500-benerousseren er er er er er er er er er er er er er |                                                                                                                |                                         | ******                  |
| State Informati<br>Beat/Sub Area:<br>10; Pre-Cleared          | S44; Bus          | Type: 2<br>N; PUC:             | ; File Co<br>21507;              | de Numb<br>Regulate                         | er: 24<br>d Vehi            | 5940; Fuel Typ<br>cle: Y; Veh #1                                                       | e: G; Odon<br>Type: 10                                   | neter: 207912;                                                                                                 | Passeng                                 | er Capacity:            |
| Pursuant to Section                                           |                   |                                |                                  |                                             |                             |                                                                                        |                                                          | and print to radian                                                                                            | atab Matat                              | and manufactured and of |

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

Report Prepared By: S. M. Middlebrooke <u>Badge #:</u> A13337

Х

Copy Received By:



X.

| DRIVER/VEHICLE EXAMINATI                                                                                                                                         | TION REPORT inSPECT 1.                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| California Highway Patrol<br>411 North Central Avenue, #410<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accredited Agency CHP407F/343A     | Report Number: CAA133370172<br>Inspection Date: 05/02/2016<br>Start: 9:00 AM PD End: 9:30 AM PD<br>Inspection Level: V - Terminal Inspection<br>HM Inspection Type: None |
| EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA, 90706Date of BirthUSDOT: 2731988Phone#: (562)529-2676CoDriver:                              | h:                                                                                                                                                                       |
| MC/MX#; Fax#: License#:<br>State#: 326916 Date of Birth                                                                                                          | h:<br>Shipper: N/A                                                                                                                                                       |
| Highway: Origin: N/A<br>County: LOS ANGELES Destination: N/A                                                                                                     | Bill of Lading: N/A<br>Cargo: N/A                                                                                                                                        |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate Equipment ID VIN<br>1 BU FORD 1999 CA 6E15820 103 1FBSS31S8XHC17                                       | <u>GVWR_CVSA Existing_CVSA #</u><br>7896_9300                                                                                                                            |
| BRAKE ADJUSTMENTS<br>Axle.# 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                                                            |                                                                                                                                                                          |
| /IOLATIONS<br>tection Type Unit OOS Citation # VerifyCrash Violations Discovered<br>242(A) CCR S 1 N N Fire extinguisher indicat                                 | ating discharged (repaired at scene)                                                                                                                                     |
| lazMat: No HM transported                                                                                                                                        | Placard: Cargo Tank:                                                                                                                                                     |
| pecial Checks: No data for special checks                                                                                                                        |                                                                                                                                                                          |
| State Information:<br>Beat/Sub Area: S44; Bus Type: 2; File Code Number: 245940; Fuel Typ<br>4; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 | pe: G; Odometer: 333876; Passenger Capacity:<br>1 Type: 10                                                                                                               |

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures, DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

Report Prepared By: S. M. Middlebrooke

Х

<u>Badge #:</u> A13337

Copy Received By:



X

| *<br>***                                                                        | DRIVER/                            | VEHICLE EXAMINATI                                                                                                  | ON REPORT                                                                                                                 | inSPECT 1.0.8                                    |
|---------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 411 North<br>Glendale, (<br>Phone: (32<br>Internation                           | 23) 644-9557<br>ally Accredited Ag | 110<br>ency CHP407F/343A                                                                                           | Report Number: CAA1<br>Inspection Date: 05/02<br>Start: 9:30 AM PD Er<br>Inspection Level: V - 1<br>HM Inspection Type: N | 2/2016<br>nd: 10:00 AM PD<br>Ferminal Inspection |
| EMPIRE TRANSPORTATIC<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br>USDOT: 2731988 | Phone#: (562)529-                  |                                                                                                                    | nn – eft innen an annan mar an fhair an de anna an an an an an an an an an an an a                                        | State:                                           |
| MC/MX#:<br>State#: 326916                                                       | Fax#:                              | License#:                                                                                                          |                                                                                                                           | State:                                           |
| Location: BELLFLOWER                                                            |                                    | Date of Birth<br>Milepost: Sh                                                                                      | ipper: N/A                                                                                                                |                                                  |
| Highway:                                                                        |                                    | Origin: N/A                                                                                                        |                                                                                                                           | iding: N/A                                       |
| County: LOS ANGELES                                                             |                                    | Destination: N/A                                                                                                   | Cargo: N                                                                                                                  |                                                  |
| VEHICLE IDENTIFICATION<br>Unit <u>Type Make Year State</u><br>1 BU CHEV 2001 CA | Plate Equipment                    | LID <u>VIN</u><br>1GAHG39R5111432                                                                                  | GVWR CVSA Existing<br>87 9500                                                                                             | CVSA#                                            |
| BRAKE ADJUSTMENTS<br>Axle # <u>1</u> 2<br>Right<br>Left<br>Chamber              |                                    |                                                                                                                    |                                                                                                                           |                                                  |
| VIOLATIONS:No violations v                                                      | were discovered                    | **************************************                                                                             |                                                                                                                           | 99 / /                                           |
| HazMat: No HM transported                                                       |                                    |                                                                                                                    | Placard:                                                                                                                  | Cargo Tank:                                      |
| Special Checks: No data for                                                     |                                    | nanden er er en en en en en egene for værende av sammen andere en en beskelse er er er en er en en er beskelse som |                                                                                                                           | Ango Isniv                                       |
| State Information:                                                              |                                    |                                                                                                                    | · · · · · · · · · · · · · · · · · · ·                                                                                     |                                                  |
| Beat/Sub Area: S44; Bus Typ<br>4: Pre-Cleared Vehicle: Nr F                     | oe: 2; File Code Nun               | nber: 245940; Fuel Tvo                                                                                             | e: G: Odometer: 365959                                                                                                    | Passenner Canaditu                               |

14; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10

Report Prepared By: S. M. Middlebrooke

Х

<u>Badge #:</u> A13337

Х



| τ                                                                                                                                                                         | DRIVER/VEHICLE EXAMINATIO                                                                                                                   | N REPORT                                                                                                                        | inSPECT 1.0.86                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| California Highwa<br>411 North Central<br>Glendale, CA 9120<br>Phone: (323) 644-<br>Internationally Ac                                                                    | Ávenue, #410<br>)3<br>9557                                                                                                                  | Report Number: CAA13<br>Inspection Date: 05/02/2<br>Start: 10:00 AM PD En<br>Inspection Level: V - Te<br>HM Inspection Type: No | 016<br>d: 10:30 AM PD<br>rminal Inspection   |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br>USDOT: 2731988 Phone                                                                                | Driver:<br>License#:<br>Date of Birth:<br>#: (562)529-2676 CoDriver:                                                                        | v                                                                                                                               | State:                                       |
| MC/MX#: Fax#:<br>State#: 326916<br>Location: BELLFLOWER                                                                                                                   | License#:<br>Date of Birth:                                                                                                                 | ipper: N/A                                                                                                                      | State:                                       |
| Highway:<br>County: LOS ANGELES                                                                                                                                           | Origin: N/A<br>Destination: N/A                                                                                                             | Bill of Lad<br>Cargo: N//                                                                                                       |                                              |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate<br>1 BU FORD 2011 CA 825659                                                                                     | Equipment ID VIN<br>5 262 1FDFE4FS9BDA462                                                                                                   | GVWR CVSA Existing<br>35 14500                                                                                                  | CVSA #                                       |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                                                                     |                                                                                                                                             | in the first sector of the sector of the sector of the sector of the sector of the sector of the sector of the                  |                                              |
| VIOLATIONS<br>Section Type Unit OOS Citat<br>1232(A) VC /026 S 1 N                                                                                                        | ion # VerifyCrash Violations Discovered<br>N N Crossmember between a<br>of frame rail                                                       | Ixle # 2 and rear bumper bent ar                                                                                                | id broken at weld to right side              |
| 1232(C) CCR S 1 N                                                                                                                                                         | N N Oil leak at rear of transm                                                                                                              | ission extension housing                                                                                                        |                                              |
| HazMat: No HM transported                                                                                                                                                 |                                                                                                                                             | Placard:                                                                                                                        | Cargo Tank:                                  |
| Special Checks: No data for special                                                                                                                                       | l checks                                                                                                                                    |                                                                                                                                 | en men en 
| State Information:<br>Beat/Sub Area: S44; Bus Type: 1; F<br>14; Pre-Cleared Vehicle: N; PUC: 21                                                                           | ile Code Number: 245940; Fuel Type<br>1507; Regulated Vehicle: Y; Veh #1                                                                    | e: G; Odometer: 108375; I<br>Type: 10; WC Passenger                                                                             | Passenger Capacity:<br>Capacity: 2           |
| Pursuant to Section 24004 CVC, violations re<br>service must be corrected before the vehicle<br>UNTIL ALL VIOLATIONS ARE CLEARED. TI<br>FORM TO THE CALIFORNIA HIGHWAY PA | corded on this SafetyNet Inspection Report n<br>is operated on the highway. For your conveni<br>his document should NOT be forwarded to the | sust be corrected prior to redispa                                                                                              | Itch. Violations marked out of               |

Report Prepared By: S. M. Middlebrocke

<u>Badge #:</u> A13337

Х

Copy Received By;



Х

| •                                                                                     | DRIVER/VE                     | HICLE EXAMINATIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DN REPORT                                                                                                                      | inSPECT 1.0.86                               |
|---------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 411 North C<br>Glendale, C<br>Phone: (323                                             |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Report Number: CAA13<br>Inspection Date: 05/02/<br>Start: 10:30 AM PD Er<br>Inspection Level: V - Te<br>HM Inspection Type: No | 2016<br>id: 11:00 AM PD<br>rminal Inspection |
| EMPIRE TRANSPORTATIO<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br>USDOT: 2731988       | DN INC<br>Phone#; (562)529-26 | Driver:<br>License#:<br>Date of Birth:<br>76 CoDriver:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                | State:                                       |
|                                                                                       | Fax#:                         | License#:<br>Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ipper: N/A<br>Bill of Lac                                                                                                      | State:                                       |
| County: LOS ANGELES                                                                   |                               | estination: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cargo: N/                                                                                                                      |                                              |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State<br>1 BU FORD 2011 CA              |                               | VIN<br>1FDFE4FS2BDA462                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | GVWR CVSA Existing                                                                                                             | CVSA#                                        |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR |                               | 1999-1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |                                              |
| VIOLATIONS:No violations v                                                            | vere discovered               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | **************************************                                                                                         |                                              |
| HazMat: No HM transported                                                             |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Placard:                                                                                                                       | Cargo Tank:                                  |
| Special Checks: No data for                                                           | r special checks              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                         |                                              |
| State Information:                                                                    |                               | 1999 (1997) - Carlon Carlos - Carlon - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Carlos - Car | #1844.016.070.070.770.070.000.000.000.000.000.00                                                                               |                                              |

State Information: Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 157935; Passenger Capacity: 14; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10; WC Passenger Capacity: 2

Report Prepared By: S. M. Middlebrooke

<u>Badge #:</u> A13337

Х

Copy Received By:



Х

| DRIVER/VEHICLE EXAMINAT                                                                                                                                                                                  | ION REPORT INSPECT 1.                                                                                                                                                      | 0.86           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| California Highway Patrol<br>411 North Central Avenue, #410<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accredited Agency CHP407F/343A                                             | Report Number: CAA133370176<br>Inspection Date: 05/02/2016<br>Start: 12:00 PM PD End: 12:30 PM PD<br>Inspection Level: V - Terminal Inspection<br>HM Inspection Type: None |                |
| EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA, 90706Date of BirthUSDOT: 2731988Phone#: (562)529-2676CoDriver:                                                                      | h:                                                                                                                                                                         |                |
| MC/MX#: Fax#: License#:<br>State#: 326916 Date of Birth                                                                                                                                                  | h:<br>Shipper: N/A                                                                                                                                                         |                |
| Highway:         Origin: N/A           County: LOS ANGELES         Destination: N/A                                                                                                                      | Bill of Lading: N/A<br>Cargo: N/A                                                                                                                                          |                |
| VEHICLE IDENTIFICATION           Unit         Type Make Year State         Plate         Equipment ID         VIN           1         BU FORD 2003         CA 8X79074         198         1FDWE35L63HA97 | <u>GVWR CVSA Existing</u> <u>CVSA #</u><br>7724 11500                                                                                                                      | HINTON BARRIER |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                                                                                                    |                                                                                                                                                                            |                |
| VIOLATIONS           Section         Type Unit OOS         Citation # VerifyCrash Violations Discovered           1248 CCR         S         1         N         N         Battery hold down miss        | sing                                                                                                                                                                       |                |
| HazMat: No HM transported                                                                                                                                                                                | Placard: Cargo Tank:                                                                                                                                                       |                |
| Special Checks: No data for special checks                                                                                                                                                               |                                                                                                                                                                            |                |
| State Information:<br>Real/Sub Area: S44: Bus Type: 1: File Code Number: 245940; Eucl Ty                                                                                                                 |                                                                                                                                                                            |                |

Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 222901; Passenger Capacity: 20; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

Report Prepared By: S. M. Middlebrooke <u>Badge #:</u> A13337

Х

Copy Received By:



Х

|                                                                                                          | DRIVER/VE    | HICLE EXAMINATION RE                                                | PORT                                                                                                  | inSPECT 1.0.8                               |
|----------------------------------------------------------------------------------------------------------|--------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------|
| 411 North<br>Glendale,<br>Phone: (32                                                                     | 23) 644-9557 | inspe<br>Start                                                      | ort Number: CAA1<br>action Date: 05/02<br>: 1:00 PM PD En<br>action Level: V - T<br>Ispection Type: N | 2016<br>d: 1:30 PM PD<br>erminal Inspection |
| EMPIRE TRANSPORTATIO<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br><b>JSDOT:</b> 2731988<br><b>MC/MX#:</b> | ON INC       | Driver:<br>License#:<br>Date of Birth:<br>76 CoDriver:<br>License#: |                                                                                                       | State:                                      |
| State#: 326916<br>Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES                                | 0            | Date of Birth:<br>ilepost: Shipper<br>rigin: N/A<br>estination: N/A |                                                                                                       | ding: N/A<br>/A                             |
| VEHICLE IDENTIFICATION<br>Init Type Make Year State<br>1 BU FORD 2011 CA                                 |              | <u>VIN GV</u><br>1FDFE4FS2BDA46237 14                               | WR CVSA Existing                                                                                      | CVSA#                                       |
| BRAKE ADJUSTMENTS<br><u>xxle # 1 2</u><br>Right N/A N/A<br>eft N/A N/A<br>Chamber HYDR HYDR              |              |                                                                     |                                                                                                       |                                             |
| IOLATIONS<br>ection Type Unit OC<br>232(C) CCR S 1 N                                                     |              | Violations Discovered<br>Oil leak at rear of transmission e         | extension housing                                                                                     | 4999-1999-1999-1999-1999-1999-1999-1999     |
|                                                                                                          |              |                                                                     |                                                                                                       |                                             |
| lazMat: No HM transported                                                                                | 1            | Plac                                                                | ard:                                                                                                  | Cargo Tank:                                 |

Beat/Sub Area: S44; Bus Type: 1; File Code Number: 245940; Fuel Type: G; Odometer: 131667; Passenger Capacity: 16; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 10; WC Passenger Capacity: 2

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

Report Prepared By: S. M. Middlebrooke

х

<u>Badge #:</u> A13337

Х



|                                                                        |                                                                   |                                     | DRIVER/                | VEHIC                                   | LE EXAMINATIO                                                                                                   | ON REPORT                                                                                            |                                               | inSPECT 1.0.86          |
|------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------|------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------------|
| @HP                                                                    | California<br>411 North<br>Glendale,<br>Phone: (32<br>Internation | Central A<br>CA 91203<br>3) 644-95  | venue, #4<br>57        |                                         | HP407F/343A                                                                                                     | Report Number: (<br>Inspection Date: (<br>Start: 1:30 PM PD<br>Inspection Level:<br>HM Inspection Ty | 05/02/2016<br>End: 2:00<br>V - Terminal       | PM PD                   |
| EMPIRE TRAN<br>8800 PARK ST<br>BELLFLOWER<br>USDOT: 27319              | , CA, 90706                                                       |                                     | : (562)529-            | 9670                                    | Driver:<br>License#:<br>Date of Birth                                                                           |                                                                                                      |                                               | State:                  |
| MC/MX#:<br>State#: 326916<br>Location: BELI                            |                                                                   | Fax#:                               | . (302)329*            | Milep                                   | CoDriver:<br>License#:<br>Date of Birth:<br>ost: Sh                                                             | ipper: N/A                                                                                           |                                               | State:                  |
| Highway:<br>County: LOS A                                              |                                                                   |                                     |                        | Origir                                  | n: N/A<br>nation: N/A                                                                                           | Bill                                                                                                 | of Lading: N<br>go: N/A                       | /A                      |
| VEHICLE IDEN<br>Unit Type Make<br>1 BU FORD                            |                                                                   | <b>i</b><br><u>Plate</u><br>0593041 | Equipment<br>303       |                                         | VIN<br>DXE45S07DB323                                                                                            | GVWR CVSA Ex<br>05 14050                                                                             | isling CVS/                                   | <u>\</u>                |
| BRAKE ADJUS<br><u>Axle #</u> 1<br>Right N//<br>Left N//<br>Chamber HYE | 2<br>A N/A                                                        |                                     |                        |                                         |                                                                                                                 |                                                                                                      |                                               |                         |
| VIOLATIONS<br>Section<br>699(D) CCR<br>1232(A) CCR<br>/001             | Type Unit OC<br>S 1 M<br>S 1 M                                    |                                     | N                      | N Left                                  | ations Discovered<br>turn signal indicator<br>eel chair lift not depic                                          |                                                                                                      | 981755412an; sunna mutaa mutaa ay 200,000 min |                         |
| HazMat: No HM                                                          | transported                                                       |                                     |                        |                                         |                                                                                                                 | Placard:                                                                                             | Cargo                                         | Tank:                   |
| Special Checks                                                         | : No data fo                                                      | r special o                         | checks                 |                                         |                                                                                                                 |                                                                                                      |                                               |                         |
| State Information<br>Beat/Sub Area: 5<br>12; Pre-Cleared               | S44: Bus Tv                                                       | pe: 1; File<br>PUC: 215             | Code Nun<br>07; Regula | nber: 24<br>ted Vel                     | 45940; Fuel Typ<br>hicle: Y; Veh #1                                                                             | e: G; Odometer: 28<br>Type: 10; WC Pass                                                              | 5590; Passer<br>enger Capac                   | ger Capacity:<br>ly: 3  |
| service most de com                                                    | ONS ARE CLE                                                       | e venicie is (<br>ARED, This        | document sh            | ie hinhw                                | 2V FOLVOUR CORVER                                                                                               | nust be corrected prior to<br>ence, KEEP THIS REPO<br>e court for clearance pro                      | 10T AD & CARL                                 | 1 1 1 1 TLUC MOUNT HOUR |
|                                                                        |                                                                   |                                     | 1                      | *30007********************************* | la den mana de la companya de la com | **************************************                                                               |                                               | ······                  |
|                                                                        |                                                                   |                                     |                        |                                         |                                                                                                                 |                                                                                                      |                                               |                         |
|                                                                        |                                                                   |                                     |                        |                                         |                                                                                                                 |                                                                                                      |                                               |                         |

Report Prepared By: S. M. Middlebrooke

Х

.

Badge #: A13337

Х



| •                                                                             | DRIV                                                                                                                              | VER/VEHICLE EXAMINATI                                                                                           | ON REPORT                       | inSPECT 1.0.86                                                                                                  |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                                                               | California Highway Patro<br>411 North Central Avenue<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accredited |                                                                                                                 | Inspection Da<br>Start: 2:00 PM | er: CAA133370180<br>ate: 05/02/2016<br>1 PD End: 2:30 PM PD<br>vel: V - Terminal Inspection<br>n Type: None     |
| EMPIRE TRAN<br>8800 PARK ST<br>BELLFLOWER,<br>USDOT: 27319                    |                                                                                                                                   | Driver:<br>License#:<br>Date of Birth<br>)529-2676 CoDriver:                                                    |                                 | State:                                                                                                          |
| MC/MX#:<br>State#: 326916<br>Location: BELL<br>Highway:<br>County: LOS A      | Fax#:                                                                                                                             | License#:<br>Date of Birth                                                                                      | nipper: N/A                     | State:<br>Bill of Lading: N/A<br>Cargo: N/A                                                                     |
| VEHICLE IDEN<br>Unit Type Make                                                | TIFICATION<br>Year State Plate Equip                                                                                              | oment ID VIN<br>302 1FDXE45S67DB29                                                                              | GVWR CVS                        |                                                                                                                 |
| BRAKE ADJUS<br>Axle # 1<br>Right N//<br>Left N//<br>Chamber HYE               | 2<br>A N/A                                                                                                                        |                                                                                                                 |                                 |                                                                                                                 |
| VIOLATIONS<br>Section<br>1232(A) CCR<br>/001                                  | Iype Unit <u>OQS</u> <u>Citation # Ve</u><br>S 1 N                                                                                | rifyCrash Violations Discovered<br>N N Wheel chair lift not dep                                                 | oying                           |                                                                                                                 |
| HazMat: No HM                                                                 | transported                                                                                                                       |                                                                                                                 | Placard:                        | Cargo Tank:                                                                                                     |
| Special Checks                                                                | : No data for special check                                                                                                       | 5                                                                                                               |                                 |                                                                                                                 |
| State Information<br>Beat/Sub Area: 9<br>12; Pre-Cleared                      |                                                                                                                                   | e Number: 245940; Fuel Tyj<br>egulated Vehicle: Y; Veh #1                                                       | e: G; Odomete<br>Type: 10; WC I | r: 306192; Passenger Capacily:<br>Passenger Capacity: 2                                                         |
| Pursuant to Section 2<br>service must be corre                                | 24004 CVC, violations recorded or<br>scted before the vehicle is operate                                                          | this SafetyNet inspection Report<br>d on the highway. For your conver                                           | must be corrected p             | arior to redispatch. Violations marked out of REPORT OR A COPY IN THE VEHICLE re procedures. DO NOT RETURN THIS |
| ана или и политични россии за колот и то се <b>на на на на на</b> на нарадиа. | анна на продела на селото на селото на на на на на на на на на на на на на                                                        | 99 - 2017 - 2017 - 2017 - 21 201 - 111 - 11 - 2016 - 2016 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 2017 - 20 |                                 |                                                                                                                 |

Report Prepared By: S. M. Middlebrooke

.

<u>Badge #:</u> A13337

х

Copy Received By:



X

| STATE OF CALIFORNIA                                                                           |                 |                         |                    |           |         |
|-----------------------------------------------------------------------------------------------|-----------------|-------------------------|--------------------|-----------|---------|
| DEPARTMENT OF CALIFORNIA HIGHWAY PATROL<br>CARRIER INSPECTION<br>CHP 343D (Rev. 2-99) OPI 062 |                 | This report contains CO | ONFIDENTIAL pages. | Pages     | of      |
| CARRIER NAME                                                                                  |                 |                         | CANUMBER           | LOC. CODE | SUBAREA |
| EMPIRE TRANSPORTATION INC                                                                     |                 |                         | 326916             | 550       | S44     |
| STREET ADDRESS, CITY, STATE, ZIP CODE                                                         | -51             |                         | PHONE NUMBER       | DATE      |         |
| 8800 PARK ST, BELLFLOWER, CA 90706                                                            |                 |                         | 562-529-2676       |           |         |
| CARRIER REPRESENTATIVE                                                                        |                 |                         | TITLE              | TIME IN   | TIMECUT |
| JOSE GUZMAN                                                                                   |                 |                         | SAFETY MANAGER     |           |         |
| NSPECTION LOCATION (IF OTHER THAN THE CARRIER'S PRINCIPAL PLAN                                | CE OF BUSINESS) | ******                  | U.S. DOT NUMBER    | MC NUMBER | L       |
| 8800 PARK ST, BELLFLOWER, CA 90706                                                            |                 |                         | 2731988            |           | N/A     |
|                                                                                               |                 |                         |                    | 1         |         |

On this date, the above named motor carrier was inspected by the California Highway Patrol. The inspection evaluated the carrier's compliance with the following requirements:

OTHER:

REMARKS

Carrier is enrolled in a random controlled substance and alcohol testing program with:

GAMINO & ASSOCIATES 525 W. BRADLEY EL CAJON, CA 92020 P: 619-334-2145

| RATING HIS                                                   | TORY     | *****          |                          | ******                                  |        |                    | NUMBER OF RECORDS                                | NUMBER OF<br>VIOLATIONS                    | CHP 345<br>ISSUED                                  | SUSPENSE DATE                                           | CHP 1000<br>COLUMN NO.                                                                |
|--------------------------------------------------------------|----------|----------------|--------------------------|-----------------------------------------|--------|--------------------|--------------------------------------------------|--------------------------------------------|----------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------|
| 1_5_                                                         | 2_       | S              | 3_                       | S                                       | 4_     | S                  | 40                                               | 0                                          |                                                    | None None                                               |                                                                                       |
| NSPECTED BY (NAME)                                           |          |                |                          |                                         |        |                    |                                                  |                                            | ID NUMBER                                          |                                                         | CARRIER TYPE                                                                          |
| S.MIDDLEBROOKE                                               |          |                |                          |                                         | A13337 |                    | 🔲 Truck 🔽 Bu                                     |                                            |                                                    |                                                         |                                                                                       |
| •••••                                                        |          |                |                          | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |        |                    |                                                  |                                            |                                                    |                                                         |                                                                                       |
|                                                              |          |                |                          |                                         |        |                    |                                                  | TOR CARRIER                                |                                                    |                                                         | ······································                                                |
| of the Cal<br>Southern                                       | lifornia | i Veh<br>Divis | icie (<br>Ion N          | iooe<br>Ioto                            | r Ca   | l the C<br>rrier S | ed hereon and on the a                           | altached pages 2 t<br>ulations, 1 understa | nrough<br>Ind that I may re                        | will be corrected in acc                                | cordance with applicable provision<br>isfactory rating by contacting the<br>e rating. |
| I hereby c<br>of the Cal<br>Southern<br>CARRIER RE<br>JOSE G | EPRES    | Divis          | icie (<br>Ion A<br>VES I | iooe<br>Ioto                            | r Ca   | l the C<br>rrier S | ed hereon and on the a<br>California Code of Reg | altached pages 2 t<br>ulations, 1 understa | hrough<br>Ind that I may re<br>1-9557 w<br>  TITLE | will be corrected in acc<br>quest a review of an unsati | isfactory rating by contacting the                                                    |

| r ×                |           |           |                                        |               | C               | alifornia Hi | ghway Patrol                           |                    |                  |                  |        |
|--------------------|-----------|-----------|----------------------------------------|---------------|-----------------|--------------|----------------------------------------|--------------------|------------------|------------------|--------|
| A DA               | US DO     | T#        | Lega                                   | I: EMPIRI     | E TRANSPO       | ORTATION     | INC                                    |                    |                  |                  |        |
|                    | 273198    | 8         | Opei                                   | rating (DB    | A):             |              |                                        |                    |                  |                  |        |
| MC/MX #:           |           | Sta       | ate #                                  | : 326916      |                 | Federal T    | ax ID:27-0121666 (                     | (EIN)              |                  |                  |        |
| Review T           | ype: Nor  | n-ratable | e Rev                                  | view - Spe    | cial Study      |              |                                        |                    |                  |                  |        |
| Scope:             |           | minal     |                                        |               |                 | of Review/   | Audit: Company fa                      | cility in the U. S | *                | Territory:       | С      |
| Operation          | Types     | Inters    | tate                                   | Intrastate    |                 |              |                                        |                    |                  |                  |        |
| -                  | Carrier:  | N/A       |                                        | Non-HM        |                 | Corporatio   | n                                      |                    |                  |                  |        |
|                    | hipper:   | N/A       |                                        | N/A           | Gross Re        | venue:       |                                        | for year endi      | ng:              |                  |        |
| Cargo              | o Tank:   |           | N/A                                    |               |                 |              |                                        |                    |                  |                  |        |
| Company            | Physica   | I Addre   | 255:                                   |               |                 |              |                                        |                    |                  |                  |        |
| 8800 PAF           | RK ST     |           |                                        |               |                 |              |                                        |                    |                  |                  |        |
| BELLFLO            | WER, C    | A 9070    | 6                                      |               |                 |              |                                        |                    |                  |                  |        |
| Contact I          | Name:     | JO        | SE G                                   | SUZMAN        |                 |              |                                        |                    |                  |                  | -      |
| Phone nu           | umbers:   | (1) 562   | 2- 52                                  | 9-2676        | (2)             |              | Fax                                    |                    |                  |                  |        |
| E-Mail Ac          | ldress:   |           |                                        |               | • •             |              |                                        |                    |                  |                  |        |
| Company            | Mailing   | Addres    | s:                                     |               |                 |              |                                        |                    |                  |                  |        |
| 8800 PAR           | RK ST     |           |                                        |               |                 |              |                                        |                    |                  |                  |        |
| BELLFLO            | WER, C    | A 9070    | 5                                      |               |                 |              |                                        |                    |                  |                  |        |
| Carrier Cla        | assificat | ion       |                                        |               |                 |              |                                        |                    |                  |                  | *****  |
| Privat             | e Passe   | nger, Bi  | usine                                  | SS            | Othe            | r: INTRAS    | ΓΑΤΕ                                   |                    |                  |                  |        |
| Cargo Cla          |           | оп        |                                        |               |                 |              |                                        | *****              | ******           |                  |        |
| Passe              |           |           |                                        | Othe          | r: MOBILE       | MECHANI      | 2                                      |                    | -                |                  |        |
| Equipmen           | it        |           |                                        |               |                 |              |                                        |                    |                  |                  |        |
| Truck              |           |           | Ow                                     | ned Tern<br>1 | n Leased 1<br>0 | rip Leased   | Minibus, 16+                           | Owned<br>50        | <u>d Term Le</u> | ased Trip I<br>0 | Leased |
| Van, 9             |           |           |                                        | 22            | 0               | 0            | www.upua, io.                          | 00                 | ,<br>,           | Ų                | 0      |
| Power units        |           | the U.S   | 5.:73                                  |               |                 |              |                                        |                    |                  |                  |        |
| Percentage         | of time   | used in   | the l                                  | J.S.: 100     |                 |              |                                        |                    |                  |                  |        |
| Does car           | rier tran | sport p   | laca                                   | rdable qu     | antities of I   | HM? No       |                                        |                    |                  |                  |        |
| ls an HM           | Permit r  | equire    | d?                                     |               |                 | N/A          |                                        |                    |                  |                  |        |
| <b>Driver</b> info | ormatio   | 1         |                                        | 4             |                 |              |                                        |                    |                  |                  |        |
|                    |           | Inte      | ər                                     | Intra         | Average         | trip leased  | i drivers/month: 0                     |                    |                  |                  |        |
| < 10               | 00 Miles  | :         |                                        | 321           | J-              | •            | Total Drivers: 3                       |                    |                  |                  |        |
| >= 1(              | 00 Miles  | :         |                                        | 1             |                 |              | CDL Drivers:                           |                    |                  |                  |        |
|                    |           |           | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |               |                 |              | ······································ |                    |                  | ****             |        |

| Ø         | EMPIRE TRANSPORTATION INC - Terminal<br>U.S. DOT #: 2731988                            | State #: 326916                    | Review Date:<br>05/11/2016 |
|-----------|----------------------------------------------------------------------------------------|------------------------------------|----------------------------|
|           | Part A                                                                                 |                                    |                            |
|           | ESTIONS regarding this report may be directed to the South tor Carrier Safety Unit at: | ern Division                       |                            |
|           | 437 North Vermont Ave<br>Los Angeles, CA 9004<br>(323) 644-9557                        |                                    |                            |
|           | This TERMINAL REVIEW deals only with s                                                 | afety compliance at this terminal. |                            |
| Person(s) | Interviewed                                                                            |                                    |                            |
| Name: J   | IOSE GUZMAN                                                                            | Title: SAFETY MANAGER              |                            |
| Name:     |                                                                                        | Title:                             |                            |

| 2          | EMPIRE TRANSPORTATION<br>U.S. DOT #: 2731988                       | DN INC - Terminal | State #: 326916                                                                                                                 | Review Date:<br>05/11/2016 |
|------------|--------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|
|            |                                                                    | Part B \          | liolations                                                                                                                      | L                          |
| Tota       | ness Rating Information:<br>al Miles Operated<br>ordable Accidents | 500,000<br>0      | OOS Vehicle (CR): 0<br>Number of Vehicle Inspected (CR): 0<br>OOS Vehicle (MCMIS): 0<br>Number of Vehicles Inspected (MCMIS): 0 |                            |
| Your propo | osed safely rating is :<br>This                                    | Review is no      | ot Rated.                                                                                                                       |                            |
|            |                                                                    |                   |                                                                                                                                 |                            |

| C        | EMPIRE TRANSPORTATION INC - Terminal U.S. DOT #: 2731988       | State #: 326916                      | Review Date:<br>05/11/2016 |
|----------|----------------------------------------------------------------|--------------------------------------|----------------------------|
|          | Part B Requirements and/or R                                   | ecommendations                       |                            |
| 1. Forms | and publications are available at the CHP internet website at: | http://www.chp.ca.gov/publications/i | ndex.html                  |

.

| C                                               | EMPIRE TRANSPORTATION INC - Terminal U.S. DOT #: 2731988                                                                                                                                                                                     |                                                                  | State #: 32                      | 26916                                 | Review Date:<br>05/11/2016 |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------|---------------------------------------|----------------------------|
|                                                 | F                                                                                                                                                                                                                                            | 'art C                                                           |                                  |                                       |                            |
|                                                 | n for Review: Other CS<br>ed Action: Compliance Monitoring                                                                                                                                                                                   | SAT                                                              |                                  |                                       |                            |
|                                                 | Reviewed Certification:<br>382 383 387 390 391 392 393 395                                                                                                                                                                                   | 396 397 398 3                                                    | 399 171 1                        | 72 173 177 1                          | 78 180                     |
| <u>Prior R</u><br>7/9/201<br>6/18/20<br>6/19/20 | 5<br>114                                                                                                                                                                                                                                     | on not Rated: Specia                                             | al Study                         | Study Code: CA                        |                            |
| ls the r<br>proced<br>transpo<br>Does c         | Unfit Information<br>notor carrier of passengers subject to the safet<br>lures contained in 49 CFR part 385 subpart A, A<br>ort passengers in a commercial motor vehicle?<br>arrier transport placardable quantities of hazar<br>Jnfit rule: | ND does it<br>Ye<br>rdous materials?                             | es - Intrastate<br>ot Applicable |                                       |                            |
|                                                 | ate Contact: JOSE GUZMAN<br>ate Contact Title: SAFETY MANAGER                                                                                                                                                                                |                                                                  |                                  | dy Information:                       |                            |
| Termina<br>Rating I                             | ks:<br>I Name: Empire Transportation CA # - 326916<br>I Address: 8800 Park St., Bellflower, Ca 90706<br>Information:<br>dance with 13 CCR 1233, this carrier has been rat                                                                    | FCN - 245940<br>ed Satisfactory at thi                           |                                  |                                       |                            |
|                                                 | ROGRAM VIOLATIONS:<br>ds are current and on file at this time.                                                                                                                                                                               |                                                                  |                                  |                                       |                            |
|                                                 |                                                                                                                                                                                                                                              | Upload Authorized<br>Authorized by:<br>Uploaded:<br>Verified by: |                                  | No<br>Date:<br>lo Failure Co<br>Date: | ie:                        |
|                                                 |                                                                                                                                                                                                                                              |                                                                  |                                  |                                       |                            |

| STATE OF CALIFORNIA HIGHWAY PATROL DEPARTMENT OF CALIFORNIA HIGHWAY PATROL CARRIER INSPECTION CHP 343D (Rey, 2-99) OPI 062 | ONFIDENTIAL pages.  | Pages <u>1</u> of <u>1</u> |          |  |
|----------------------------------------------------------------------------------------------------------------------------|---------------------|----------------------------|----------|--|
| CARRIER MANE                                                                                                               | CANUMBER            | LOC. CODE                  | SUBAREA  |  |
| EMPIRE TRANSPORTATION INC                                                                                                  | 326916              | <b>5</b> 50                | S44      |  |
| STREET ADDRESS, CITY, STATE, ZIP CODE                                                                                      | PHONE NUMBER        | DATE                       |          |  |
| 8800 PARK ST, BELLFLOWER, CA 90706                                                                                         | 562-529-2676        | 562-529-2676 07/09/15      |          |  |
| CARRIER REPRESENTATIVE                                                                                                     | TITLE               | TIME IN                    | TIME OUT |  |
| JOSE GUZMAN                                                                                                                | SAFETY MANAGER      |                            |          |  |
| INSPECTION LOCATION (IF OTHER THAN THE CARRIER'S PRINCIPAL PLACE OF BUSINESS)                                              | U.S. DOT NUMBER     | MC NUMBER                  | - L      |  |
| 8800 PARK ST, BELLFLOWER, CA 90706                                                                                         | N/A                 | N/A                        |          |  |
| REMARKS                                                                                                                    |                     |                            |          |  |
| Carrier is enrolled in a random controlled substance and alcohol te                                                        | sting program with: |                            |          |  |
| GAMINO & ASSOCIATES<br>525 W. BRADLEY                                                                                      |                     |                            |          |  |
| EL CAJON, CA 92020<br>P: 619-334-2145                                                                                      |                     |                            |          |  |
|                                                                                                                            |                     |                            |          |  |
|                                                                                                                            |                     |                            |          |  |
|                                                                                                                            | *                   |                            |          |  |
|                                                                                                                            |                     |                            |          |  |

| RATING HISTORY                                                                                                          | NUMBER OF RECORDS | NUMBER OF           | CHP 345<br>USSUED | SUSPENSE DATE  | CHP 1000                        |
|-------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|-------------------|----------------|---------------------------------|
| 1 <u>S 2 5 3 5 4 5</u>                                                                                                  | 40                | 0                   |                   | Auto           | COLUMN NO.                      |
| INSPECTED BY (NAME)                                                                                                     |                   |                     | ID NUMBER         |                | CARRIER TYPE                    |
| S.MIDDLEBROOKE                                                                                                          |                   | A13337              | ·                 | 🔲 Truck 🖓 Bus  |                                 |
|                                                                                                                         | MOT               | OR CARRIER          | CERTIFICA         | TION           |                                 |
| I hereby certify that all violations recor<br>of the California Vehicle Code and the<br>Southern Division Motor Carrier |                   | lations. I understa | nd that I may re  |                |                                 |
| CARRIER REPRESENTATIVE'S PRINTED NAME                                                                                   |                   |                     | TITLE             |                | DRIVER LICENSE NUMBER AND STATE |
| JOSE GUZMAN                                                                                                             | X                 |                     | S                 | SAFETY MANAGER |                                 |
| CARRIER REPRESENTATIVE'S DENATURE                                                                                       | /]                |                     | CURRENT CAP       | RRIER RATING   | DATE                            |
| Here/                                                                                                                   | 7                 | ~                   |                   | SATISFACTORY   | 07/09/15                        |
|                                                                                                                         |                   | Ocstray provious    | artitions         |                | C343D 10-933                    |

| our my marti o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FORNIA                                                                                                 | HIGHWAY PATRO                                              |                                                   |                            |                                              |                                                 |                                                   |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | Rege.1                                                                                                         | 101 12 pages                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------|----------------------------|----------------------------------------------|-------------------------------------------------|---------------------------------------------------|------------------------------------------------------|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------|
| SAFETY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                                                                                                      | ANCE REP                                                   |                                                   |                            | Yes                                          | NFORMATION                                      |                                                   | мвен<br>326916                                       |                                                    | FILE CODE N<br>3797                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | COUNTY                                                | 30                                                                                                             | [EED                                     |
| TERMINA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | L RECO                                                                                                 | RD UPDA1                                                   | Έ                                                 | TERMINA                    |                                              | 3                                               | CODE                                              |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CODE                                                  |                                                                                                                | BAREA                                    |
| CHP 343 (Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        | 062                                                        |                                                   | $\Box$                     | Truc                                         | ] Bus                                           | Т                                                 |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 670                                                   |                                                                                                                | 05                                       |
| rerminal name<br>Empire Tra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        | on Inc                                                     |                                                   |                            |                                              |                                                 | **************************************            | *********                                            |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PHONE NU                                              | MBER (W/                                                                                                       | AREA CODE)                               |
| ERMINAL STRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ET ADDRESS (                                                                                           | NUMBER, STREE                                              | , CITY, ZIP CODE                                  | }                          |                                              |                                                 |                                                   |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7                                                     | 14-781                                                                                                         | ~1359                                    |
| 300 W Kate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ella Ave A                                                                                             | naheim CA                                                  | 92802                                             |                            |                                              |                                                 |                                                   |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                                                |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                        | ver CA 907                                                 | ate, zipcodej (if<br>06                           |                            |                                              |                                                 | INSPECTION                                        |                                                      |                                                    | R, STREET, I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CITY OR C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | OUNTY)                                                | 1949, 1947 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - 1974 - |                                          |
| VI LIC, NO,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HWT. I                                                                                                 | REG. NO,                                                   | IMS LIC. NO.                                      | LICENS                     | SE, FLE<br>RUCKS /                           | SET AND T                                       | ERMINAL I                                         |                                                      | BUSES                                              | BY TYPE<br>1 II-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | DRIV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rers<br>34                                            | B                                                                                                              | IT FLEET SIZE                            |
| P. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | EXP. C                                                                                                 | ATE                                                        | EXP. DATE                                         |                            | EG. CT                                       |                                                 | HW VEH.                                           |                                                      | нусо                                               | NT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ICSAT<br>Yes                                          | 1 No                                                                                                           |                                          |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | terminals<br>No                                                                                        |                                                            | FILE CODE NUMB                                    |                            |                                              |                                                 |                                                   |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | se Remark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s för Addillor                                        | al FCNS)                                                                                                       |                                          |
| MERGENCY CI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DNTACT (NAM                                                                                            | <del>F)</del>                                              | EME                                               | RGENC                      | YCON                                         | TACTS (Ir                                       | Calling Or                                        | der of Pr                                            | eferer<br>E)                                       | 100)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INGH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TIELEPHC                                              | NE NO IW                                                                                                       | TAREA CODE)                              |
| lises Serp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                            |                                                   |                            |                                              |                                                 | 714-                                              | 781-13                                               | 59                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | 0-345                                                                                                          | •                                        |
| MERGENCY CO<br>Prtha Agui                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        | ž)                                                         |                                                   |                            |                                              | DAY TELEPH                                      | ONE NO. (W/A                                      |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NIGHT TELEPHONE NO. (W/AREA CODE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                                                                                                                |                                          |
| - ma nyu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        | E                                                          | TIMATED, CA                                       | IFORNI                     | A MILE                                       | AGEFOR                                          |                                                   | 529-26                                               |                                                    | SAB.P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       | 0-562-                                                                                                         | 2241                                     |
| UNDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | B 15,0                                                                                                 | 16                                                         | 50,001-                                           | b<br>100,0                 |                                              | F                                               |                                                   | 1,000,0                                              | 1                                                  | G: 2,000,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 山<br>                                                 | ]                                                                                                              | 1                                        |
| 15,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>, 50, الـــا</u>                                                                                    | 11 1                                                       | 100.000                                           | 500.0                      | ICO<br>ERATIN                                |                                                 | RITIES OR                                         | 2,000,0                                              | 00<br>S                                            | 5,000,0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10,0                                                  | 0,001                                                                                                          | MORE THAN<br>10,000,000                  |
| IC [드                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ) T                                                                                                    |                                                            | PSC 2                                             | 1507                       |                                              | TOR CARRIE                                      | R OF PROPER                                       |                                                      | ACTIVE                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | IMS F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | IINESS EVA                                            | LUATION<br>NO                                                                                                  |                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DOT NUMBER<br>2731                                                                                     |                                                            | MC                                                |                            |                                              | ] MC                                            |                                                   |                                                      | ON FOR                                             | INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | <b></b>                                                                                                        |                                          |
| PECTION FINI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        | /1                                                         | MX<br>TATINGS: S = S:                             | listerory                  | <u>العالم</u>                                | MX MX                                           | C = Conditio                                      |                                                      | 3/                                                 | PUC R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | eques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | / CHP                                                 | nspec                                                                                                          | lion                                     |
| QUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VIOL                                                                                                   | MAINTENAM                                                  | ICE PROGRAM                                       |                            | VER REC                                      |                                                 |                                                   | OUIPMENT                                             |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Application ous MAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                       |                                                                                                                | TERMINAL                                 |
| NTENANCE<br>IGRAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        | 1 <u>S 2 S</u>                                             | 3 S 4 S                                           | 1_S_2                      | S 3                                          | S <sub>4</sub> S                                | 1 S 2 S                                           | 3 S .                                                | 4 S                                                | $_1 N/A_2$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4                                                     | 1 5 2                                                                                                          | S 3 S 4 S                                |
| /ER<br>ORDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |                                                            | - 40                                              | <i></i>                    | Salaharan or one                             | ~ ~                                             |                                                   |                                                      |                                                    | TIME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | OTAL TIM                                                                                                       | Ę                                        |
| /ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        | No. 6<br>HAZARDOUS M                                       | ATERIALS                                          | <u>No. 17</u>              | <u> </u>                                     | ne 6.0                                          | NO. 6<br>CONTAINERS                               | Time (                                               | <u>3.0</u>                                         | VEHICLES P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ACED OF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T-OE-SERV                                             | 1°E                                                                                                            | 16.0                                     |
| Rs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        | No,HIMITY                                                  | ansported,                                        | ]<br>Nr.HVM                | Malalier                                     | r. <del>nqladi</del>                            | Na.                                               | Time                                                 |                                                    | Vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       | Inits                                                                                                          |                                          |
| KES<br>PS &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        | REMARKS                                                    |                                                   |                            |                                              |                                                 |                                                   |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                                                |                                          |
| ALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1                                                                                                      | SEE AT                                                     | FACHED PA                                         | AGES                       | (PAR                                         | T B AND                                         | PART C                                            | ) FOR                                                | INSI                                               | PECTIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N FIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | DINGS,                                                | ACTI                                                                                                           | ONS                                      |
| ** 16-3<br>*****                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ]                                                                                                      | INCCESS                                                    | PARTIUG                                           | AIN CO                     | OMPL                                         | IANCE                                           | AND DIR                                           | ECTIV                                                | ES.                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                                                |                                          |
| NECTING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                        |                                                            |                                                   |                            |                                              |                                                 |                                                   |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                                                |                                          |
| NECTING<br>CES<br>FRING &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        | 7                                                          |                                                   |                            |                                              |                                                 |                                                   |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                                                |                                          |
| NECTING<br>CES<br>RING &<br>PENSION<br>S &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |                                                            |                                                   |                            |                                              |                                                 |                                                   |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                                                |                                          |
| NECTING<br>CES<br>PRING &<br>PENSION<br>S &<br>ELS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |                                                            |                                                   |                            |                                              |                                                 |                                                   |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                                                |                                          |
| NECTING<br>CES<br>ERING &<br>PENSION<br>S &<br>ELS<br>PMENT<br>JIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                        |                                                            |                                                   |                            |                                              |                                                 |                                                   |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                                                |                                          |
| INECTING<br>ICES<br>ERING &<br>PENSION<br>S &<br>IELS<br>IPMENT<br>UIREMENTS<br>TAINERS &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                                                            |                                                   |                            |                                              |                                                 |                                                   |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                                                |                                          |
| INECTING<br>ICES<br>ERING &<br>PENSION<br>IS &<br>IELS<br>IPMENT<br>UIREMENTS<br>TAINERS &<br>S<br>ARDOUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |                                                            |                                                   |                            |                                              |                                                 |                                                   |                                                      |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                                                                                                                |                                          |
| INECTING<br>ICES<br>ERING &<br>PENSION<br>IS &<br>ELS<br>IPMENT<br>UIREMENTS<br>TAINERS &<br>(S<br>ARDOUS<br>ERIALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                        | FEES DUE                                                   | ,                                                 | HP 100D C                  | <del>.</del> .01., ;                         |                                                 | INSPECT                                           | ION DATE(                                            | 5)                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | IME IN                                                | 11                                                                                                             | IME OUT                                  |
| NECTING<br>ICES<br>ERING &<br>PENSION<br>S &<br>ELS<br>IPMENT<br>UREMENTS<br>TAINERS &<br>IS<br>RIDOUS<br>FRIALS<br>I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | × 🖸                                                                                                    | FEES DUE                                                   | [CHP 345 ] C<br>Nd                                | HP 1000 C                  | юі,<br>8,                                    | 9                                               |                                                   | 5/19/20                                              | · ·                                                | /20/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 060                                                   | o                                                                                                              | IME OUT<br>1430                          |
| NECTING<br>CES<br>RING &<br>PENSION<br>S &<br>ELS<br>PMENT<br>JIREMENTS<br>JIREMENTS<br>TAINERS &<br>S<br>RIALS<br>I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | R []<br>ME(S))                                                                                         | 4000000 BOWWOO                                             | ,                                                 | HP 1000 C                  |                                              | 9                                               | E                                                 | 5/19/20<br>ER(S)                                     | 16, 5                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E Contraction of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se | 060                                                   |                                                                                                                | 1430                                     |
| NECTING<br>CES<br>FRING &<br>PENSION<br>S &<br>ELS<br>PMENT<br>J/REMENTS<br>I TANNERS &<br>IS<br>RIDOUS<br>FRIALS<br>I<br>ECTED BY (WA/<br>ClemenS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ₹ []<br>ME(S))                                                                                         |                                                            |                                                   | MO                         | 8,<br>TOR C                                  | ARRIER                                          |                                                   | 5/19/20<br>ER(S)<br>ATION                            | · ·                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | E Contraction of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se | 060                                                   |                                                                                                                |                                          |
| NECTING<br>ICES<br>FRING &<br>PENSION<br>S &<br>ELS<br>IPMENT<br>UIREMENTS<br>TAINERS &<br>S<br>ICOUS<br>FRIALS<br>ICCED BY (MAC<br>CLEMENS<br>COLORED SO (MAC<br>ISSON OF THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | کر آب<br>ME(S))<br>hat all violat<br>کړ California ۱                                                   | lons described                                             | Nd                                                | MO1                        | 8,<br>TOR C<br>on the a<br>of Regi           | ARRIER                                          | CERTIFIC)<br>ges (2 throu<br>understand t         | 5/19/20<br>ER(S)<br>A<br>ATION<br>gh 12<br>hat I may | 16, 5<br>\0863<br>(), wil<br>/ reque               | 30<br>Il be correc<br>est a reviev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ted in an u                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 060<br>USPENSE D                                      |                                                                                                                | 1430<br>None                             |
| INECTING<br>ICES<br>FRING &<br>PENSION<br>S &<br>ELS<br>IPMENT<br>UREMENTS<br>TANNERS &<br>S<br>S<br>RIDOUS<br>FRIALS<br>I<br>CCIED BY (MA/<br>CCIEMENS<br>COLOMENS<br>COLOMENS<br>COLOMENS<br>COLOMENS<br>COLOMENS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ME(S))<br>hat all violat<br>california \<br>lotor Carrier                                              |                                                            | hereon and re<br>ind the Californ<br>upervisor at | MO1                        | 8,<br>TOR C<br>on the a<br>of Regi<br>714-21 | ARRIER<br>Ittached pa<br>ulations, 1<br>88-2603 | CERTIFIC)<br>ges (2 throu<br>understand<br>within | 5/19/20<br>ER(S)<br>A<br>ATION<br>gh 12<br>hat I may | 16, 5<br>\0863<br>(), wil<br>/ reque               | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ted in an<br>v of an u<br>ng.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 060<br>USPENSE D<br>Aut<br>Ccordance<br>Insatisfatc   |                                                                                                                | 1430<br>None                             |
| INECTING<br>ICES<br>ERING &<br>PENSION<br>IELS<br>IELS<br>IPMENT<br>UIREMENTS<br>ITAINERS &<br>KS<br>ARDOUS<br>ERIALS<br>I[]<br>ECCED BY (WA<br>ECCED BY (WA<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEMENS<br>ICLEM | A<br>ME(S))<br>hat all violat<br>a California N<br>totor Carrier<br>L RATING<br>ATISFA                 | Ins described<br>Ions described<br>Safety Unit Si<br>CTORY | hereon and re<br>ind the Californ<br>upervisor at | MO1<br>corded c<br>ia Code | 8,<br>TOR C<br>on the a<br>of Regi<br>714-21 | ARRIER                                          | CERTIFIC)<br>ges (2 throu<br>understand<br>within | 5/19/20<br>ER(S)<br>A<br>ATION<br>gh 12<br>hat I may | 16, 5<br>\0863<br>(), wil<br>/ reque               | 30<br>If be corrected<br>st a review<br>s of the rational states of the ratio | ted in an<br>v of an u<br>ng.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 060<br>USPENSE D<br>7 Aut<br>ccordance<br>Insatisfatc | O<br>o<br>with app<br>ory ratio                                                                                | 1430<br>None<br>Dificable<br>g by        |
| INECTING<br>ICES<br>FRING &<br>PENSION<br>IS &<br>IELS<br>INPMENT<br>UIREMENTS<br>ITAINERS &<br>KS<br>ARDOUS<br>ERIALS<br>I[]]<br>ICCIED BY (MA<br>ICCIED BY                                                                                                                                                                                                                                        | A<br>ME(S))<br>hat all violat<br>california V<br>lotor Carrier<br>L RATING<br>ATISFA<br>NTATIVE'S PRIM | Ins described<br>Ions described<br>Safety Unit Si<br>CTORY | hereon and re<br>ind the Californ<br>upervisor at | MO1<br>corded c<br>ia Code | 8,<br>TOR C<br>on the a<br>of Regi<br>714-21 | ARRIER<br>Ittached pa<br>ulations, 1<br>88-2603 | CERTIFIC)<br>ges (2 throu<br>understand<br>within | 5/19/20<br>ER(S)<br>A<br>ATION<br>gh 12<br>hat I may | 16, 5,<br>10863<br>(), will<br>() reque<br>ar day: | 30<br>If be corrected<br>st a review<br>s of the rational states of the ratio | ted in an<br>v of an u<br>ng.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 060<br>USPENSE D<br>7 Aut<br>ccordance<br>Insatisfatc | D<br>ATE<br>o<br>with app<br>ory ratio                                                                         | 1430<br>None<br>Dificable<br>g by<br>016 |

| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 | California Highv                                                    | vay Patrol                               |              |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------|--------------|--|--|
| US DOT #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Legal: EMPIRE TRANSPORTATION INC                                                                                |                                                                     | Page 2 of 12                             | 1            |  |  |
| 2731988                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Operating (DB                                                                                                   |                                                                     |                                          |              |  |  |
| MC/MX #: State #: 326916 Federal Tax ID:27-0121666 (EIN)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |                                                                     |                                          |              |  |  |
| Review Type: Non-ratable Review - Special Study                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                                                     |                                          |              |  |  |
| Scope: Termina                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                 | Location of Review/Audit: Company facility in the U.S. Territory: E |                                          |              |  |  |
| Operation Types Interstate Intrastate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                                                     |                                          |              |  |  |
| Carrier: N//                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 | Business: Corporation                                               |                                          |              |  |  |
| Shipper: N//                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 | Gross Revenue:                                                      | for year ending:                         |              |  |  |
| Cargo Tank:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N/A                                                                                                             |                                                                     |                                          |              |  |  |
| Company Physical Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                                                     |                                          |              |  |  |
| 8800 PARK ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                                                     |                                          |              |  |  |
| BELLFLOWER, CA 90706                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                     |                                          |              |  |  |
| Contact Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Jiíses Serpas                                                                                                   |                                                                     | ###~##################################   | sisist-menet |  |  |
| Phone numbers: (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 714-781-1359                                                                                                    | (2) 310-345-2159                                                    | Fax                                      |              |  |  |
| E-Mail Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                                                     |                                          |              |  |  |
| Company Mailing Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ress:                                                                                                           | **************************************                              | ₩468388888848444444444444444444444444444 |              |  |  |
| 8800 PARK ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                                                     |                                          |              |  |  |
| BELLFLOWER, CA 907                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 706                                                                                                             |                                                                     |                                          |              |  |  |
| Carrier Classification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | n an eile the second second second second second second second second second second second second second second |                                                                     |                                          |              |  |  |
| Private Passenger,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Business                                                                                                        | Other: T Bus                                                        |                                          |              |  |  |
| Cargo Classification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 |                                                                     |                                          |              |  |  |
| Passengers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |                                                                     |                                          |              |  |  |
| Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 |                                                                     |                                          |              |  |  |
| Owned         Term Leased         Trip Leased         Owned         Term Leased         Trip Leased           Minibus         16±         21         0         0         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1 |                                                                                                                 |                                                                     |                                          |              |  |  |
| Minibus, 16+<br>Power units used in the L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | 0 0                                                                 |                                          |              |  |  |
| Percentage of time used                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |                                                                     |                                          |              |  |  |
| Does carrier transport placardable quantities of HM? No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                 |                                                                     |                                          |              |  |  |
| Is an HM Permit required? N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 |                                                                     |                                          |              |  |  |
| Driver Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 |                                                                     |                                          | _            |  |  |
| lr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | iter Intra                                                                                                      | Average trip leased day                                             | vers/month: ()                           |              |  |  |
| < 100 Miles:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 34                                                                                                              | Average trip leased drivers/month: 0<br>Total Drivers: 34           |                                          |              |  |  |
| >= 100 Miles:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 | CDL Drivers: 34                                                     |                                          |              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 |                                                                     |                                          |              |  |  |

.

. .

|                                                                                                                                | EMPIRE TRANSPORTATION INC - 1<br>U.S. DOT #: 2731988 |                         | Review Date<br>#: 326916 05/20/2016 |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------|-------------------------------------|--|--|--|
|                                                                                                                                |                                                      | Part A                  |                                     |  |  |  |
| Questions regarding this report may be directed to the Border Division<br>Motor Carrier Safety Unit at:<br>9330 Farnham Street |                                                      |                         |                                     |  |  |  |
|                                                                                                                                | San Diego CA 92123-1216<br>(858) 650-3655            |                         |                                     |  |  |  |
| This TERMINAL REVIEW deals only with safety compliance at this terminal.                                                       |                                                      |                         |                                     |  |  |  |
|                                                                                                                                | Interviewed                                          |                         |                                     |  |  |  |
|                                                                                                                                | llises Serpas                                        | Title: Terminal Manager |                                     |  |  |  |
| Name: B                                                                                                                        | e: Bertha Aguirre Title: Vice President Operations   |                         |                                     |  |  |  |

| EMPIRE TRANSPORTATION INC - Terminal<br>U.S. DOT #: 2731988                                  | State #: 326916                                                                                                             | Review Date<br>05/20/2016                                                                                       |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Part B \                                                                                     | /iolations Page 4                                                                                                           | of 12                                                                                                           |
| Safety Fitness Rating Information:<br>Total Miles Operated 100,001<br>Recordable Accidents 0 | OOS Vehicle (CR):<br>Number of Vehicle Inspected (CR):<br>OOS Vehicle (MCMIS): (<br>Number of Vehicles Inspected (MCMIS): ( | )                                                                                                               |
| our proposed safety rating is :                                                              |                                                                                                                             | 1997-1997-1997-1997-1997-1997-1997-1997                                                                         |
| This Review is no                                                                            | t Rated.                                                                                                                    |                                                                                                                 |
|                                                                                              |                                                                                                                             |                                                                                                                 |
|                                                                                              |                                                                                                                             | Notification and a superstant and a superstant and the superstant and the superstant and the superstant and the |
|                                                                                              |                                                                                                                             |                                                                                                                 |
| •<br>•                                                                                       |                                                                                                                             |                                                                                                                 |
|                                                                                              |                                                                                                                             |                                                                                                                 |
|                                                                                              |                                                                                                                             |                                                                                                                 |
|                                                                                              |                                                                                                                             |                                                                                                                 |
|                                                                                              |                                                                                                                             |                                                                                                                 |
|                                                                                              |                                                                                                                             |                                                                                                                 |
|                                                                                              |                                                                                                                             |                                                                                                                 |
|                                                                                              |                                                                                                                             |                                                                                                                 |
|                                                                                              |                                                                                                                             |                                                                                                                 |
|                                                                                              |                                                                                                                             |                                                                                                                 |
|                                                                                              |                                                                                                                             |                                                                                                                 |
|                                                                                              |                                                                                                                             |                                                                                                                 |

| <u> </u> |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|          |                                                                                                                                                                         | EMPIRE TRANSPORTATION INC - Terminal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Review Date:                 |
|          |                                                                                                                                                                         | U.S. DOT #: 2731988 State #: 326916                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 05/20/2016                   |
|          |                                                                                                                                                                         | Part B Requirements and/or Recommendations Page 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | i of 12                      |
| 1.       | transp<br>Title 1.<br>The tra<br>from s<br>from a<br>of any<br>vehicle<br>Code (<br>Schoo<br>the pu<br>of the                                                           | ollowing information is provided as information to tour bus operators engaged in, or considering<br>portation of school pupils.<br>3 of the California Code of Regulation (CCR) Section 1201(t) defines pupil transportation;<br>ansportation of any pupil enrolled in a public or private school at or below the twelfth-grade level to or<br>school in a school bus, to or from a school activity in a school bus or School Pupil Activity Bus (SPAB),<br>a school to a non-school related activity within 25 miles of the school in a youth bus, or the transportation<br>student enrolled in a community college to or from the community college or a college activity, in a<br>e designated as a school bus by resolution of the governing board pursuant to 545(g) California Vehicle<br>(VC), and certified by the department.<br>b) related activities are any events conducted for the educational, social, or recreational development of<br>upils, sanctioned, authorized, or arranged by a public or private school, or any officer, employee, or age<br>school. This type of transportation requires the use of a school bus, or SPAB (under contractual<br>ment with a school).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Ð                            |
|          | related<br>are red<br>carrier<br>availat<br>Carrier<br>Pupil A<br>Bus, o:<br>apropr<br>294D f<br>Carrier<br>Unlawi<br>and/or<br>Bill 636<br>require<br>any ca<br>13 CCI | nly vehicles other than a school bus authorized by law to transport school pupils to/from school or school activities are identified in subsections (a) – (k) of Section 545 VC. Drivers of these authorized vehicles quired to have additional training, special licensing and criminal background checks. In addition to r and equipment requirements, driver qualifications are discussed in a CHP manual (HPH 82.7) which i ble for purchase at any CHP Division headquarters or Area office, for \$5 plus applicable sales tax. rs who intend to use vehicles to transport school pupils to and from school related activities under the Activity Bus (PAB) exception in 545(k) VC must submit a completed CHP 294D, Youth Bus, Pupil Activit r General Public Paratransit Vehicle (GPPV) Inspection Application (Revised 1-10), along with the riate fee of \$75 for each PAB, prior to inspection by the Department. Motor carriers may obtain the CHF from the Department's internet Web site (www.chp.ca.gov), local Area offices, or field Division Motor r Safety Units (MCSU). full transportation of school pupils to/from schools or school activities may result in a citation being issue findings being forwarded to the California Public Utilities Commission. With the passage of Assembly 6 in 2010 affecting California Public Utilities Commission Code 5387, the Public Utilities Commission is ad to permanently suspend, revoke, or refuse to issue a Transportation Charter Party (TCP) Permit for trifer when the carrier has violated the statute (also refer to CVC Sections 12517, 2807, and 2807.1, ar R Section 1230). Should you have any questions contact the Border Division Motor Carrier Safety Unit 3) 650-3655. | s<br>s<br>y<br>ed<br>s<br>ud |
|          | The ca                                                                                                                                                                  | arrier has been provided a copy of the following documents:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |
|          |                                                                                                                                                                         | Information Bulletin dated 9-19-2006, Transportation of School Pupils to School Related Activities<br>Information Bulletin dated 12-3-2008, Assembly Bill 830 – School Pupil Transportation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |
|          | Carrier                                                                                                                                                                 | r Representative: Ulises Serpas / Terminal Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |
|          | Carrier                                                                                                                                                                 | r Representative (signature)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |
| 2.       | 13 CCI                                                                                                                                                                  | R 1233.5. Change of Address.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |
|          | change                                                                                                                                                                  | notor carrier subject to the provisions of this chapter shall notify the department in writing of any<br>e of address or cessation of regulated activity at any of the carrier's terminals. Such notification shall<br>de within 15 days of the change and shall be forwarded to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |
|          | Border<br>9330 F                                                                                                                                                        | nia Highway Patrol<br>Division Motor Carrier Safety Unit<br>Farnham Street<br>lego CA 92123-1216                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |
|          |                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |

Page 1 of 1

O7F6KRCA8HIAA

|                                          | EMPIRE TRANSPORTATION INC - Terminal<br>U.S. DOT #: 2731988                                                                                                                                                                                              |                                 |                  | St             | ate #: | 32691    | 6        |        | 1        | view Date<br>/20/2016 |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------|----------------|--------|----------|----------|--------|----------|-----------------------|
|                                          | Pa                                                                                                                                                                                                                                                       | art C                           |                  |                |        |          |          | Page   | e 6 of 1 | 2                     |
|                                          | n for Review: Other TB<br>ad Action: Compliance Monitoring                                                                                                                                                                                               | US                              |                  |                |        |          |          |        |          | <u>.</u>              |
|                                          | Reviewed Certification:<br>382 383 387 390 391 392 393 395 3                                                                                                                                                                                             | 396 397                         | 398              | 399            | 171    | 172      | 173      | 177    | 178      | 180                   |
| Prior F<br>6/26/20<br>6/10/20<br>6/10/20 | 015<br>014                                                                                                                                                                                                                                               | n not Rate                      | ed:Spe           | cial St        | udy    | 5        | Study (  | Code:  | CA       |                       |
| Is the<br>procee<br>transp<br>Does       | <u>/Unfit Information</u><br>motor carrier of passengers subject to the safety<br>dures contained in 49 CFR part 385 subpart A, A<br>port passengers in a commercial motor vehicle?<br>carrier transport placardable quantities of hazar<br>/Unfit rule: | ND does ii                      |                  | Yes -<br>Not A |        |          |          |        |          |                       |
| Corpo                                    | rate Contact: Bertha Aguirre                                                                                                                                                                                                                             |                                 |                  | Sp             | ecial  | Study    | Infor    | nation | :        |                       |
|                                          | arate Contact Title: Vice President Operations                                                                                                                                                                                                           |                                 |                  | <b></b>        |        |          | <u>.</u> |        |          |                       |
| Termin                                   | al Name: Empire Transportation Inc CA # - 3269<br>al Address: 300 W Katella Ave Anaheim CA 9280                                                                                                                                                          |                                 | 37970            | 6              |        |          |          | ·      |          |                       |
|                                          | Request CHP Inspection / Recommendation                                                                                                                                                                                                                  |                                 |                  |                |        | ·        |          |        |          |                       |
| -                                        | Information:<br>ordance with 13 CCR 1233, this terminal has been r                                                                                                                                                                                       | ated Satisf                     | actory           | at this        | time.  |          |          |        |          |                       |
|                                          | on this Inspection, approval for PUC operating auth                                                                                                                                                                                                      |                                 |                  |                |        |          |          |        |          |                       |
| Daseo                                    |                                                                                                                                                                                                                                                          | Upload /<br>Authoriz<br>Uploade | Author<br>ed by: | ized:          | Y      | es<br>No |          | Date:  | e Code   | :                     |
|                                          |                                                                                                                                                                                                                                                          | Verified                        |                  |                |        |          |          | Date:  |          |                       |
|                                          |                                                                                                                                                                                                                                                          |                                 |                  |                |        |          |          |        |          |                       |
|                                          |                                                                                                                                                                                                                                                          |                                 |                  |                |        |          |          |        |          |                       |
|                                          |                                                                                                                                                                                                                                                          |                                 |                  |                |        |          |          |        |          |                       |
|                                          |                                                                                                                                                                                                                                                          |                                 |                  |                |        |          |          |        |          |                       |
|                                          |                                                                                                                                                                                                                                                          |                                 |                  |                |        |          |          |        |          |                       |

| DRIVER/VEHICLE EXAMINA                                                                                                                                                                           | ATION REPORT INSPECT 1.0.86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| California Highway Patrol<br>9330 Farnham Street<br>San Diego, CA 92123<br>Phone: (858) 650-3600<br>Internationally Accredited Agency CHP407F/343                                                | Report Number: CAA086309849<br>Inspection Date: 05/19/2016<br>Start: 8:02 AM MT End: 9:00 AM MT<br>Inspection Level: V - Terminal Inspection<br>A HM Inspection Type: None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA, 90706Date of BiUSDOT: 2731988Phone#: (562)529-2676CODriver:CoDriver:MC/MX#:Fax#:State#: 326916Date of BiLocense#:Date of Bi | rth: State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Location: ANAHEIMMilepost:Highway:Origin: N/ACounty: ORANGEDestination: N/A                                                                                                                      | Shipper: N/A<br>Bill of Lading: N/A<br>Cargo: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate Equipment ID VIN<br>1 BU CHAM 2008 CA 8R03005 183 1GBJ5V1G28F4                                                                         | <u>GVWR CVSA Existing CVSA #</u><br>06812 26000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| BRAKE ADJUSTMENTS         Axle #       1       2         Right       N/A       N/A         Left       N/A       N/A         Chamber       HYDR       HYDR                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| VIOLATIONS:No violations were discovered                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| HazMat: No HM transported                                                                                                                                                                        | Placard: Cargo Tank:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Special Checks: No data for special checks                                                                                                                                                       | Garerrammunga exemple edition eren and an energy and an an an an an an an an an an an an an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| State Information:                                                                                                                                                                               | 1999 (1999) - Marina Sanata (1999) - Sanata (1999) - Marina Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) - Sanata (1999) |

Beat/Sub Area: 670; Bus Type: 1; File Code Number: 379706; Fuel Type: CNG; Odometer: 375652; Passenger Capacity: 34; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 11

Report Prepared By: L. Clemens

Х

Copy Received By:



.

Χ\_

| DRIVER/VEHICL                                                                                                                           | E EXAMINATION REPORT                                                                                                                  | Page 8 of 12<br>inSPECT 1.0.86                    |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| California Highway Patrol<br>9330 Farnham Street<br>San Diego, CA 92123<br>Phone: (858) 650-3600<br>Internationally Accredited Agency C | Report Number: CAA0<br>Inspection Date: 05/19<br>Start: 11:43 AM MT E<br>Inspection Level: V - T<br>HP407F/343A HM Inspection Type: N | //2016<br>End: 12:41 PM MT<br>Ferminal Inspection |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br>USDOT: 2731988 Phone#: (562)529-2676                              | Driver:<br>License#:<br>Date of Birth:<br>CoDriver:                                                                                   | State:                                            |
| MC/MX#: Fax#:<br>State#: 326916<br>Location: ANAHEIM Milepo                                                                             | License#:<br>Date of Birth:                                                                                                           | State:                                            |
| Highway: Origin                                                                                                                         |                                                                                                                                       | ading: N/A<br>N/A                                 |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate Equipment ID<br>1 BU THOR 2008 CA 8R03001 185 1G                              | VIN GVWR CVSA Existing<br>BJ5V1GX8F406167 26000                                                                                       | CVSA#                                             |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                                   |                                                                                                                                       |                                                   |
| VIOLATIONS: No violations were discovered                                                                                               |                                                                                                                                       |                                                   |
| HazMat: No HM transported                                                                                                               | Placard:                                                                                                                              | Cargo Tank:                                       |
| Special Checks: No data for special checks                                                                                              |                                                                                                                                       |                                                   |
| Cinta Information:                                                                                                                      |                                                                                                                                       |                                                   |

State Information: Beat/Sub Area: 670; Bus Type: 1; File Code Number: 379706; Fuel Type: CNG; Odometer: 400421; Passenger Capacity: 34; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 11

Report Prepared By: L. Clemens

Х

<u>Badge #:</u> A08630

Х

Copy Received By:



|                                                                       |                                                 | DRIVER                                                                               | VEHICLE E                                | EXAMINATIO                                                 | N REPORT                                                                    |                                             | Page 9 of 12<br>InSPECT 1.0.86                                                                         |
|-----------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------|
|                                                                       | 9330 Farni<br>San Diego<br>Phone: (85           | Highway Patrol<br>ham Street<br>, CA 92123<br>58) 650-3600<br>hally Accredited Ag    | ency CHP                                 | 407F/343A                                                  | Report Num<br>Inspection D<br>Start: 7:03 A<br>Inspection L<br>HM Inspectio | ate: 05/19/20<br>M MT End:<br>evel: V - Ter | )16<br>8:01 AM MT<br>minal Inspection                                                                  |
| EMPIRE TRAN<br>8800 PARK ST<br>BELLFLOWER,<br>USDOT: 27319<br>MC/MX#: | CA, 90706<br>88                                 |                                                                                      | L<br>D<br>2676 C<br>L                    | river:<br>icense#:<br>ate of Birth<br>oDriver:<br>icense#: |                                                                             |                                             | State:<br>State:                                                                                       |
| State#: 326916<br>Location: ANA<br>Highway:<br>County: ORAN           | HEIM                                            |                                                                                      | D<br>Milepost:<br>Origin: N<br>Destinati | /A                                                         | ipper: N/A                                                                  | Bill of Ladl<br>Cargo: N/A                  |                                                                                                        |
| VEHICLE IDEN<br>Unit Type Make<br>1 BU STAR                           |                                                 | Plate Equipment                                                                      |                                          | <u>VIN</u><br>5V1G29F4003                                  |                                                                             | SA Existing                                 | CVSA#                                                                                                  |
| BRAKE ADJUS<br>Axle# 1<br>Right N/,<br>Left N/,<br>Chamber HYD        | 2<br>A N/A                                      |                                                                                      |                                          |                                                            |                                                                             |                                             |                                                                                                        |
| VIOLATIONS<br>Section<br>24252(A) VC                                  | Type Unit O(<br>S 1 M                           |                                                                                      |                                          |                                                            | operative393.9(                                                             | a)                                          |                                                                                                        |
| HazMat: No HM                                                         | transported                                     |                                                                                      | 17 00 00. 7 0. 17 00 000 0. 19 1         | ******                                                     | Placard:                                                                    |                                             | Cargo Tank:                                                                                            |
| Special Checks                                                        | : No data fo                                    | or special checks                                                                    |                                          | 1.01.01.01.01.01.01.01.01.01.01.01.01.01                   |                                                                             | ******                                      | **************                                                                                         |
| State Information<br>Beat/Sub Area: (<br>24; Pre-Cleared              | 670; Bus Ty                                     | rpe: 1; File Code Nur<br>PUC: 21507; Regula                                          | nber: 3797<br>ated Vehicl                | 06; Fuel Typ<br>e: Y; Veh #1                               | e: LPG; Odom<br>Type: 11; WC                                                | neter: 307151<br>Passenger (                | ; Passenger Capacity;<br>Capacity: 1                                                                   |
| Pursuant to Section<br>service must be corr                           | 24004 CVC, vi<br>ected before th<br>ONS ARE CLE | iolations recorded on this<br>ne vehicle is operated on t<br>EARED. This document sl | SafetyNet Ins<br>he highway. F           | pection Report i                                           | nust be corrected                                                           | prior to redispa                            | tch. Violations marked out of<br>A COPY IN THE VEHICLE                                                 |
|                                                                       |                                                 |                                                                                      | *******                                  | ******                                                     | *****                                                                       |                                             | n n m n n n n m Nach a bhain air 2000 Air 2000 m bha bha bhaile ann ann an ann an ann an ann an ann an |
|                                                                       |                                                 |                                                                                      |                                          |                                                            |                                                                             |                                             |                                                                                                        |
|                                                                       |                                                 |                                                                                      |                                          |                                                            |                                                                             |                                             |                                                                                                        |
|                                                                       |                                                 |                                                                                      |                                          |                                                            |                                                                             |                                             |                                                                                                        |
|                                                                       |                                                 |                                                                                      |                                          |                                                            |                                                                             |                                             |                                                                                                        |
|                                                                       |                                                 |                                                                                      |                                          |                                                            |                                                                             |                                             |                                                                                                        |
|                                                                       |                                                 |                                                                                      |                                          |                                                            | ,                                                                           |                                             |                                                                                                        |
|                                                                       |                                                 |                                                                                      |                                          |                                                            |                                                                             |                                             |                                                                                                        |
|                                                                       |                                                 |                                                                                      |                                          |                                                            |                                                                             |                                             |                                                                                                        |
|                                                                       |                                                 |                                                                                      |                                          |                                                            |                                                                             |                                             |                                                                                                        |
| Report Prepared                                                       | By:                                             | Badge #                                                                              | ا ہ<br>مل                                | Copy Recei                                                 | ved By:                                                                     |                                             |                                                                                                        |

E L. Clemens

A08630 Х



х

| DRIVER/VEHICLE EXAMINATION REPORT                                                                                                                                                     | Page 10 of 12<br>inSPECT 1.0.86         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| California Highway Patrol<br>9330 Farnham Street<br>San Diego, CA 92123<br>Phone: (858) 650-3600<br>Internationally Accredited Agency CHP407F/343A<br>HM Inspection Type: None        | AM MT                                   |
| EMPIRE TRANSPORTATION INC     Driver:       8800 PARK ST     License#:       BELLFLOWER, CA, 90706     Date of Birth:       USDOT: 2731988     Phone#: (562)529-2676     CoDriver:    | State:                                  |
| MC/MX#:     Fax#:     License#:       State#: 326916     Date of Birth:       Location: ANAHEIM     Milepost:     Shipper: N/A       Highway:     Origin: N/A     Bill of Lading: N/A | State:<br>/A                            |
| County: ORANGE Destination: N/A Cargo:                                                                                                                                                |                                         |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate Equipment ID VIN GVWR CVSA Existing CVSA<br>1 BU STAR 2015 CA 44307V1 285 3FRNF6HD0FV718603 26000                           | <u>\</u> #                              |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                                                                                 |                                         |
| VIOLATIONS:No violations were discovered                                                                                                                                              |                                         |
| HazMat: No HM transported Placard: Cargo                                                                                                                                              | Tank:                                   |
| Special Checks: No data for special checks                                                                                                                                            |                                         |
| State Information:<br>Beat/Sub Area: 670: Bus Type: 1: Elle Code Number: 370706: Eucl Type: CNC: Odemater: 20020. Date                                                                | *************************************** |

Beat/Sub Area: 670; Bus Type: 1; File Code Number: 379706; Fuel Type: CNG; Odometer: 36232; Passenger Capacity: 39; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 11

Report Prepared By: L. Clemens <u>Badge #:</u> A08630

X

Copy Received By:



х

| DRIVER/VEHICLE EXAMINATION REI                                                                                                       | Page 11 of 12<br>PORT inSPECT 1.0.86                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| 9330 Farnham Street<br>San Diego, CA 92123<br>Phone: (858) 650-3600<br>Internationally Accredited Agency CHP407F/343A                | t Number: CAA086309847<br>tion Date: 05/19/2016<br>10:44 AM MT End: 11:42 AM MT<br>tion Level: V - Terminal Inspection<br>spection Type: None |
| EMPIRE TRANSPORTATION INCDriver:8800 PARK STLicense#:BELLFLOWER, CA, 90706Date of Birth:USDOT: 2731988Phone#: (562)529-2676CoDriver: | State:                                                                                                                                        |
| MC/MX#:Fax#:License#:State#: 326916Date of Birth:Location: ANAHEIMMilepost:Highway:Origin: N/ACounty: ORANGEDestination: N/A         | State:<br>N/A<br>Bill of Lading: N/A<br>Cargo: N/A                                                                                            |
| VEHICLE IDENTIFICATION                                                                                                               | VR CVSA Existing CVSA #                                                                                                                       |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                                |                                                                                                                                               |
| VIOLATIONS:No violations were discovered                                                                                             |                                                                                                                                               |
| HazMat: No HM transported Place                                                                                                      | rd: Cargo Tank:                                                                                                                               |
| Special Checks: No data for special checks                                                                                           | 999 Y                                                                                                                                         |
| State Information:                                                                                                                   | an an an an an an an an an an an an an a                                                                                                      |

Beat/Sub Area: 670; Bus Type: 1; File Code Number: 379706; Fuel Type: CNG; Odometer: 39553; Passenger Capacity: 39; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 11

Report Prepared By: L. Clemens

X\_

Х

Copy Received By:



| Non-semient Production for an initial de la companya proposition de la companya de la companya de la companya d | DRIVER/VEHI                                         | CLE EXAMINATIO                          | ON REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Page 12 of 12<br>inSPECT 1.0.86              |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 9330 Farnha<br>San Diego,<br>Phone: (858                                                                        | CA 92123                                            | CHP407F/343A                            | Report Number: CAA02<br>Inspection Date: 05/19/<br>Start: 9:15 AM MT En<br>Inspection Level: V - Te<br>HM Inspection Type: No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2016<br>d: 10:13 AM MT<br>erminal Inspection |
| EMPIRE TRANSPORTATIO<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br>USDOT: 2731988                                 | N INC<br>Phone#: (562)529-2676                      | Driver:<br>License#:<br>Date of Birth:  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State:                                       |
|                                                                                                                 | Fax#: Mile                                          | License#:<br>Date of Birth:<br>post: Sh | ipper: N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State:                                       |
| County: ORANGE                                                                                                  |                                                     | jin: N/A<br>fination: N/A               | Bill of Lac<br>Cargo: N/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |
| VEHICLE IDENTIFICATION<br>Juli Type Make Year State<br>1 BU STAR 2015 CA 4                                      | Plate Equipment ID<br>4311V1 290 3                  | VIN<br>SFRNF6HDXFV7186                  | GVWR CVSA Existing<br>11 26000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CVSA#                                        |
| BRAKE ADJUSTMENTS<br>Axle# 1 2<br>Right N/A N/A<br>.eft N/A N/A<br>Chamber HYDR HYDR                            |                                                     |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
| /IOLATIONS:No violations w                                                                                      | ere discovered                                      |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
| lazMat: No HM transported                                                                                       | <b></b>                                             |                                         | Placard:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Cargo Tank:                                  |
| Special Checks: No data for                                                                                     | special checks                                      |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              |
| State Information:                                                                                              | ningen ander en en en en en en en en en en en en en |                                         | <b>Caralleline and a state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the</b> |                                              |

Beat/Sub Area: 670; Bus Type: 1; File Code Number: 379706; Fuel Type: CNG; Odometer: 36797; Passenger Capacity: 34; Pre-Cleared Vehicle: N; PUC: 21507; Regulated Vehicle: Y; Veh #1 Type: 11

Report Prepared By: L. Clemens

х

<u>Badge #:</u> A08630

Χ\_

Copy Received By:



|                                                                     |                                                |                                      |                             |                                          |                         |                             |                         |                                                                                                                  | Rage.11    | fr <u>. 8. page</u> s                                                         |
|---------------------------------------------------------------------|------------------------------------------------|--------------------------------------|-----------------------------|------------------------------------------|-------------------------|-----------------------------|-------------------------|------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------|
| STATE OF CALIFORNIA<br>DEPARTMENT OF CALIFORNIA HIGH                |                                                | NEW TERMINAL I                       | NEW TERMINAL INFORMATION    |                                          |                         | FILE CODE                   |                         |                                                                                                                  |            |                                                                               |
| SAFETY COMPLIANC                                                    |                                                | ✓ Yes [                              | ] No                        |                                          | 26916                   |                             | 9706                    |                                                                                                                  | 30         |                                                                               |
| TERMINAL RECORD                                                     | UPDATE                                         | TERMINAL TYPE                        | ۰۰۰۰۰ ۲۰۰۰                  | CODE                                     | OTHER P                 | ROGRAM(S)                   | LOCATIO                 |                                                                                                                  | SUB        |                                                                               |
| CHP 343 (Rev 6-10) OPI 062                                          |                                                |                                      | Bus                         | <u> </u>                                 |                         |                             |                         | 670                                                                                                              |            | 05                                                                            |
| TERMINAL NAME                                                       |                                                |                                      |                             |                                          |                         |                             | TE                      | EPHONE NU                                                                                                        |            |                                                                               |
| Empire Transportation In<br>TERMINAL STREET ADDRESS (WORKS)         |                                                |                                      | ****                        | ••••••••                                 |                         |                             |                         | 1                                                                                                                | 14-781-    | 1359                                                                          |
| 300 W Katella Anahelm                                               | CA 92802                                       |                                      | 191011291                   | (LIPP PARIAL ( )                         |                         | 0.000 0 07027               |                         | 2010/000                                                                                                         |            | n bele dati berber bele berber an ber anne ber an einer an einer an einer ber |
| BBOO Park St Beliflower                                             |                                                |                                      |                             | INSPECTION LO                            | ```                     | -                           | I, CHYON                | COUNTY)                                                                                                          |            |                                                                               |
| IM LIC. NO. HVYT. REG. I                                            | NO. IMS LIC. NO.                               | LICENSE, FLE                         |                             | ERMINAL IN                               | YPES BU                 | on<br>ses by type<br>18 11- | ICR.                    | VERS<br>34                                                                                                       | 817        | FLEET SIZE                                                                    |
| XP. DATE EXP. DATE                                                  | EXP. DATE                                      | REG. CT                              |                             | HW VEH.                                  | Ηγ                      | CONT.                       | PP<br>C                 | ) CSAT                                                                                                           | ] No       |                                                                               |
| ONSOLIDATED TERMINALS                                               |                                                | IBER OF CONSOLIDA                    |                             |                                          |                         |                             | (Usa Rema               | rks for Addition                                                                                                 | nal FCNS)  |                                                                               |
| EMERGENCY CONTACT (NAME)                                            | EA                                             | AERGENCY CON                         |                             | Calling Ord                              |                         | erence)                     | ]N:C                    | HT TELEPHO                                                                                                       | NE NO. (W/ | AREA CODE)                                                                    |
| Jlises Serpas                                                       |                                                |                                      |                             | -                                        | 81-1359                 | )                           |                         |                                                                                                                  | 10-345-2   | -                                                                             |
| EMERGENCY CONTACT (MAME)                                            | en en en en en en en en en en en en en e       | <b>4942744</b> 40000                 | DAY TELEPH                  | ONE NO. (W/AR                            |                         |                             | NIC                     | -                                                                                                                |            | AREA CODE )                                                                   |
| Bertha Aguirre Ext 114                                              |                                                |                                      |                             |                                          | 29-2676                 |                             |                         | 3                                                                                                                | 10-562-2   | 2241                                                                          |
| A. [ In                                                             |                                                | ALIFORNIA MILL                       |                             |                                          | NAL LAS                 |                             | 2014                    | <u>_</u>                                                                                                         |            | 1.                                                                            |
| UNDER - 15,001 -                                                    |                                                | 00,001                               |                             | 001— FF                                  | 1,000,001               |                             | 00,001                  |                                                                                                                  | XJ,001 [r  | II MORE THAN                                                                  |
| 15,000                                                              | 100,000                                        | 00000                                |                             |                                          | 2,000,000               | <u>    5,0</u>              | 00,000                  | 10,0                                                                                                             | 00,000 L   | 10,000,000                                                                    |
| un T                                                                | ТСР                                            |                                      |                             | R OF PROFERIN                            |                         | TIVE                        | IMS                     | FITNESS EV                                                                                                       | ULIATION   |                                                                               |
|                                                                     | PSC                                            | Ľ                                    | ] Yes [                     | ] No []                                  | N/A                     |                             |                         | ] Ye[]                                                                                                           | No         | ******                                                                        |
| US DOT NUMBER                                                       | MC                                             |                                      | MC                          |                                          | REASON                  | FOR INSPECT                 |                         |                                                                                                                  |            |                                                                               |
|                                                                     | MX                                             |                                      | MX                          | A A 111                                  | 1                       |                             |                         | al Inspec                                                                                                        | lion       |                                                                               |
| SPECTION FINDINGS IN:<br>QUIREMENTS VIOL                            | SPECTION RATINGS: S =<br>MAINTENANCE PROGRAM   | DRIVER RE                            |                             | **************************************   | UIPMENT                 |                             | Not Applic<br>ARDOUS M/ |                                                                                                                  | 7          | ERMINAL                                                                       |
|                                                                     | S <sub>2</sub> S <sub>3</sub> S <sub>4</sub> S |                                      |                             | 1 S 2 S                                  |                         |                             |                         |                                                                                                                  |            | $S_3 S_4 S$                                                                   |
| IVER                                                                |                                                |                                      |                             |                                          |                         | TIME                        | 23_                     | and the second second second second second second second second second second second second second second second | TOTAL TIME | 0100-101-12220010_010_0100                                                    |
|                                                                     | 2.6 Time 4.0                                   | No. 17 Tir                           | me 6.0                      | No. 6<br>CONTAINERS/T                    | Time 6.                 |                             | S DI ACED               | UT-OF-SERV                                                                                                       | 110°E      | 16.0                                                                          |
|                                                                     | No.HIMITransported                             |                                      |                             |                                          | lme                     | Vehicles                    |                         |                                                                                                                  | Unita      |                                                                               |
|                                                                     | ENARKS                                         | - No.H/Miviolalia                    | 95/19991                    | ka an ann an Anna an Anna an Anna Anna A |                         |                             |                         |                                                                                                                  |            | a                                                                             |
|                                                                     |                                                |                                      |                             |                                          |                         |                             |                         |                                                                                                                  |            |                                                                               |
| SNALS I I                                                           | nspected (6) vehi                              |                                      |                             |                                          | lenance                 | e records                   | , driver                | records                                                                                                          | for com    | ipliance                                                                      |
| NNECTING W                                                          | with Motor Carrier                             | sarety regula                        | itions and                  | o statutes.                              |                         |                             |                         |                                                                                                                  |            |                                                                               |
|                                                                     | for violations see                             | attached pag                         | ies.                        |                                          |                         |                             |                         |                                                                                                                  |            |                                                                               |
| SPENARCH                                                            | erminal Rated Sa                               | atisfactory                          |                             |                                          |                         |                             |                         |                                                                                                                  |            |                                                                               |
| UIPMENT 2                                                           |                                                |                                      |                             |                                          |                         |                             |                         |                                                                                                                  |            |                                                                               |
| NTAINERS &<br>NKS                                                   |                                                |                                      |                             |                                          |                         |                             |                         |                                                                                                                  |            |                                                                               |
| ZARDOUS<br>TERIALS                                                  |                                                |                                      |                             |                                          |                         |                             |                         |                                                                                                                  |            |                                                                               |
|                                                                     | ES DUE CHP 345                                 | CHP 100D COL                         |                             | 1                                        | ON DATE(S)              |                             |                         | TIME IN                                                                                                          |            | MEOUT                                                                         |
|                                                                     | ] Y[] #d]                                      | 13,                                  | , 14                        | 1                                        |                         | 5, 6/26/20                  | 015                     | 060                                                                                                              |            | 1430                                                                          |
| PECTED BY (NAME(S))                                                 |                                                |                                      |                             | ID NUMBE                                 |                         | 8630                        |                         | SUSPENSE                                                                                                         | ~~~        | tions                                                                         |
| E Clemens                                                           |                                                | MOTOD                                | CABBIER                     | CERTIFICA                                |                         |                             |                         | 1 AL                                                                                                             | ito 🔄      | None                                                                          |
| ereby certify that all violations<br>ovisions of the California Veh | Icle Code and the Calif                        | recorded on the<br>ornia Code of Reg | altached pa<br>gulations, 1 | iges (2 throug<br>understand t           | h <u>8</u><br>nat I may | -                           | view of a               |                                                                                                                  | .,         |                                                                               |
| ntacting the Motor Carrier Sa                                       | fety Unit Supervisor at                        | 4                                    | 288-2603                    | ·····                                    | 5 calenda               | days of the                 | rating.                 |                                                                                                                  |            |                                                                               |
| RRENT TERMINAL RATING                                               | TORY                                           | CABRIER REPRESE                      | NTATIVE'S SU                | INATURE 2                                | lises.                  | Terpres                     |                         | DATE                                                                                                             | 6/26/2     | D15                                                                           |
| RRIER REPRESENTATIVE'S PRINTER                                      |                                                |                                      | 7                           | TITLE                                    | (                       | /*·/                        |                         | DRIVER LICI                                                                                                      |            |                                                                               |
| lises Serpas                                                        |                                                | 1 1                                  |                             |                                          | Termina                 | l Manage                    | it.                     |                                                                                                                  |            | CA                                                                            |
|                                                                     |                                                | Destroy                              | y Previous I                |                                          |                         | - 0 -                       |                         | <u>L</u>                                                                                                         | Chp343_06  | L                                                                             |

| STATE OF CALIF         |                                |                                        | Page 2 of 8               |
|------------------------|--------------------------------|----------------------------------------|---------------------------|
|                        | F CALIFORNIA HIGHWAY PATROL    | DATE                                   | THIS IS A CONTINUATION OF |
| CONTINU<br>CHP 343-1 ( | IATION<br>(REV 10-97) OPI 062  | 06/26/15                               | СНР 343                   |
| CARRIER NAME           |                                |                                        | CA NUMBER                 |
|                        | Empire Transportation Inc      |                                        | 326916                    |
| ADDRESS                |                                | ************************************** | FC NUMBER                 |
|                        | 300 W Katella Anaheim CA 92802 |                                        | 379706                    |

1

REMARKS

13 CCR 1230 The following vehicle was placed out of service :

# Bus unit number 186 license 8R03003

Inoperative Left Rear Turn Signal

This vehicle may be returned to highway service only after proper repair of the out of service condition.

Out of Service Condition is not of a long standing nature.

Page 3 of 8

#### DRIVER/VEHICLE EXAMINATION REPORT Aspen 2.14.1.1 CHP 407F/343A-Aspen Report Number: CA3P2K001211 **California Highway Patrol** Inspection Date: 06/25/2015 Questions regarding this report may be direct Start: 7:18:00 AM PT End: 8:16:00 AM PT the teltphone number listed below. Inspection Level: V - Terminal Telephone 1-858-650-3655 **HM Inspection Type: None EMPIRE TRANSPORTATION INC** Driver: 8800 PARK ST License#: State: BELLFLOWER, CA 90706 Date of Birth: USDOT#: Phone#: CoDriver: MC/MX#: Fax#: License#: State: State#: 326916 Date of Birth: Location: 300 W KATELLA ANAHEIM MilePost: Shipper: Highway: Origin: Bill of Lading: County: ORANGE, CA **Destination:** Cargo: **VEHICLE IDENTIFICATION** Unit Type Make Year State Piate # Equipment ID VIN GVWR CVSA # CVSA Issued # OOS Sticker BU SPEM 2008 CA 1 8R03004 182 1GBJ5V1G08F406730 26.000 **BRAKE ADJUSTMENTS** Axle # 1 2 Right N/A N/A N/A N/A Left Chamber HYDR HYDR VIOLATIONS Vio Code Section <u>Unit OOS</u> Cilation # Verify Crash Violations Discovered 396.5B 1232(C) CCR 1 N N Ν Excessive oil and grease on chassis/steering gearbox leaking--396.5(b) HazMat: No HM Transported. Placard: No Cargo Tank: Special Checks: No Data for Special Checks. State Information: Beat/Sub Area: 670; Veh #1 Type: 11; Regulated Vehicle: Y; Responsible Person: THOR CONV MFR DATE 10/07; Address: LAST INSP 05-14-15 364,932; Odometer: 369162; File Code Number: 379706; Fuel Type: CNG; Passenger Capacity: 34; WC Passenger Capacity: 0; Bus Type: 1; This copy of the report is for your information. Carriers are required to take corrective actions for all defects noted. DO NOT return this form to the California Highway Patrol. NOTE: If a citation was issued, you MUST follow the instructions listed on the citation. Signature Of Motor Carrier X: Tille Date: Badge #: Copy Received By:

Report Prepared By: L. CLEMENS

A08630



...€ A

|                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                                                                                 | Page 4 of 8                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| DR                                                                                                                                                                                                                                                                                                  | IVER/VEHICLE EXAMINATION RE                                                                         | PORT                                                                                                                            | Aspen 2.14.1.                                              |
| CHP 407F/343A-Aspen<br>California Highway Patro<br>Questions regarding this<br>the teltphone number lis<br>Telephone 1-858-650-366                                                                                                                                                                  | of<br>s report may be direct steed below.                                                           | Report Number: CA3P2<br>Inspection Date: 06/25/2<br>Start: 8:19:00 AM PT E<br>nspection Level: V - Te<br>IM Inspection Type: No | K001212<br>2015<br>End: 9:17:00 AM PT<br>erminal           |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA 90706<br>USDOT#: Phone#:<br>MC/MX#: Fax#:<br>State#: 326916<br>Location: 300 W KATELLA ANAHEIM                                                                                                                                          | Driver:<br>License#:<br>Date of Birtl<br>CoDriver:<br>License#:<br>Date of Birtl<br>MilePost: Shipp | h:<br>h:                                                                                                                        | State:<br>State:                                           |
| Highway:<br>County: ORANGE, CA                                                                                                                                                                                                                                                                      | Origin:<br>Destination:                                                                             | Bill of Lading:<br>Cargo:                                                                                                       |                                                            |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate #<br>1 BU SPEM 2008 CA 8R03003                                                                                                                                                                                                            | Equipment ID VIN                                                                                    | <u>GVWR</u> <u>CVSA #</u> <u>CVSA 1</u><br>26,000                                                                               | ssued # OOS Slicker                                        |
| BRAKE ADJUSTMENTS       Axle #     1     2       Right     N/A     N/A       Left     N/A     N/A       Chamber     HYDR     HYDR                                                                                                                                                                   |                                                                                                     |                                                                                                                                 | nden gener sinn som en en en en en en en en en en en en en |
| VIOLATIONS           Vio Code         Section         Unit (           393.9         24252(A) VC         1                                                                                                                                                                                          | 2005 <u>Citation # Verify Crash</u> Violations Disc<br>Y U N Left rear turn s                       | overed<br>signal lamp inoperative3                                                                                              | 93.9(a)                                                    |
| HazMat: No HM Transported.                                                                                                                                                                                                                                                                          | aan madaa ah aa ah ah ah ah ah ah ah ah ah ah a                                                     |                                                                                                                                 | Cargo Tank:                                                |
| Special Checks: No Data for Special Check<br>State Information:<br>Beat/Sub Area: 670; Veh #1 Type: 11; Regula<br>05-19-15 352,879; Odometer: 356177; File Co<br>Bus Type: 1;<br>Thereby declare each vehicle with a Y in the OOS column<br>OUT-OF-SERVICE defects have been repaired and the vehic | ited Vehicle: Y; Responsible Person: THOR CC<br>ade Number: 379706; Fuel Type: CNG; Passe           | nger Capacity: 34; WC Pa:                                                                                                       | ssenger Capacity: 0;                                       |
|                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                                                                                 |                                                            |
| Signature Of Repairer X:<br>This copy of the report is for your information. Carriers are re-<br>NOTE: If a citation was issued, you MUST follow the instruct<br>Signature Of Molor Carrier X:                                                                                                      | nited to take corrective actions for all defents pailed DO NO                                       |                                                                                                                                 | Highway Patrol.                                            |
|                                                                                                                                                                                                                                                                                                     |                                                                                                     |                                                                                                                                 | Jale:                                                      |
| Report Prepared By: Badge                                                                                                                                                                                                                                                                           | <u>#: Сору Received By:</u> Ра<br>30<br>Х                                                           | ge 1 of 1                                                                                                                       | A3P2K001212                                                |

|                                                                                           |                                                                                             |                                             |                                               |                                   |                                                                |                                 |                                                                                       | Page 5 of 8                              |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------|-----------------------------------|----------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------|------------------------------------------|
|                                                                                           |                                                                                             | DRIVE                                       | <b>R/VEHICL</b>                               | .E EXAM                           | INATION R                                                      | EPORI                           |                                                                                       | Aspen 2.14.1                             |
| Ca<br>Qu<br>th                                                                            | HP 407F/343A-/<br>alifornia Highwi<br>uestions regarc<br>e teltphone nur<br>ilephone 1-858- | ay Patrol<br>ling this rep<br>nber listed l |                                               | direct                            |                                                                | Inspect<br>Start: 9:<br>Inspect | Number: CA3F<br>Ion Date: 06/25<br>25:00 AM PT<br>ion Level: V - 1<br>rection Type: N | 5/2015<br>End: 10:24:00 AM F<br>Ferminal |
| EMPIRE TRANSF<br>8800 PARK ST<br>BELLFLOWER, C<br>USDOT#:<br>MC/MX#:                      | CA 90706<br>Pho                                                                             | ne#:                                        |                                               |                                   | Driver:<br>License#:<br>Date of Bir<br>CoDriver:               |                                 |                                                                                       | State:                                   |
| State#: 326916<br>Location: 300 W<br>Highway:<br>County: ORANG                            | KATELLA ANA                                                                                 | ax#:<br>HEIM                                | MilePo<br>Origin<br>Destin                    | 2                                 | License#:<br>Date of Bir<br>Ship                               | oper:<br>Bil                    | l of Lading:<br>rgo:                                                                  | State:                                   |
| VEHICLE IDENTI                                                                            | FICATION                                                                                    | te# 1                                       | Equipment ID                                  |                                   | VIN                                                            | <u>GVWR</u>                     |                                                                                       | Issued # OOS Slicke                      |
| 1 BU SPEM 2                                                                               | 009 CA 858                                                                                  | 6043                                        | 234                                           | 1GBE5V                            | 1G29F400382                                                    | 26,000                          | ng Na Paraman an Ing ang ang ang ang ang ang ang ang ang a                            |                                          |
| BRAKE ADJUSTIAxle #1RightN/ALeftN/AChamberHYDR                                            | MENTS<br>2<br>N/A<br>N/A<br>HYDR                                                            |                                             |                                               | ,                                 |                                                                |                                 |                                                                                       |                                          |
| VIOLATIONS                                                                                | **********                                                                                  |                                             | *****                                         |                                   |                                                                |                                 |                                                                                       | ***************************************  |
| <u>Vio Code</u><br>392.2<br>396.3A1                                                       | <u>Section</u><br>27152 VC<br>1232(A) CCR /0                                                | 1 N                                         | <u>Citation #</u>                             | <u>Verily Crash</u><br>N N<br>N N | Violations Dis<br>Discharge fro<br>body-392.2<br>Torn Seat Cus | m exhaus                        | t pipe protruding                                                                     | 4" from left side of bus                 |
| HazMat: No HM T                                                                           | ransported.                                                                                 | ***************************************     |                                               |                                   | 101-101001.000000.000000000000000000000                        |                                 | Placard: No                                                                           | Cargo Tank:                              |
| Special Checks:                                                                           | No Data for Spec                                                                            | ial Checks.                                 |                                               |                                   |                                                                |                                 |                                                                                       |                                          |
| State Information<br>Beal/Sub Area: 670;<br>INSP 06-08-15 273,<br>Capacity: 2; Bus Ty     | Veh #1 Type: 11<br>213: Odometer: 2                                                         | ; Regulated \<br>73818; File (              | Vehicle: Y; Re<br>Code Number:                | esponsible F<br>379706; Fi        | erson; STARCi<br>Jel Type: LPG;                                | RAFT CO<br>Passeng              | NV MFR DATE 6<br>er Capacity: 24;                                                     | /08; Address: LAST<br>WC Passenger       |
| This copy of the report is fo<br>NOTE: If a citation was is<br>Signature Of Motor Carrier | isued, you MUST follow                                                                      | rriers are required<br>the instructions if  | I to take corrective<br>isted on the citation | actions for all d<br>n.           | elecis noted. DO M                                             | 4OT return th                   | ils form to the Californ                                                              | ia Highway Patrol.                       |
|                                                                                           |                                                                                             |                                             |                                               |                                   |                                                                |                                 |                                                                                       | 99999-1999-1999-1999-1999-1999-1999-19   |
|                                                                                           |                                                                                             |                                             |                                               |                                   |                                                                |                                 |                                                                                       |                                          |
|                                                                                           |                                                                                             |                                             |                                               |                                   |                                                                |                                 |                                                                                       |                                          |
|                                                                                           |                                                                                             |                                             |                                               |                                   |                                                                |                                 |                                                                                       |                                          |
|                                                                                           |                                                                                             |                                             |                                               |                                   |                                                                |                                 | \$                                                                                    |                                          |
|                                                                                           |                                                                                             |                                             |                                               |                                   |                                                                |                                 |                                                                                       |                                          |
|                                                                                           |                                                                                             |                                             |                                               |                                   |                                                                |                                 |                                                                                       |                                          |
|                                                                                           |                                                                                             | •                                           |                                               |                                   |                                                                |                                 | ٠                                                                                     |                                          |
|                                                                                           |                                                                                             |                                             |                                               |                                   |                                                                |                                 |                                                                                       |                                          |
| Report Prepared By:<br>L. CLEMENS                                                         |                                                                                             | <u>Badge #:</u><br>A08630                   | Copy Receiv                                   | ved By;                           |                                                                | Page 1 of 1                     |                                                                                       |                                          |
| X                                                                                         |                                                                                             |                                             | x                                             |                                   | ***                                                            | ,<br>                           | CA                                                                                    | CA3P2K001213                             |

|                                                                                   |                              |                                                                                    |                                                                                                                       |                               |                                                                                |                                         |                                                                                   | Page                           | 6 of 8                       |
|-----------------------------------------------------------------------------------|------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------|--------------------------------|------------------------------|
|                                                                                   | -                            | DRIV                                                                               | ER/VEHICLE                                                                                                            | EXAMIN                        | ATION R                                                                        | EPORT                                   |                                                                                   |                                | Aspen 2.14.1.1               |
|                                                                                   | Questions r<br>the teltphon  | 43A-Aspen<br>ighway Patrol<br>egarding this re<br>e number listed<br>-858-650-3655 |                                                                                                                       | rect                          |                                                                                | Inspecti<br>Start: 6:<br>Inspecti       | Number: CA3<br>Ion Date: 06/2<br>17:00 AM PT<br>Ion Level: V -<br>Pection Type: I | 5/2015<br>End: 7:1<br>Terminal |                              |
| EMPIRE TRAN<br>8800 PARK ST<br>BELLFLOWER<br>USDOT#:<br>MC/MX#:<br>State#: 326916 | , CA 90706                   | N INC<br>Phone#:<br>Fax#:                                                          |                                                                                                                       |                               | Driver:<br>License#:<br>Date of Birl<br>CoDriver:<br>License#:<br>Date of Birl |                                         |                                                                                   |                                | State:<br>State:             |
| Location: 300<br>Highway:<br>County: ORAN                                         | .*                           | ANAHEIM                                                                            | MilePos<br>Origin:<br>Destina                                                                                         | t:                            | Ship                                                                           | per:<br>Bill                            | l of Lading:<br>rgo:                                                              |                                |                              |
| VEHICLE IDEN                                                                      | ITIFICATION                  |                                                                                    |                                                                                                                       |                               |                                                                                |                                         |                                                                                   |                                | ]                            |
| Unit Type Make<br>1 BU SPEM                                                       | Year <u>State</u><br>2015 CA | <u>Plate #</u><br>44308V1                                                          | <u>Equipment ID</u><br>286                                                                                            | <u>VII</u><br>3FRNF6HD        | <u>4</u><br>4FV718605                                                          |                                         | CVSA # CVS/                                                                       | A Issued #                     | OOS Sticker                  |
| BRAKE ADJUS<br>Axie # <u>1</u><br>Right N/A<br>Left N/A<br>Chamber HYD            | 2<br>N/A<br>N/A              |                                                                                    |                                                                                                                       |                               |                                                                                |                                         |                                                                                   |                                | -                            |
| VIOLATIONS:                                                                       | ·····                        | A fa                                                                               | ndarðanna er sveri er sveri sveri sveri sveri sveri sveri sveri sveri sveri sveri sveri sveri sveri sveri sveri       |                               |                                                                                |                                         | ······································                                            |                                | 1                            |
| HazMat: No HN                                                                     |                              | ····                                                                               |                                                                                                                       |                               |                                                                                | ••••••••••••••••••••••••••••••••••••••• |                                                                                   |                                | ·····                        |
| Special Check                                                                     |                              |                                                                                    |                                                                                                                       |                               |                                                                                | 1                                       | Placard: No                                                                       | Cargo <sup>-</sup>             | lank:                        |
| State Informati<br>Beal/Sub Area: 6<br>INSP 05-27-15 2,<br>Bus Type: 1;           | on:<br>70: Veh #1 Tv         | ne: 11: Regulated                                                                  | l Vehicle: Y; Res<br>e Number: 37970                                                                                  | ponsible Pers<br>6; Fuel Type | on: STARCF<br>: CNG; Pass                                                      | RAFT CO<br>senger Ca                    | NV MFR DATE<br>apacity: 39; WC                                                    | 10/14; Add<br>Passenger        | ress: LAST<br>· Capacity: 0; |
| This copy of the report<br>NOTE: If a citation wa<br>Signature Of Motor Car       | is issued, you mus           | I lolicw the instructions                                                          | ed to take corrective an<br>listed on the citation.                                                                   | clions for all defec          | Is noted. DO N                                                                 | IOT return th                           | ils form to the Californ                                                          | nia Highway Pa                 | atrol.                       |
|                                                                                   |                              |                                                                                    | аншана на <b>на на село на село на село на село на село на село на село на село на село на село на село на село н</b> |                               |                                                                                |                                         |                                                                                   |                                |                              |
|                                                                                   |                              |                                                                                    |                                                                                                                       | ٠                             |                                                                                |                                         |                                                                                   |                                |                              |
|                                                                                   |                              |                                                                                    |                                                                                                                       |                               |                                                                                |                                         |                                                                                   |                                |                              |
|                                                                                   |                              |                                                                                    |                                                                                                                       |                               |                                                                                |                                         |                                                                                   |                                |                              |
|                                                                                   |                              |                                                                                    | <b>`</b> .                                                                                                            |                               |                                                                                |                                         |                                                                                   |                                |                              |
| Report Prepared E<br>L. CLEMENS<br>X                                              | <u>By:</u>                   | <u>Badge #:</u><br>A08630                                                          | <u>Copy Receive</u><br>X                                                                                              |                               | F                                                                              | <sup>o</sup> age t of t                 |                                                                                   | CA3P2K0                        | 01210                        |
|                                                                                   |                              |                                                                                    |                                                                                                                       |                               |                                                                                |                                         |                                                                                   |                                |                              |

Page 7 of 8 **DRIVER/VEHICLE EXAMINATION REPORT** Aspen 2.14.1.1 CHP 407F/343A-Aspen Report Number: CA3P2K001214 **California Highway Patrol** Inspection Date: 06/25/2015 Questions regarding this report may be direct Start: 11:03:00 AM PT End: 12:01:00 PM PT the teltphone number listed below. Inspection Level: V - Terminal Telephone 1-858-650-3655 HM Inspection Type: None **EMPIRE TRANSPORTATION INC** Driver: 8800 PARK ST License#: State: BELLFLOWER, CA 90706 Date of Birth: USDOT#: Phone#: CoDriver: MC/MX#: Fax#: License#: State: State#: 326916 Date of Birth: Location: 300 W KATELLA ANAHEIM **MilePost:** Shipper: Highway: Origin: Bill of Lading: County: ORANGE, CA Destination: Cargo: VEHICLE IDENTIFICATION Unit Type Make Year State Plate # Equipment ID <u>VIN</u> GVWR CVSA # CVSA Issued # OOS Slicker BU SPEM 2015 CA 1 44335V1 287 3FRNF6HD6FV718606 26,000 **BRAKE ADJUSTMENTS** Axle# 1 2 N/A Right N/A N/A N/A Left HYDR HYDR Chamber VIOLATIONS: No Violations Were Discovered. HazMat: No HM Transported. Placard: No Cargo Tank: Special Checks: No Data for Special Checks. State Information: Beat/Sub Area: 670; Veh #1 Type: 11; Regulated Vehicle: Y; Responsible Person: STARCRAFT CONV MFR DATE 10/14; Address: LAST INSP 05-27-15 2,272; Odometer: 4026; File Code Number: 379706; Fuel Type: CNG; Passenger Capacity: 39; WC Passenger Capacity: 0; Bus Type: 1; This copy of the report is for your information. Carriers are required to take corrective actions for all defects noted. DO NOT return this form to the California Highway Patrol, NOTE: If a citation was issued, you MUST follow the instructions listed on the citation. Signature Of Motor Carrier X; Trile: Date: Report Prepared By: Badge #: Copy Received By: Page 1 of 1 L. CLEMENS A08630

| DRIVER/VEHICLE EXAMINATION REPORT       Apen 2.14.1.1         Image: CHP 407F1343A-Aspen<br>Guestions regarding this report may be direct<br>the teltphone number listed below.<br>Telephone 1-666-660-665       Report Number: CA3P20007115<br>Start: 1221.00 PM PT End:: 11:00 PM PT<br>Inspection Davis (V- Trarninal<br>HM Inspection Type: None         EMPIRE: TRANSPORTATION INC<br>8800 PARK ST<br>BELLE/LOWER, CA 95705       Date of Birth:<br>Start: 223.00 PM PT End:: State:<br>Date of Birth:<br>State: S28316       State:<br>State: State:<br>Date of Birth:<br>State: br>State: State:<br>Date of Birth:<br>State: State: State:<br>Date of Birth:<br>State: State: State:<br>Date of Birth:<br>State: State: State:<br>Date of Birth:<br>Date MM WA<br>County: Of ANGE, CA<br>Date of Birth:<br>Date of Birth:<br>Date of Birth:<br>State: Inste of State: State:<br>Date of Birth:<br>Date of Birth: |                                                |                                             |                                                       |                                      |                            |                                       |                                   |                                                      | Page 8                           | 3 of 8                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------|-------------------------------------------------------|--------------------------------------|----------------------------|---------------------------------------|-----------------------------------|------------------------------------------------------|----------------------------------|--------------------------|
| California Highway Patrol<br>Questions regarding this report may be direct<br>the tellphone number listed below.<br>The tellphone 1458 650-3655       Inspection Late: 025/2016<br>Start: 122:100 PM PT End: 119:00 PM PT<br>Inspection Level: V - Terminal<br>PM Inspection Type: None         EMPIRE TRANSPORTATION INC<br>BOD PARK ST<br>BELLPL.OWERT CA 90706       Driver:<br>License#:<br>State: State: State:<br>State: State: State:<br>WHICHARK CA 90706       Driver:<br>License#: State: State:<br>Date of Birth:<br>County: ORANGE, CA       State:<br>State: State:<br>State: State:<br>State: State: State: State: State:<br>State: State: State: State: State: State: State:<br>State: State:                                                                                                                                                                      |                                                |                                             | DRIV                                                  | ER/VEHICLE                           | EXAMIN                     | VATION R                              | EPORT                             | •                                                    | As                               | pen 2.14.1.1             |
| BBOD PARK ST       License#:       State:         BELLELCAURE, CA. 90706       Date of Birth:       State:         USDOT#:       Phone#I:       CoDriver:       State:         USDOT#:       Fax#:       License#:       State:         State#:       State:       Date of Birth:       State:         Location: 300 W KATELLA ANAHEIM       MilePost:       Shipper:       State:         UDI Tuze Make Year State       Place #       Confign:       Bill of Lading:         County: ORANGE, CA       Dostination:       Cargo:         VEHICLE IDENTIFICATION       UDI Tuze Make Year State Place #       Eadpressed       SFRNF6HD0FV716007 26,000         BRAKE ADJUSTMENTS       Axale #       1       2       Right       NA       NA         Kale #       1       2       Right       NA       NA       NA         VICLATIONS: No Violations Were Discovered.       Hacard: NO       Cargo Tank:       Special Checks: No Date for Special Checks.         State Information:       Barlybus Area:       State Counter 4550; File Code Number: 379706; Fuel Type: CNO; Passenger Capacity: 39; WC Passenger Capacity: 0; Bus Type: 1;         NSP 0627-15 2233; Codometer 4550; File Code Number: 379706; Fuel Type: CNO; Passenger Capacity: 39; WC Passenger Capacity: 0; Bus Type: 1;         NSP 0627-15 2233; Codom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                | California H<br>Questions r<br>the teltphor | ighway Patrol<br>egarding this re<br>le number listed |                                      | rect                       |                                       | Inspecti<br>Start: 12<br>Inspecti | ion Date: 06/25<br>2:21:00 PM PT<br>ion Level: V - 1 | 5/2015<br>End: 1:19:<br>Ferminal | 00 PM PT                 |
| Location: 300 W KATELLA ANAHEIM     MilePost:     Shipper:       Highway:     Origin:     Bill of Lading:       County: ORANGE, CA     Dostination:     Cargo:       VEHICLE IDENTIFICATION     UN     GVWR CVSA# CVSA #sued # QOS Sticker       1     BU SPEM 2015 CA     435111     288       PRAKE ADJUSTMENTS     Ada#     1     2       Ada#     1     2     28       Right     NA     NA       Left     NA     NA       Had Mile You     Cargo Tank:       Special Checks: No Data for Special Checks.       State Information:       Beal/Sub Arcs: 670; Veh IT Type: 11; Regulated Vehicle: Y; Responsible Person: STARCRAFT CONV MFR DATE 10/14; Address: LAST       NSD 62/7:15 2.233; Codometer: 4569; File Code Number: 379706; Fuel Type: CNG; Passenger Capacity: 9; WC Passenger Capacity: 0; Eus Type: 1;       Table convertion:     Beal/Sub Arcs: LAST       NoT: 1:     State Information:       Beal/Sub Arcs: 200; Wild Happet IS Hove Information:     Earlow Information: Biscon on the Cattorna Highway Patet.       NOT: 1:     State Information: Biscon to the Cattorna Highway Patet.       NOT: 1:     State Information: Biscon to the Cattorna Highway Patet.       NoT: 1:     Date: Table State Arcs: State Information: Biscon to the Cattorna Highway Patet.       NoT: 1:     Date: Table State Arcs: State Arcs: State Arcs: State Arcs: S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8800 PARK S<br>BELLFLOWE<br>USDOT#:<br>MC/MX#: | T<br>R, CA 90706                            | Phone#:                                               |                                      | e<br>e                     | License#:<br>Date of Bir<br>CoDriver: | th:                               |                                                      |                                  |                          |
| Unil Tuze Make Year State       Plate #       Eaulpment ID       VIN       GVWR       CVSA # CVSA tesund # OOS Sticker         1       BU SPEM 2015 CA       44351V1       288       3FRNF6HD8FV718607       26,000         BRAKE ADJUSTMENTS<br>Axia #       1       2         Axia #       1       2       Right       NA       NA         Left       NA       NA       KA       Cargo Tank:       Secondary         Special Checks:       No Data for Special Checks.       Placard: No       Cargo Tank:         Special Checks:       No Data for Special Checks.       State Information:         Bead/Sub Area: 670; Veh H7 Type: 11; Regulated Vehicle: Y; Responsible Person: STARCRAFT CONV MFR DATE 10/14; Address: LAST INSP 05-27-15 2,233, Odometer. 4589; File Code Number: 379708; Fuel Type: (NG; Passenger Capacity: 0; Bus Type: 1;         The cory of the appols for your information. Curriers are required to take concel/se actions for all defeds noted. Do NOT return the form to the Catlendte Highway Fatrot.         Mote: 'r facilities was based, your WIST fatrow the leafeed to take concel/se actions for all defeds noted. Do NOT return the form to the Catlendte Highway Fatrot.         Mote: 'r facilities was based, your WIST fatrow the leafeed on the clates.       Do Nor return the form to the Catlendte Highway Fatrot.         Signature Of Motor Carler X.       Dafe: Cable Area Carler X.       Dafe: Cable Area Carler X.       Dafe: Cable A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Location: 300<br>Highway:                      | W KATELLA                                   | ANAHEIM                                               | Origin:                              |                            |                                       | per:<br>Bill                      |                                                      |                                  |                          |
| Axis #       1       2         Right       NA       NA         Left       NA       NA         Chamber       HVDR       HVDR         VIOLATIONS : No Violations Were Discovered.       Placard: No       Cargo Tank:         Special Checks:       No Data for Special Checks.       State Information:         Beat/Sub Area: 670; Veh #1 Type: 11; Regulated Vehicle: Y; Responsible Person: STARCRAFT CONV MFR DATE 10/14; Address: LAST INSP 05:27-15 2, 233; Odometer. 4599; File Code Number: 379706; Fuel Type: CNG; Passenger Capacity: 39; WC Passenger Capacity: 0; Bus Type: 1;         This copy of the report is for your information:       State information:         Bugst type: 1;       This copy of the report is for your information: Carliers are required to take corrective actions for all delects noted.       Do NOT return this form to the Califormia Highway Patiol.         NOT: Y'' a value was bracked, your MMST foldow the traduction taked on the clation.       Signature Of Moler Carrier X       Trite       Date         Signature Of Moler Carrier X       Badre #; Copy Received By; Addesso       Page 1 of 1       Image: State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State State Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Unit Type Mak                                  | <u>ke Year State</u>                        | Plate #                                               |                                      |                            |                                       |                                   | CVSA# CVSA                                           | Issued # O                       | OS Sticker               |
| HazMat: No HM Transported.       Placard: No       Cargo Tank:         Special Checks: No Data for Special Checks.       State Information:       Beat/Sub Area: 67:0; Veh #1 Type: 11; Regulated Vehicle: Y; Responsible Person: STARCRAFT CONV MFR DATE 10/14; Address: LAST INSP 05-27-15 2, 233; Odometer. 4599; File Code Number: 379706; Fuel Type: CNG; Passenger Capacity: 39; WC Passenger Capacity: 0; Bus Type: 1;         This copy of the report is for your information. Carriers are required to take corrective actions for all defects noted. Do NOT return this form to the Catifornia Highway Patot. NOTE: He alter was issued, you MUST fellow the instructors listed on the citaten.         Signature Of Motor Carrier X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Axie# 1<br>Right N/<br>Left N/                 | 1 2<br>/A N/A<br>/A N/A                     |                                                       | **********                           |                            |                                       |                                   | kanan an an an ann an an an an an an an a            |                                  |                          |
| Special Checks: No Data for Special Checks.         State Information:         Beal/Sub Area: 670; Veh #1 Type: 11; Regulated Vehicle: Y; Responsible Person: STARCRAFT CONV MFR DATE 10/14; Address: LAST INSP 05-2715 2,233; Odometer: 4599; File Code Number: 379706; Fuel Type: CNG; Passenger Capacity: 39; WC Passenger Capacity: 0; Bus Type: 1;         Thit copy of the report information. Carries are required to take corrective actions for all defeds noted. DO NOT return this form to the Catifornia Highway Patrol. NOTE: 1/a clation was issued on the clation.         Signature Of Motor Carrier X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | VIOLATIONS                                     | : No Violations '                           | Were Discovered.                                      |                                      |                            |                                       |                                   | **********                                           |                                  | ]                        |
| State Information:         BeadSub Area: 670; Veh #1 Type: 11; Regulated Vehicle: Y; Responsible Person: STARCRAFT CONV MFR DATE 10/14; Address: LAST INSP 05-27-15 2,233; Odometer, 4599; File Code Number: 379706; Fuel Type: CNG; Passenger Capacity: 39; WC Passenger Capacity: 0; Bus Type: 1;         This copy of the report is for your information. Carliers are required to take concective actions for all defects noted. DO NOT return this form to the Catlomia Highway Patrol. NOTE: Via clabon was issued, you MUST follow the instructions listed on the clabin.         Signature Of Motor Carlier X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | HazMat: No H                                   | IM Transported                              |                                                       |                                      |                            | *                                     |                                   | Placard: No                                          | Cargo Ta                         | ink:                     |
| Beat/Sub Area: 670; Veh #1 Type: 11; Regulated Vehicle: Y; Responsible Person: STARCRAFT CONV MFR DATE 10/14; Address: LAST INSP 05-27-15 (233; Odometer. 4599; File Code Number: 379706; Fuel Type: CNG; Passenger Capacity: 39; WC Passenger Capacity: 0; Bus Type: 1;         That copy of the report is for your information. Carriers are required to take corrective actions for all defects noted. DD NOT return this form to like Catifornia Highway Patrol.         NDTE: Via citation was issued, you MUST follow the instructions listed on the citation.         Signature Of Motor Carrier X:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Special Chec                                   | ks: No Data fo                              | r Special Checks.                                     |                                      |                            |                                       |                                   | **************************************               |                                  |                          |
| NOTE:       If a clatter was issued, you MUST follow the instructions listed on the clatter.         Signature Of Motor Carrier X:       Title:       Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Beat/Sub Area:<br>INSP 05-27-15                | 670: Veh #1 Tv                              | pe: 11; Regulated<br>er: 4599; File Cod               | l Vehicle: Y; Res<br>e Number: 37970 | ponsible Pe<br>6; Fuel Typ | rson: STARCI<br>le: CNG; Pas          | RAFT CO<br>senger Ca              | NV MFR DATE 1<br>apacity: 39; WC                     | 0/14; Addre<br>Passenger (       | ss: LAST<br>Capacily: 0; |
| Signature Of Motor Carrier X         Title:         Date:           Title:         Date:         Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | This copy of the repo                          | at is for your informa                      | tion. Carriers are require                            | ed to take corrective an             | ctions for all def         | ects noted. DO N                      | OT return th                      | is form to the Californ                              | ia Highway Paln                  | 51.                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                             |                                                       |                                      |                            | Title:                                |                                   |                                                      | Date                             |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | ·                                           |                                                       |                                      |                            |                                       |                                   |                                                      |                                  |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Report Prepared                                | Bv:                                         | Badge #:                                              | Copy Receive                         | d Bv:                      |                                       | Page 1 of 1                       |                                                      |                                  |                          |
| X X CA_CA3P2K001215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | L. CLEMENS                                     | <u></u>                                     |                                                       | CONT LIGATION                        | <u> L.</u>                 |                                       | .g= / + 1                         |                                                      |                                  |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | X                                              |                                             |                                                       | X                                    |                            |                                       |                                   | CA                                                   | CA3P2K00                         | 1215                     |

| STATE OF CALIF                                     | MANIA          |                |                     |                         |                       |                                       |                       |                                       |                     |                      |                                               |                 |                           |                        |                | -                       |
|----------------------------------------------------|----------------|----------------|---------------------|-------------------------|-----------------------|---------------------------------------|-----------------------|---------------------------------------|---------------------|----------------------|-----------------------------------------------|-----------------|---------------------------|------------------------|----------------|-------------------------|
| DEPARTMENT O                                       | F CALIFORNIA   |                |                     | NEW                     | TERMINAL              | INFORMATIC                            | N C                   | A NUMBE                               | R                   | FIL                  | e code                                        | NUMBER          | COUNTY                    |                        | 1 01           | <u>5 pages</u><br>seo   |
| SAFETY C                                           |                |                |                     |                         | Yes                   | ] No                                  |                       |                                       | 916                 |                      |                                               | 5940            |                           | 19                     | <b></b>        |                         |
| CHP 343 (Rev                                       |                |                | IC                  | LIERM                   | Truck                 | -                                     | C                     | B B                                   | OTHER I             | PROGR<br>T           | AM(S)                                         | LOCATIO         | N CODE<br>550             | 5                      | UBAR           | ea<br>S44               |
| TERMINAL NAME                                      |                |                |                     |                         |                       | 1 203                                 | <u> </u>              |                                       |                     |                      |                                               | <u> </u><br> 18 | LEPHONE N                 | UMBER (                | N/AR           |                         |
| EMPIRE T                                           |                |                |                     |                         |                       |                                       |                       | د<br>رسر بردو ست سید                  |                     |                      | *****                                         |                 | E                         | 62-52                  | 9-26           | 376                     |
| TERMINAL STREE                                     |                |                |                     | •                       |                       |                                       |                       |                                       |                     |                      |                                               |                 |                           |                        |                |                         |
| MAILING ADDRES                                     | S (NUMBER, S   | TREET, CITY, S | TATE, ZIPCOD        | E) (# DIFFE             | RENT FRC              | CM ABOVE)                             |                       |                                       |                     |                      |                                               |                 | R COUNTY)                 |                        | ********       |                         |
| 8800 PARI                                          | (SI, BEL       | LFLOWE         | R, CA 90            |                         |                       | EET AND T                             |                       |                                       |                     |                      | FLO\                                          | VER,            | CA 9070                   | 6                      |                |                         |
| HM LIC. NO.                                        | HWT. F         | EG. NO.        | IMS LIC. NO.        |                         | TRUCKS                | AND TYPES                             | TRAILERS              | AND TYP                               | ES DL               | JSES BI              |                                               |                 | IVERS                     | 1                      | eit fl         | EET SIZE                |
| N/A<br>EXP. DATE                                   | EXP. D         |                | N/<br>EXP. DATE     | A                       | REO. CT               | N/A                                   | HW VEH.               | N/A                                   |                     | 2<br>V CONT          |                                               | 2               | 6<br>D/CSAT               |                        |                | N/A                     |
| N/A                                                |                | N/A            | N/                  |                         |                       | N/A                                   |                       | N/A                                   |                     | 1                    | N/A                                           |                 | Z Yes                     | ] No                   |                | ню <sub>,</sub>         |
| CONSOLIDATED T                                     | ERMINALS<br>NO |                | FILE CODE NI<br>N/A | IMBER OF I              | CONSOLIÓ              | ATED TERM#                            | IALS AND I            | NVISION I                             | LOCATIO             | ons fiy              | NUMBE                                         | R (Use R        | imarks for Ad             | fitional FC            | NS)            | ********                |
|                                                    |                |                | ******              | MERGEN                  |                       | NTACTS (In                            |                       |                                       |                     |                      | e)                                            | ***             | *****                     |                        | ********       | 999                     |
| EMERGENCY CO                                       | *              | 2)             |                     |                         |                       | DAY TELEPI                            | ONE ND (<br>562-52    |                                       |                     |                      | 4                                             | NK              | iht teleph                | DNE NO.                | W/AP           | (EA CODE )              |
| EMERGENCY CO                                       | ONTACT (NAME   | :)             |                     | *******                 |                       | DAY TELEPI                            | IONE NO.              | W/AREA                                | CODE)               | atis/semitimus s s s |                                               | Nic             | NO TELEPIS                | ONE NO.                | W/AF           | REA CODE )              |
| JOSE GUZ                                           | MAN            |                | CTIMATED            | 0 A1 (2/)               |                       | CACE FO                               | 562-52                |                                       |                     |                      | -                                             |                 |                           |                        |                |                         |
|                                                    | B 15.0         |                | STIMATED            | D                       |                       | F                                     |                       | F                                     |                     | 16                   |                                               | 201             | H                         |                        | 1              |                         |
| 15,000                                             | 50,0           |                | 100,000             | L.J 50                  | 0,001 —<br>0,000      | 1,00                                  | ,001<br>0,000         | LJZ                                   | 000,001             |                      |                                               | 0,001<br>0,000  | J r-1 5,0                 | 00,001<br>000,000      | ŢĽ             | MORE THAN<br>10,000,000 |
|                                                    | T              |                | TCP                 |                         |                       | NG AUTHO                              |                       |                                       |                     | CTIVE                | -949) (HAN) , - , - , - , - , - , - , - , - , | IMS             | FITNESS EV                | ALLIATIO               | N              |                         |
| 00                                                 | JOT NUMBER     | VA             | PSC                 | N/A                     | [                     | Yes 🗌                                 | No [                  | /] N/A                                |                     |                      |                                               | [               | ] Yes[/                   | No                     |                |                         |
|                                                    | JOT NUMBER     | ۸              |                     | N/A                     | ŀ                     |                                       | N/A                   |                                       | REASON              |                      |                                               |                 | TEDM                      |                        | Jon            | ECTION                  |
| SPECTION FINI                                      |                | INSPECTION     | RATINGS: S          |                         |                       | Unsatisfactor                         | y C≠Co                | nditional                             | UR *                | Unrated              | I N/A =                                       | Noi App         | lícabla                   | NML 11                 | <u>40</u>      | ECTION                  |
| EQUIREMENTS<br>AINTENANCE                          | VIOL           |                | NCE PROGRAM         | ····•                   | DRIVER RE             |                                       |                       | G. EQUIP                              | MENT                |                      |                                               |                 | TERIALS                   |                        |                | MINAL                   |
| ROGRAM                                             | 1              | 1 UR 2 S       | 34                  |                         | 2_ <u>S</u> 3         | 4                                     | 1 UR 2                | <u> </u>                              | 4                   |                      |                                               | <u>N/A 3</u>    | <u>I/A 4 N/A</u>          |                        |                | 34                      |
| RIVER<br>ECORDS                                    | 0              | No. 3          | Time                | No. E                   | 5 . Ti                | me                                    | No. 3                 | Tin                                   | ne                  | 11                   | ME                                            | N/A             |                           | TOTAL T                | ME             |                         |
| RIVER<br>DURS                                      | 0              | HAZARDOUS      |                     |                         | H/M viciat            | ions noted                            | CONTAIN<br>No. N/     |                                       |                     | 1                    | HICLES                                        |                 | OUT-OF-SEF                | IVICE<br>Unita         |                | N/A                     |
| RAKES                                              | 2              | REMARKS        |                     |                         |                       |                                       | 110. 11               | • • • • • • • • • • • • • • • • • • • | 1907                |                      | CINC:05                                       | ~~~~~           |                           | Units                  | Teldurin Coun  | 14/1                    |
| MPS &                                              | 0              |                |                     |                         |                       |                                       |                       |                                       |                     |                      |                                               |                 |                           |                        |                |                         |
| GNALS<br>ONNECTING                                 |                | SFF C          | HP 343-             | 1 ANT                   | ) 407E                | ASPEN                                 | JATT                  | ACU                                   | гn                  |                      |                                               |                 |                           |                        |                |                         |
| VICES                                              | N/A            | 0000           | 111 240             |                         | 1071                  | 101 171                               | 1 221 1               | 1.011                                 | فراشا               |                      |                                               |                 |                           |                        |                |                         |
| EERING &                                           | 0              |                |                     |                         |                       |                                       |                       |                                       |                     |                      |                                               |                 |                           |                        |                |                         |
| RES & REELS                                        | 0              |                |                     |                         |                       |                                       |                       |                                       |                     |                      |                                               |                 |                           |                        |                |                         |
| UIPMENT<br>QUIREMENTS                              | 1              |                |                     |                         |                       |                                       |                       |                                       |                     |                      |                                               |                 |                           |                        |                |                         |
| INTAINERS &                                        | N/A            |                |                     |                         |                       |                                       |                       |                                       |                     |                      |                                               |                 |                           |                        |                |                         |
| NKS<br>ZARDOUS                                     | N/A            |                |                     |                         |                       |                                       |                       |                                       |                     |                      |                                               |                 |                           |                        |                |                         |
| TERIALS                                            |                | FEES DUE       | СНР                 | 345 CH                  | P 1000 CO             | )L                                    | INSP                  | ECTION I                              | DATEIS              |                      |                                               |                 | TIME IN                   | ********************** | TINE           | OUT                     |
| ] I 🗌 R                                            | Ū              | Yes [          | ~ ! _               |                         | 0                     | 14914adaaan 14976adaa a aa aa a aa ah | -1.0 200              | -                                     | 7/9                 | /201                 | 5                                             |                 |                           |                        |                |                         |
| SPECTED BY (NA)                                    | WE(S)}         | S.MIDDL        | EBDOOM              | 5                       |                       |                                       |                       | JMBER(S                               |                     | 3337                 |                                               |                 | SUSPENSE                  |                        | £1             |                         |
|                                                    |                | J.MIDDF        | LONUUK              |                         | OTOR                  | CARRIER                               | CERTIF                | ICATIO                                |                     |                      |                                               |                 | Auto                      | <u></u>                | No             | K.                      |
| hereby certify<br>visions of the<br>ntacting the M | California V   | ehicle Code    | and the Cal         | nd record<br>ifornia Co | ied on th<br>de of Re | e allached                            | pages (2<br>I underst | through                               | h <u>5</u><br>timay | reque                | st a re                                       | view of         | l in accord<br>an unsatis | ance wi<br>fatcory r   | h ap;<br>aling | blicable<br>by          |
| RRENT TERMINA                                      |                |                |                     | CARRIER                 | REPRESE               | MAINE'S SI                            |                       | 4                                     |                     |                      |                                               |                 | DATE                      | -                      |                | Ninitan                 |
| S/<br>RRIER REPRESE                                | ATISFA         |                |                     | <u> </u>                | -A                    | M/2                                   | $\leq 1$              | $\sum$                                |                     |                      | $ \frown$                                     | <b>C</b>        | 8.8.4.F                   | 7/9/2                  |                |                         |
|                                                    | anning a sur   | NEW CONTRACTOR |                     |                         | 10                    | - 1                                   | ហេរ                   | -                                     |                     |                      |                                               | •               | DRIVER LIC                | ENSE NU                | ABER           | STATE                   |
| OSE GUZM                                           | AN             |                |                     |                         |                       |                                       |                       | SAF                                   | ETY                 | MAN                  | AGE                                           | R               |                           |                        | 1              |                         |

| STATE OF CALIF | ORNIA<br>F CALIFORNIA HICHWAY PATROL | ·                                     | Page 2                    |
|----------------|--------------------------------------|---------------------------------------|---------------------------|
| CONTINU        |                                      | DATE                                  | THIS IS A CONTINUATION OF |
|                | (REV 10-97) OPI 062                  | 07/09/15                              | CHP 343                   |
| CARRIER NAME   |                                      |                                       | CA NUMBER                 |
|                | EMPIRE TRANSPORTATION INC            | ٥                                     | 326916                    |
| ADDRESS        |                                      | · · · · · · · · · · · · · · · · · · · | FC NUMBER                 |
|                | 8800 PARK ST, BELLFLOWER, CA 90706   |                                       | 245940                    |

REMARKS

## MAINTENANCE PROGRAM VIOLATIONS:

<u>13 CCR 1215(f)</u> Carrier does not repair defect(s) reported on the driver's daily vehicle condition reports, and attest to the repair by signing or having an authorized agent sign the reports. Defects or deficiencies reported on drivers' daily vehicle condition reports that are likely to affect the safe operation of the motor vehicle or combination are required to be repaired prior to returning to operation. The motor carrier or an authorized agent shall certify on the report that necessary repairs have been completed prior to the vehicle returning to operation.

Unit # 251 drivers DVIR indicated defective door: 05-06-15, 05-07-15, 05-08-15 Unit # L-205 drivers DVIR indicated vehicle alignment issues: 06-23-15, 06-24-15, 06-25-15, 06-26-15

# **DRIVER RECORDS VIOLATIONS:**

Due to carrier having two types of operations (Tour Bus / Basic Bus) driver records were inspected in conjunction with the annual tour bus terminal inspection. Driver records meet all the requirements for basic bus operation.

# RATING:

13CCR 1233 Terminal is rated SATISFACTORY at this time,

## **CHANGE OF ADDRESS:**

13CCR 1233.5 Carrier is required to notify the department of any change of address or cessation of regulated activity at any of the carrier's terminals. Carrier shall notify the department in writing within 15 days of the change and shall be forwarded to:

## **California Highway Patrol**

## COMMERCIAL RECORDS UNIT

### P.O. BOX 942898

### SACRAMENTO, CA. 94298-0001

|                                                                                                                       | DRIVE                                  | ER/VEHICLE                                                                                                         | EXAMI                                   | NATION RE                                                                      | EPORT                                                    |                                                                              | Aspen 2.14.1.1                                                |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------|
| California I<br>Questions<br>the telepho<br>(323) 644-9                                                               |                                        |                                                                                                                    | rect                                    |                                                                                | Inspectio<br>Start: 9:3<br>Inspectio                     | lumber: CA3<br>on Date: 07/0<br>30:00 AM CT<br>on Level: V -<br>ection Type: | 7/2015<br>End: 10:00:00 AM CT<br>Terminal                     |
| EMPIRE TRANSPORTATIO<br>8800 PARK ST<br>BELLFLOWER, CA 90706<br>USDOT#:<br>MC/MX#:<br>State#: 326916                  |                                        |                                                                                                                    |                                         | Driver:<br>License#:<br>Date of Birf<br>CoDriver:<br>License#:<br>Date of Birf |                                                          |                                                                              | State:<br>State:                                              |
| Location: 8800 PARK ST<br>Highway:<br>County: LOS ANGELES, 0                                                          | CA                                     | MilePos<br>Origin: N<br>Destinat                                                                                   |                                         | Ship<br>E                                                                      | •                                                        | of Lading:<br>go:                                                            |                                                               |
| VEHICLE IDENTIFICATIO<br>Unit Type Make Year State<br>1 BU CHEV 2008 CA                                               | Plate #                                | Equipment ID<br>251                                                                                                | •                                       | <u>VIN</u><br>GX8F406185                                                       |                                                          | CVSA # CVS                                                                   | A Issued # OOS Sticker                                        |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                 |                                        | анение и станов на колоница на станов на колони на станов на колони на станов на колони на станов на колони на<br> |                                         |                                                                                |                                                          |                                                                              |                                                               |
| VIOLATIONS                                                                                                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                                                                                                    |                                         |                                                                                |                                                          |                                                                              |                                                               |
| 02<br>393.45B2 1245(F)(                                                                                               |                                        |                                                                                                                    | <u>erily Crash</u><br>N N<br>N N<br>N N | Front license p<br>Axle # 1 right l<br>chaffing on inr<br>Axle # 1 left ca     | plate not v<br>hydraulic I<br>her fender<br>aliper insta | brake hose fron<br>alled in wrong p                                          | caliper worn from                                             |
| HazMat: No HM Transporter                                                                                             | el.                                    |                                                                                                                    |                                         |                                                                                | É                                                        | haffing on inne<br>Placard: No                                               | Cargo Tank:                                                   |
| Special Checks: No Data f                                                                                             |                                        | *****                                                                                                              | *****                                   |                                                                                |                                                          |                                                                              | *****                                                         |
| State Information:<br>Beat/Sub Area: S44; PUC: 21<br>Passenger Capacity: 26; Bus                                      | 507; Veh #1 Type: 1<br>Type: 1:        |                                                                                                                    | ehicle: Y; C                            | dometer: 2446                                                                  | 31; File C                                               |                                                                              |                                                               |
| Signature Of Repairer X:                                                                                              |                                        |                                                                                                                    |                                         |                                                                                |                                                          |                                                                              |                                                               |
| This copy of the report is for your inform<br>NOTE: If a citation was issued, you MI<br>Signature Of Motor Carrier X: | UST follow the instructions            | listed on the citation.                                                                                            |                                         |                                                                                |                                                          |                                                                              |                                                               |
|                                                                                                                       | 40005000000000000000000000000000000000 | **************************************                                                                             |                                         | un anuar a se anna an an an an an an an an an an an a                          |                                                          | arr ann an Gold (1999) a faille ann an Anna Anna Anna Anna Anna Anna A       | nennen sekon kannan er en en en en en en en en en en en en en |
|                                                                                                                       |                                        |                                                                                                                    |                                         |                                                                                |                                                          |                                                                              |                                                               |
|                                                                                                                       |                                        |                                                                                                                    |                                         |                                                                                |                                                          |                                                                              |                                                               |
|                                                                                                                       |                                        |                                                                                                                    |                                         |                                                                                |                                                          |                                                                              |                                                               |
| Report Prepared By:<br>SEAN MIDDLEBROOKE                                                                              | <u>Badge #:</u><br>A13337              | <u>Copy Receive</u>                                                                                                |                                         |                                                                                | Page 1 of 1                                              |                                                                              |                                                               |
|                                                                                                                       |                                        | X                                                                                                                  |                                         |                                                                                |                                                          | CA                                                                           | CA3P14001150                                                  |

| D                                                                                                                    | RIVER/VEHICLE EXAMINATION                                     | REPORT                                                                                                                    | Aspen 2.14.1.1                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| CHP 407F/343A-Aspen<br>California Highway Pate<br>Questions regarding th<br>the telephone number I<br>(323) 644-9557 | is report may be direct                                       | Report Number: CA3P<br>Inspection Date: 07/09<br>Start: 6:45:00 AM CT<br>Inspection Level: V - T<br>HM Inspection Type: N | /2015<br>End: 7:15:00 AM CT<br>erminal                                                                              |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA 90706<br>USDOT#: Phone#:                                 | Driver:<br>License#<br>Date of B                              | irth:                                                                                                                     | State:                                                                                                              |
| MC/MX#: Fax#:<br>State#: 326916                                                                                      | CoDriver:<br>License#<br>Date of B                            | :<br>irth:                                                                                                                | State:                                                                                                              |
| Location: 8800 PARK ST<br>Highway:<br>County: LOS ANGELES, CA                                                        | MilePost: Sh<br>Origin: NONE<br>Destination: NONE             | ipper:<br>Bill of Lading:<br>Cargo:                                                                                       |                                                                                                                     |
| VEHICLE IDENTIFICATION                                                                                               |                                                               | **********                                                                                                                |                                                                                                                     |
| Unit Type Make Year State Plate #<br>1 BU CHEV 2010 CA 1358267                                                       | Equipment ID VIN<br>L-205 1GB9G5AGXA110452                    | <u>GVWR</u> <u>CVSA</u> # <u>CVSA</u><br>4 14,200                                                                         | Issued # OOS Sticker                                                                                                |
| BRAKE ADJUSTMENTS<br><u>Axle # 1 2</u><br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                         |                                                               |                                                                                                                           |                                                                                                                     |
| VIOLATIONS : No Violations Were Discove                                                                              | ered.                                                         |                                                                                                                           | الله المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع ال<br> |
| HazMat: No HM Transported.<br>Special Checks: No Data for Special Che                                                |                                                               | Placard: No                                                                                                               | Cargo Tank:                                                                                                         |
| Capacity: 12; WC Passenger Capacity: 2; B                                                                            | ***************************************                       | de Number: 245940; Fuel Ty                                                                                                |                                                                                                                     |
| Signature Of Repairer X:<br>This copy of the report is for your information. Carriers are                            | required to take corrective actions for all defects noted. DC |                                                                                                                           | Date:                                                                                                               |
| NOTE: If a citation was issued, you MUST follow the instru-                                                          | uctions listed on the citation.                               | · · ·                                                                                                                     |                                                                                                                     |
|                                                                                                                      |                                                               | -                                                                                                                         |                                                                                                                     |
| Report Prepared By:         Bade           SEAN MIDDLEBROOKE         A13           X         A13                     | <u>ae #. Copy Received By:</u><br>3337 XX                     | Page 1 of 1                                                                                                               | CA3P14001159                                                                                                        |

| 4.                                                                         | DRIVE                                                                                                                             | ER/VEHICLE EXAMI                                                   | NATION REPORT                                                                  | Г                                                                                                               | Aspen 2.14.1.1   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------|
|                                                                            | CHP 407F/343A-Aspen<br>California Highway Patrol<br>Questions regarding this rep<br>the telephone number listed<br>(323) 644-9557 |                                                                    | Inspect<br>Start: 7<br>Inspect<br>HM Insp                                      | Number: CA3P14001<br>ion Date: 07/09/2015<br>:30:00 AM CT End: 6<br>ion Level: V - Termin<br>pection Type: None | 3:00:00 AM CT    |
| 8800 PARK ST<br>BELLFLOWER<br>USDOT#:<br>MC/MX#:                           | R, CA 90706<br>Phone#:<br>Fax#:                                                                                                   |                                                                    | Driver:<br>License#:<br>Date of Birth:<br>CoDriver:<br>License#:               |                                                                                                                 | State:<br>State: |
| State#: 326910<br>Location: 880<br>Highway:<br>County: LOS /               | 0 PARK ST                                                                                                                         | MilePost:<br>Origin: NONE<br>Destination: NON                      |                                                                                | ll of Lading:<br>Irgo:                                                                                          |                  |
| VEHICLE IDEN<br>Unit Type Make<br>1 BU CHEV                                |                                                                                                                                   |                                                                    | <u>VIN GVWR</u><br>G0A1104709 14,200                                           | CVSA # CVSA Issued                                                                                              | # OOS Sticker    |
| BRAKE ADJUS<br>Axle# 1<br>Right N//<br>Left N//<br>Chamber HYD             | <u>2</u><br>A N/A<br>A N/A                                                                                                        | ¥                                                                  |                                                                                |                                                                                                                 |                  |
| VIOLATIONS<br><u>Vio Code</u><br>390.21A<br>390.21A                        | 27900(A) VC /001 1 N<br>34507.5(B) VC /00 1 N<br>1                                                                                | <u>Citation # Verify Crash</u><br>N N<br>N N                       | <u>Violations Discovered</u><br>Company name or logo<br>Carrier ID number need | o needs to be legible fron<br>ds to be legible from 50ft                                                        |                  |
| HazMat: No Hi                                                              | M Transported.                                                                                                                    |                                                                    |                                                                                | Placard: No Carg                                                                                                | o Tank:          |
| State Informati<br>Beat/Sub Area: S                                        | s: No Data for Special Checks.<br>Ion:<br>44, Veh #1 Type: 11; Regulated<br>C Passenger Capacity: 2; Bus Ty                       | Vehicle: Y; Odometer: 1144                                         | 40; File Code Number:                                                          | : 245940; Fuel Type: LP(                                                                                        | G; Passenger     |
| Signature Of Repairer                                                      | **************************************                                                                                            |                                                                    |                                                                                |                                                                                                                 |                  |
| This copy of the report<br>NOTE: If a citation we<br>Signature Of Motor Ca | t is for your information. Carriers are require<br>as issued, you MUST follow the instructions<br>rrier X:                        | d to take corrective actions for all de<br>fisted on the citation. | lects noted. DO NOT return th                                                  | -                                                                                                               | •                |
|                                                                            |                                                                                                                                   |                                                                    |                                                                                |                                                                                                                 |                  |
| Report Prepared<br>SEAN MIDDLEBF<br>X                                      | <u>By: Badge #:</u><br>ROOKE A13337                                                                                               | Copy Received By:                                                  | Page 1 of 1                                                                    | СА САЗР                                                                                                         | 14001160         |

| ı                               |                   |                                                         |              |                                        |                       |                |                         |                   |                      |                  |             |                                                                                                                  |              |                    |                | -                                     |
|---------------------------------|-------------------|---------------------------------------------------------|--------------|----------------------------------------|-----------------------|----------------|-------------------------|-------------------|----------------------|------------------|-------------|------------------------------------------------------------------------------------------------------------------|--------------|--------------------|----------------|---------------------------------------|
| STATE OF CALIF                  |                   | HOHWAY PATROL                                           |              | NEW TE                                 | RMINAL I              | NFORMATIO      | i le                    | a nume            | ISR                  | FI               | LE CODE     | NUMBER                                                                                                           | COUNTY       | Page 1<br>CODE     | of _1<br> 85   | <u>6 pages</u><br>o                   |
|                                 |                   | NCE REPOI                                               | RT/          | lanera                                 | res [                 | ] No           |                         |                   | 6916                 |                  |             | 940                                                                                                              |              | 19                 |                |                                       |
| CHP 343 (Rev                    | •                 |                                                         |              | -                                      | AL TYPE               | Bus            | c                       | ODE<br>T          | OTHER                | PROGI<br>B       | RAM(S)      | LOCATION                                                                                                         | CODE<br>550  | SU                 | DAREA          | 344                                   |
| TERMINAL NAME                   |                   | 202                                                     |              |                                        | Tuck[•                | j Dus          |                         |                   | ]                    |                  |             | TELI                                                                                                             | EPHONE NL    | MBER (W)           |                |                                       |
|                                 |                   | RTATION INC                                             |              |                                        |                       |                | ****                    |                   |                      |                  |             |                                                                                                                  | 5            | 62-529             | -267           | 3                                     |
| 8800 PARK                       | ST, BEL           | IUMBEH, STREET, C<br>LFLOWER, (                         | CA 9070      | 6                                      |                       |                | v                       |                   |                      |                  |             |                                                                                                                  |              |                    |                | •                                     |
|                                 | •                 | TREET, CITY, STATE<br>LFLOWER, (                        |              | 6                                      |                       | MABOVE)        | 8800                    | PARI              | < ST,                | BEL              |             | r, city or<br>VER, C                                                                                             |              | 6                  |                |                                       |
| IM LIC, NO.                     | HWT, R            | EG. NO. MS                                              | LIC. NO.     |                                        |                       | AND TYPES      | TRAILERS                | S AND T           |                      |                  | BY TYPE     | DRN.                                                                                                             | 'ers         | BI                 | TFLEE          | T SIZE                                |
| N/A<br>EXP. DATE                | EXP. DA           | N/A                                                     | N/A          |                                        | NEO, CT               | A/A            | HW VEH.                 | N/A               | t.                   | - 69             | )   -       | and the second second second second second second second second second second second second second second second | 81<br>/csat  |                    |                | N/A                                   |
| N/A                             | EXP. DA           | N/A                                                     | N/A          |                                        |                       | V/A            |                         | N/A               | ſ                    | WY CUN           | n.<br>N/A   | I I I                                                                                                            |              | ] No               |                | 19/75                                 |
| ONSOLIDATED T                   |                   |                                                         | COCE NUME    | IER OF CO                              | CNSOLID/              | ATED TERMIN    | ALS AND I               | oivisio           | N LOCAT              | ICHS B           | Y NUMBER    | ۲ (Use Rem                                                                                                       | arks for Add | illional (°CNS     | 5)             |                                       |
| Yes 🗸                           | No                | [N/.                                                    |              | RGENO                                  | Y CON                 | TACTS (In      | Calling                 | Orde              | r of Pr              | elerer           | ice)        |                                                                                                                  |              |                    | uluuminin maua |                                       |
|                                 |                   | 3                                                       |              |                                        | .,                    | DAY TELEPH     | IONE NO.                | (W/AR             | EA CODE              | 5)               |             | NIGH                                                                                                             | IT TELEPHO   | ONE NO. (M         | IAREA          | CODE)                                 |
| BERTHA A                        |                   | }                                                       |              | ************************************** |                       | DAY TELEPH     | 562-52<br>IONE NO.      |                   |                      |                  | 44          | NIGH                                                                                                             | IT TELEPHO   | DNE NO. (W         | TAREA          | CODE                                  |
| JOSE GUZ                        |                   |                                                         |              |                                        |                       |                | 562-52                  |                   |                      |                  | 26          |                                                                                                                  |              | · · ·              |                | ,<br>                                 |
| Δ                               | в                 | ESTIN<br>C                                              | MATED CA     | LIFORN                                 | VIA MIL               | EAGE FO        | R THIS                  | F                 | NAL L                |                  | (EAR [<br>G | 2014                                                                                                             | 1<br> H      |                    | 1              | *****                                 |
| UNDER<br>15,000                 | 15,0<br>50,0      | 01- 1- 50,0                                             |              |                                        | ~~~~~                 | 500            | ,001<br>0,000<br>RITIES |                   | 1,000,00<br>2,000,00 | 00               | rn 2,00     | 0,001—<br>0,000                                                                                                  | r~ 5,0       | 00,001<br>000,000  |                | ORE THAN<br>0,000,000                 |
| 00                              |                   | V/A 🏼                                                   | TCP<br>PSC   | 21507                                  |                       | TOR CARRIE     |                         | PERTY             | PERMIT               |                  | ≅           |                                                                                                                  | ITNESS EV    |                    |                | *****                                 |
| SDOT                            | DOT NUMBER<br>N/A |                                                         | MC<br>MX     | N/A                                    |                       | ] МС –<br>] МХ | N/A                     |                   |                      |                  |             | ION<br>R BUS                                                                                                     | TERM         |                    | ISPE           | CTION                                 |
| SPECTION FINI                   |                   | INSPECTION RAT                                          | INGS: 5=5    | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                       |                |                         | ****              | al UR                | e Unrat          | ed N/A =    | Not Appli                                                                                                        | cable        | <u>`</u>           |                |                                       |
| QUIREMENTS                      | VIOI.             | MAINTENANCE                                             |              |                                        | UVER RE               |                |                         |                   | JIPMENT              |                  |             | DOUS MAT                                                                                                         |              |                    | TERMI          |                                       |
| TOGRAM                          | 1                 | 1 <u>S2S3</u>                                           | 545          | 1_22                                   | 2_5_3                 | <u>S</u> 4 S   | 1_ <u>S</u> ;           | 25                | 3_5_4                | Public bettern - | 1 N/A 2     | N/A <sub>3</sub> N/                                                                                              | A 4 N/A      | 1_S_2<br>TOTAL TIM |                | <u>S 4 S</u>                          |
| river<br>Ecords                 | 0.                | No. 14 Tin                                              | 10           | No. 13                                 | 3 Tir                 | no             | No. 14                  | ‡                 | ime                  |                  | HME         | N/A                                                                                                              |              | TOTAL IN           | a              |                                       |
| UVER<br>DURS                    | 0                 | HAZARDOUS MATE                                          |              | Пюни                                   | /M violati            | ons noted      | CONTAIN                 |                   |                      |                  | VEHICLES    | PLACEDO                                                                                                          | UT-OF-SEF    | WICE<br>Units      | 1              | J/A                                   |
| AKES                            | 2                 | REMARKS                                                 |              | 5000ef                                 |                       |                |                         |                   | 10 10                | · · · · · ·      | * CITICICS  |                                                                                                                  |              | Ulara              | ·····          |                                       |
| MPS &<br>GNALS                  | 1                 |                                                         |              |                                        |                       |                |                         |                   |                      |                  |             |                                                                                                                  |              |                    |                |                                       |
| DNNECTING                       | N/A               | SEE CHE                                                 | 9 343-1      | AND                                    | 407F                  | ASPEN          | I TA I                  | `ACI              | HED                  |                  |             |                                                                                                                  |              |                    |                |                                       |
| EERING &                        | 0                 |                                                         |              |                                        |                       |                |                         |                   |                      |                  |             |                                                                                                                  |              |                    |                |                                       |
| KES &<br>HEELS                  | <i>,</i> 0        |                                                         |              |                                        |                       |                |                         |                   |                      |                  |             |                                                                                                                  |              |                    |                |                                       |
| UIPMENT<br>QUIREMENTS           | 8                 |                                                         |              |                                        |                       |                |                         |                   |                      |                  |             |                                                                                                                  |              |                    |                |                                       |
| NTAINERS &                      | N/A               |                                                         |              |                                        |                       |                |                         |                   |                      |                  |             |                                                                                                                  |              |                    |                |                                       |
| ZARDOUS                         | N/A               |                                                         |              |                                        |                       |                | ·····                   |                   |                      |                  | ~~~~~~~~~~~ | ·····                                                                                                            |              | *****              |                |                                       |
|                                 | NON - BIT         | FEES DUE                                                |              | CHP                                    | 2 1000 CO             | IL.            | INS                     |                   | N DATE(              |                  | 8,07-0      |                                                                                                                  | TIME IN .    |                    | rime ol        | п                                     |
| SPECTED BY (NA                  | and the second    |                                                         |              |                                        |                       |                | ID N                    | RIMBER            | 1(5)                 |                  |             |                                                                                                                  | SUSPENSE     | DATE               |                | · · · · · · · · · · · · · · · · · · · |
|                                 |                   | S.MIDDLEB                                               | ROOKE        |                                        |                       |                | <u>}</u> {              |                   |                      | 1333             | 37          |                                                                                                                  | 🖸 Aut        |                    | None           |                                       |
| ovisions of the                 | e California V    | itions described<br>/ehicle Code and<br>Safety Unit Sup | d the Califo | d recorde                              | ed on th<br>le of Fie |                | pages (i<br>I unders    | 2 throu<br>land t | igh<br>hat 1 ma      | ay requ          |             | view of a                                                                                                        |              |                    |                |                                       |
| RRENT TERMINA                   |                   | • • • • • • • •                                         |              | CARRIER I                              |                       | AUTATURE'S S   |                         |                   | ·····                |                  |             |                                                                                                                  | DATE         |                    |                |                                       |
|                                 | ATISFA            |                                                         |              | A                                      | HIV                   | $\swarrow$     |                         | $\sim$            | ~                    | •••••            | -           |                                                                                                                  |              | 7/9/2              |                |                                       |
|                                 |                   |                                                         |              |                                        |                       |                |                         |                   |                      |                  |             |                                                                                                                  |              |                    |                |                                       |
| S<br>ARRIER REPRESE<br>OSE GUZN |                   | NTED NAME                                               |              | - 7                                    | 1                     |                | TITL                    |                   | CCT                  | × 1.80           | NAGE        | 1                                                                                                                | DRIVER LIC   | ENSENUM            | BER ST         | ATE                                   |

| STATE OF CALIFO |                                    |                      | Page 2                    |
|-----------------|------------------------------------|----------------------|---------------------------|
| CONTINU         | CALIFORNIA HIGHWAY PATROL .        | DATE                 | THIS IS A CONTINUATION OF |
|                 | REV 10-97) OPI 062                 | 07- 07, 07-08, 07-09 | CHP 343                   |
| CARRIER NAME    |                                    |                      | CANUMBER                  |
|                 | EMPIRE TRANSPORTATION INC          |                      | 326916                    |
| ADDRESS         |                                    |                      | FC NUMBER                 |
|                 | 8800 PARK ST, BELLFLOWER, CA 90706 |                      | 245940                    |

REMARKS

#### MAINTENANCE PROGRAM VIOLATIONS:

<u>13 CCR 1215(f)</u> Carrier does not repair defect(s) reported on the driver's daily vehicle condition reports, and attest to the repair by signing or having an authorized agent sign the reports. Defects or deficiencies reported on drivers' daily vehicle condition reports that are likely to affect the safe operation of the motor vehicle or combination are required to be repaired prior to returning to operation. The motor carrier or an authorized agent shall certify on the report that necessary repairs have been completed prior to the vehicle returning to operation.

Unit # 243 drivers DVIR indicated check engine light on: 04-01-15, 04-03-15, 04-06-15, 04-07-15, 04-20-15 Unit # 164 drivers DVIR indicated power steering problem: 05-22-15, 05-23-15, 05-24-15 Unit # 244 drivers DVIR indicated inoperative interior light: 05-15-15, 05-18-15, 05-19-15, 05-20-15, 05-21-15, 05-22-15 Unit # 259 drivers DVIR indicated inoperative turn signal: 04-01-15, 04-02-15 Unit # 251 drivers DVIR indicated defective door: 05-06-15, 05-07-15, 05-08-15

### DRIVER RECORDS VIOLATIONS:

All records are current and on file at this time.

## RATING:

13CCR 1233 Terminal is rated SATISFACTORY at this time.

#### **CHANGE OF ADDRESS:**

13CCR 1233.5 Carrier is required to notify the department of any change of address or cessation of regulated activity at any of the carrier's terminals. Carrier shall notify the department in writing within 15 days of the change and shall be forwarded to:

#### **California Highway Patrol**

## COMMERCIAL RECORDS UNIT

#### P.O. BOX 942898

#### SACRAMENTO, CA. 94298-0001

| ·                                                                                                                                        | DRIVER/VEHICLE EXAMI                                          | NATION REPORT                                                    | Aspen 2.14.1.1                                |
|------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------|
| CHP 407F/343A-As<br>California Highway<br>Questions regardin<br>the telephone num<br>(323) 644-9557                                      | / Patrol<br>ng this report may be direct                      | Inspection Dat<br>Start: 1:30:00 F                               | PM CT End: 2:00:00 PM CT<br>/el: V - Terminal |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA 90706<br>USDOT#: Phone<br>MC/MX#: Fai                                        |                                                               | Driver:<br>License#:<br>Date of Birth:<br>CoDriver:<br>License#: | State:                                        |
| State#: 326916<br>Location: 8800 PARK ST<br>Highway:<br>County: LOS ANGELES, CA                                                          | MilePost:<br>Origin: NONE<br>Destination: NON                 | Date of Birth:<br>Shipper:<br>Bill of Lac                        |                                               |
| VEHICLE IDENTIFICATION Unit Type Make Year State Plate 1 BU FORD 2011 CA 72620                                                           |                                                               | <u>VIN <u>GVWR</u> <u>CVSA</u><br/>S7BDA42091 14,500</u>         | # CVSA Issued # OOS Sticker                   |
| BRAKE ADJUSTMENTS<br><u>Axle # 1 2</u><br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                             |                                                               |                                                                  |                                               |
| VIOLATIONS : No Violations Were Di                                                                                                       | covered                                                       |                                                                  |                                               |
| HazMat: No HM Transported.                                                                                                               | ****                                                          | Placar                                                           |                                               |
| Special Checks: No Data for Special<br>State Information:<br>Beal/Sub Area: S44; PUC: 21507; Veh<br>Passenger Capacity: 16; WC Passenger | #1 Type: 10; Regulated Vehicle: Y: C                          |                                                                  | umber: 245940; Fuel Type: G;                  |
| Signature Of Repairer X:                                                                                                                 |                                                               | Facility:                                                        |                                               |
| This copy of the report is for your information. Carri<br>NOTE: If a citation was issued, you MUST follow th                             | ers are required to lake corrective actions for all do        |                                                                  |                                               |
| Signature Of Motor Carrier X:                                                                                                            |                                                               | Title:                                                           | Date                                          |
|                                                                                                                                          | -<br>-                                                        |                                                                  |                                               |
| Report Prepared By:<br>SEAN MIDDLEBROOKE<br>X                                                                                            | Badge #:         Copy Received By:           A13337         X | Page 1 of 1                                                      | CA CA3P14001158                               |

| DRIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ER/VEHICLE EXAMINATION                                           | REPORT                                                                                                                                     | Aspen 2.14.1.1                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| CHP 407F/343A-Aspen<br>California Highway Patrol<br>Questions regarding this rep<br>the telephone number listed<br>(323) 644-9557                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  | Report Number: CA3P140<br>Inspection Date: 07/07/201<br>Start: 1:00:00 PM CT End<br>Inspection Level: V - Term<br>HM Inspection Type: None | 15<br>1: 1:30:00 PM CT<br>hinal                                                                                |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA 90706<br>USDOT#: Phone#:<br>MC/MX#: Fax#:<br>State#: 326916                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Driver:<br>License<br>Date of<br>CoDrive<br>License<br>Date of   | b#:<br>Birth:<br>ər:<br>#:                                                                                                                 | State:<br>State:                                                                                               |
| Location: 8800<br>Highway:<br>County: LOS ANGELES, CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MilePost: S<br>Origin: NONE<br>Destination: NONE                 | ihipper:<br>Bill of Lading:<br>Cargo:                                                                                                      |                                                                                                                |
| VEHICLE IDENTIFICATION<br>Unit <u>Type Make</u> Year State Plate #<br>1 BU FORD 2009 CA 907HN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Equipment ID VIN<br>244 1FDFE45S09DA473                          | <u>GVWR</u> <u>CVSA # CVSA Issu</u><br>979 14,500                                                                                          | ied # OOS Sticker                                                                                              |
| BRAKE ADJUSTMENTS       Axle #     1     2       Right     N/A     N/A       Left     N/A     N/A       Chamber     HYDR     HYDR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                                                                                                                            | антон на следно на селото на с |
| 390.21A         27900(A) VC /001         1         N           390.21A         34507.5(B) VC /00         1         N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N N Carrier ID                                                   | name or trademark required to be v<br>number needs to be visible from 50                                                                   | visible from 50ft<br>Oft                                                                                       |
| HazMat: No HM Transported.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  | Placard: No. Ca                                                                                                                            | irgo Tank:                                                                                                     |
| Special Checks: No Data for Special Checks.<br>State Information:<br>Beat/Sub Area: S44; PUC: 21507; Veh #1 Type: 1<br>CNG; Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capacity: 16; WC Passenger Capa | 0; Regulated Vehicle: Y; Odometer: 1<br>ipacity: 2; Bus Type: 1; | 19201; File Code Number: 24594(                                                                                                            | ); Fuel Type:                                                                                                  |
| Signature Of Repairer X:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Facility                                                         |                                                                                                                                            | B:                                                                                                             |
| This copy of the report is for your information. Carriers are required NOTE: If a citation was issued, you MUST follow the instructions I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | isted on the citation.                                           | -                                                                                                                                          |                                                                                                                |
| Signalure Of Motor Carrier X:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tille:                                                           | Date                                                                                                                                       | 2 <u>.</u>                                                                                                     |
| Report Prepared By:         Badge #:           SEAN MIDDLEBROOKE         A13337           X         X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Copy Received By:                                                | Page 1 of 1                                                                                                                                | BP14001157                                                                                                     |

| DRIVE                                                                                                                                         | R/VEHICLE EXAMINATION R                                                                       | REPORT                                                                                               | Aspen 2.14.1,1            |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------|
| CHP 407F/343A-Aspen                                                                                                                           |                                                                                               | Report Number: CA3P140011                                                                            | 56                        |
| California Highway Patrol                                                                                                                     | :                                                                                             | Inspection Date: 07/07/2015                                                                          |                           |
| Questions regarding this rep                                                                                                                  |                                                                                               | Start: 12:30:00 PM CT End: 1                                                                         |                           |
| the telephone number listed<br>(323) 644-9557                                                                                                 | below.                                                                                        | Inspection Level: V - Termina<br>HM Inspection Type: None                                            |                           |
| EMPIRE TRANSPORTATION INC                                                                                                                     | Driver:                                                                                       | The mapeerion Type: None                                                                             |                           |
| 8800 PARK ST                                                                                                                                  | License#:                                                                                     |                                                                                                      | State:                    |
| BELLFLOWER, CA 90706                                                                                                                          | Date of Bi                                                                                    |                                                                                                      | otate.                    |
| USDOT#: Phone#:                                                                                                                               | CoDriver:                                                                                     |                                                                                                      |                           |
| MC/MX#: Fax#:<br>State#: 326916                                                                                                               | License#:                                                                                     |                                                                                                      | State:                    |
| Location: 8800 PARK ST                                                                                                                        | Date of Bin<br>MilePost: Shi                                                                  |                                                                                                      |                           |
| Highway:                                                                                                                                      | Origin: NONE                                                                                  | pper:<br>Bill of Lading:                                                                             |                           |
| County: LOS ANGELES, CA                                                                                                                       | Destination: NONE                                                                             | Cargo:                                                                                               |                           |
| VEHICLE IDENTIFICATION                                                                                                                        | nne ann an an an an ann an ann an ann an                                                      | * hallmann far falsen en se kan en se se se se se se se se se se se se se                            |                           |
| Unit Type Make Year State Plate #                                                                                                             | Equipment ID VIN                                                                              | GVWR CVSA # CVSA Issued                                                                              | # OOS Sticker             |
| 1 BU FORD 2001 CA 6P83397                                                                                                                     | 163 1FDXE45571HB06008                                                                         |                                                                                                      |                           |
| BRAKE ADJUSTMENTS                                                                                                                             |                                                                                               | анты ал талараан алаа ал андиги алаа албагалагалаган калан калараар арарда. Алардан дар дар дар ал   |                           |
| <u>Axle# 1 2</u>                                                                                                                              |                                                                                               |                                                                                                      |                           |
| Right N/A N/A                                                                                                                                 |                                                                                               | ٠                                                                                                    |                           |
| Left N/A N/A<br>Chamber HYDR HYDR                                                                                                             |                                                                                               |                                                                                                      |                           |
|                                                                                                                                               | s<br>na na                                                | vaanadumuugan paqagaada uruu vaadada dadiinin yaaqaga gaga uu dadii udada udada udada aa kayaa aa aa |                           |
| VIOLATIONS : No Violations Were Discovered.<br>HazMat: No HM Transported.                                                                     | 9 haqadad minama ya yan ya kana kana kana kana kana maya ya ya ya kana kana kana kana kana ka |                                                                                                      | <u> </u>                  |
| Special Checks: No Data for Special Checks.                                                                                                   |                                                                                               |                                                                                                      | o Tank:                   |
|                                                                                                                                               | د<br>                                                                                         |                                                                                                      | <sup>z</sup> uel Type: G; |
| Signaluro Of Repairer X:                                                                                                                      |                                                                                               |                                                                                                      |                           |
| This copy of the report is for your information. Carriers are required<br>NOTE: If a citation was issued, you MUST follow the instructions it | isted on the citation.                                                                        | NOT return this form to the California Highway                                                       | Patrol                    |
| Signature Of Motor Carrier X:                                                                                                                 | Title:                                                                                        | Dale:                                                                                                |                           |
|                                                                                                                                               |                                                                                               |                                                                                                      |                           |
| Report Prepared By:         Badge #:           SEAN MIDDLEBROOKE         A13337           X         X                                         | Copy Received By:                                                                             | Page 1 of 1 CA CA3P1                                                                                 | 4001156                   |

| DRIVE                                                                                                                                         | R/VEHICLE EXAMINATION F                                                                                        | REPORT                                                                                                                                            | Aspen 2.14.1.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHP 407F/343A-Aspen<br>California Highway Patrol<br>Questions regarding this rep<br>the telephone number listed<br>(323) 644-9557             |                                                                                                                | Report Number: CA3P14001<br>Inspection Date: 07/07/2015<br>Start: 12:00:00 PM CT End:<br>Inspection Level: V - Termin<br>HM Inspection Type: None | 12:30:00 PM CT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA 90706<br>USDOT#: Phone#:                                                          | Driver:<br>License#:<br>Date of Bi<br>CoDriver:                                                                |                                                                                                                                                   | State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| MC/MX#: Fax#:<br>State#: 326916<br>Location: 8800 PARK ST                                                                                     | License#:<br>Date of Bi                                                                                        |                                                                                                                                                   | State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Highway:<br>County: LOS ANGELES, CA                                                                                                           | MilePost: Shi<br>Origin: NONE<br>Destination: NONE                                                             | pper:<br>Bill of Lading:<br>Cargo:                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate #<br>1 BU FORD 2007 CA 8W82663                                                      | Equipment ID VIN<br>237 1FBSS31L76DB32319                                                                      | GVWR CVSA # CVSA Issued<br>9,100                                                                                                                  | L# OOS Slicker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                                         |                                                                                                                |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| VIOLATIONS : No Violations Were Discovered.                                                                                                   | · · ·                                                                                                          |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| HazMat: No HM Transported. Special Checks: No Data for Special Checks.                                                                        | alternetienen sussa andara antikarista antikarista antikarista antikarista eta antikarista antikarista eta eta | Discoult March Course                                                                                                                             | o Tank:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| State Information:<br>Beat/Sub Area: S44; PUC: 21507; Veh #1 Type: 19<br>Passenger Capacity: 10; Bus Type: 2;                                 |                                                                                                                | 771; File Code Number: 245940;                                                                                                                    | 1997 - NORMON - Commence and an and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s |
| Signalute Of Repairer X:                                                                                                                      | Facility                                                                                                       | , Date:                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| This copy of the report is for your information. Carriers are required<br>NOTE: If a citation was issued, you MUST follow the instructions if | isted on the citation.                                                                                         |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature Of Motor Carrier X:                                                                                                                 | Title:                                                                                                         | Date:                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                               | •<br>•                                                                                                         |                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Report Prepared By:     Badge #;       SEAN MIDDLEBROOKE     A13337       X                                                                   | Copy Received By:                                                                                              | Page 1 of 1<br>CA CA3P                                                                                                                            | 4001155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                                                                                                                               |                                              | DRIV                                                                 | ER/VEHICLI                                         | E EXAMINA                         | TION R                                                                          | EPORT                          | Г                                                                           |                                           | Aspen 2.14.1.1     |
|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------|--------------------------------|-----------------------------------------------------------------------------|-------------------------------------------|--------------------|
|                                                                                                                               | Questions re                                 | ghway Patrol<br>egarding this re<br>le number listed                 |                                                    | lirect                            |                                                                                 | Inspect<br>Start: 1<br>Inspect | Number: CA<br>ion Date: 07/<br>1:30:00 AM C<br>ion Level: V<br>pection Type | 07/2015<br>T <b>End:</b> 12<br>- Terminal | i4<br>:00:00 PM CT |
| EMPIRE TRAN<br>8800 PARK ST<br>BELLFLOWER<br>USDOT#:<br>MC/MX#:<br>State#: 326910<br>Location: 880<br>Highway:<br>County: LOS | r<br>R, CA 90706<br>6<br>0 PARK ST           | Phone#:<br>Fax#:                                                     | MilePos<br>Origin:<br>Destina                      | Li<br>Di<br>Ci<br>Li<br>Di<br>st: | river:<br>icense#:<br>ate of Birt<br>oDriver:<br>cense#:<br>ate of Birt<br>Ship | ih:<br>per:<br>Bil             | l of Lading:<br>rgo:                                                        |                                           | State:<br>State:   |
| VEHICLE IDEN<br>Unit Type Make<br>1 BU FORD                                                                                   |                                              | <u>Plate #</u><br>100FL                                              | Equipment (D<br>258                                | <u>VIN</u><br>1FDFE4FS58          | DA43090                                                                         |                                | CVSA# CV                                                                    | SA Issued #                               | OOS Sticker        |
| BRAKE ADJUS<br>Axle # 1<br>Right N//<br>Left N//<br>Chamber HYD                                                               | 2<br>N/A<br>N/A                              | 9                                                                    |                                                    |                                   |                                                                                 |                                |                                                                             | ngalana malalangkarang dama da            |                    |
| VIOLATIONS<br>Vio Code<br>390.21A<br>390.21A                                                                                  | 34507.5(B)<br>1                              | /C /001 1 N<br>VC /00 1 N                                            |                                                    | N N Con<br>N N Can                | npany nam                                                                       | e or trade<br>ber requi        | emark required<br>red to be visibl                                          | e from 50ft                               |                    |
| HazMat: No HA                                                                                                                 |                                              | Special Checks                                                       |                                                    |                                   |                                                                                 | F                              | Placard: No                                                                 | Cargo                                     | Tank:              |
| State Informati<br>Beat/Sub Area: S<br>Passenger Capac                                                                        | on:<br>44; PUC: 2150                         | 7; Veh #1 Type: 1                                                    | 0; Regulated Ve<br>: 4; Bus Type: 1;               | ehicle: Y; Odom                   | eter: 9281                                                                      | 1; File Co                     | ode Number: 2                                                               | 45940; Fue                                | I Type: G;         |
| Signature Of Repairer                                                                                                         | WWW.Confermitience.com                       |                                                                      |                                                    |                                   | acility:                                                                        |                                | *****                                                                       | Date:                                     |                    |
| This copy of the report<br>NOTE: If a citation wa                                                                             | is for your informations is issued, you MUST | <ol> <li>Carriers are require<br/>follow the instructions</li> </ol> | d to take corrective an<br>listed on the citation. | ctions for all defects i          | noted. DO N                                                                     | OT return th                   | is form to the Califo                                                       | rnia Highway P                            | atrol.             |
| Signature Of Motor Car                                                                                                        | rier X:                                      | ****                                                                 |                                                    |                                   | Tille:                                                                          |                                |                                                                             | Date:                                     |                    |
|                                                                                                                               |                                              |                                                                      |                                                    |                                   |                                                                                 |                                |                                                                             |                                           | ,                  |
|                                                                                                                               |                                              |                                                                      |                                                    |                                   |                                                                                 |                                |                                                                             |                                           |                    |
|                                                                                                                               | . ·                                          |                                                                      |                                                    |                                   |                                                                                 |                                |                                                                             |                                           |                    |
| Report Prepared E<br>SEAN MIDDLEBR<br>x                                                                                       | <u>iv:</u><br>OOKE                           | <u>Badge #:</u><br>A13337                                            | <u>Copy Receive</u><br>X                           | d By:                             | þ                                                                               | age 1 of 1                     |                                                                             |                                           |                    |
|                                                                                                                               |                                              | **************************************                               |                                                    | *****                             | 1447.4668.000.000.000.000.000.000.000.000.000.                                  |                                | CH CH                                                                       | CA3P140                                   | 01154              |

| DRIVE                                                                                                                                         | R/VEHICLE EXAMINATION R                                                                                                                | EPORT                                            | Aspen 2.14.1.1                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| CHP 407F/343A-Aspen<br>California Highway Patrol<br>Questions regarding this rep<br>the telephone number listed                               | Report Number: CA3P14001153<br>Inspection Date: 07/07/2015<br>Start: 11:00:00 AM CT End: 11:30:00 AM<br>Inspection Level: V - Terminal |                                                  |                                                  |
| (323) 644-9557                                                                                                                                |                                                                                                                                        | HM Inspection Type: None                         |                                                  |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA 90706<br>USDOT#: Phone#:                                                          | Driver:<br>License#:<br>Date of Bir<br>CoDriver:                                                                                       | th:                                              | State:                                           |
| MC/MX#: Fax#:<br>State#: 326916<br>Location: 8800 PARK ST                                                                                     | License#:<br>Date of Bir                                                                                                               |                                                  | State:                                           |
| Highway:<br>County: LOS ANGELES, CA                                                                                                           | MilePost: Ship<br>Origin: NONE<br>Destination: NONE                                                                                    | oper:<br>Bill of Lading:<br>Cargo:               |                                                  |
| VEHICLE IDENTIFICATION                                                                                                                        | na analasan ya yaa ya a a a a a a a a a a a a a a                                                                                      | ana an an ann an ann ann ann ann ann an          | 1                                                |
| Unit Type Make Year State Plate #<br>1 BU FORD 2000 CA 6E24755                                                                                | Equipment ID VIN<br>116 1FBSS31L2XHC33018                                                                                              | GVWR CVSA # CVSA Issued #<br>9,100               | # OOS Sticker                                    |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                                         |                                                                                                                                        |                                                  |                                                  |
| VIOLATIONS : No Violations Ware Discovered                                                                                                    |                                                                                                                                        |                                                  |                                                  |
| HazMat: No HM Transported.                                                                                                                    |                                                                                                                                        | Placard: No Cargo                                | Tank:                                            |
| Special Checks: No Data for Special Checks.                                                                                                   | n min na manana ana ana ana ana ana ana ana                                                                                            |                                                  | ······                                           |
| State Information:<br>Beat/Sub Area: S44; PUC: 21507; Veh #1 Type: 10<br>Passenger Capacity: 14: Bug Type: 2:                                 |                                                                                                                                        | 556; File Code Number: 245940; F                 | uel Type: G;                                     |
| Signature Of Repairer X                                                                                                                       | Facility:                                                                                                                              | Date:                                            |                                                  |
| This copy of the report is for your information. Carriers are required<br>NOTE: If a citation was issued, you MUST follow the instructions if | I to take corrective actions for all defects noted. DO N<br>isled on the citation.                                                     | VOT return this form to the California Highway I | Patrol.                                          |
| Signature Of Motor Carrier X:                                                                                                                 | Tille:                                                                                                                                 | Dale:                                            |                                                  |
|                                                                                                                                               |                                                                                                                                        |                                                  | annenning an an an an an an an an an an an an an |
|                                                                                                                                               |                                                                                                                                        | ,                                                | `                                                |
|                                                                                                                                               |                                                                                                                                        |                                                  |                                                  |
|                                                                                                                                               |                                                                                                                                        |                                                  |                                                  |
| Report Prepared By:     Badge #:       SEAN MIDDLEBROOKE     A13337       X     X                                                             | Copy Received By: F                                                                                                                    | Page 1 of 1                                      | 001153                                           |

| DR                                                                                                                                                            | IVER/VEHICLE EXAMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NATION REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Aspen 2.14.1.1                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| CHP 407F/343A-Aspen<br>California Highway Patro<br>Questions regarding this<br>the telephone number lis<br>(323) 644-9557                                     | s report may be direct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Report Number: CA3<br>Inspection Date: 07/0<br>Start: 10:30:00 AM CT<br>Inspection Level: V -<br>HM Inspection Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7/2015<br>End: 11:00:00 AM CT<br>Terminal |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA 90706<br>USDOT#: Phone#:<br>MC/MX#: Fax#:<br>State#: 326916<br>Location: 8800 PARK ST<br>Highway: | MilePost:<br>Origin: NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Driver:<br>License#:<br>Date of Birth:<br>CoDriver:<br>License#:<br>Date of Birth:<br>Shipper:<br>Bill of Lading:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | State:<br>State:                          |
| County: LOS ANGELES, CA                                                                                                                                       | Destination: NON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | E Cargo:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |
| VEHICLE IDENTIFICATION           Unit Type Make Year State         Plato #           1         BU FORD 1999         CA         6E23925                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VIN <u>GVWR</u> <u>CVSA</u> # <u>CVS</u><br>L5XHC33014 9,100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A Issued # OOS Slicker                    |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · · · · ·                                 |
| VIOLATIONS : No Violations Were Discover                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 999 M / A hadron hannage of a general state of a state of a first of a first of a first of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of a state of |                                           |
| HazMat: No HM Transported.                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Cargo Tank:                               |
| Special Checks: No Data for Special Check                                                                                                                     | ks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |
| State Information:<br>Beat/Sub Area: S44; PUC: 21507; Veh #1 Typ<br>Passenger Capacity: 14; Bus Type: 2;                                                      | pe: 10; Regulated Vehicle: Y; C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 45940; Fuel Type: G;                      |
| Signature Of Repairer X:                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Facility:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date:                                     |
| This copy of the report is for your information. Carriers are re<br>NOTE: If a citation was issued, you MUST follow the instruc-                              | quired to take corrective actions for all de                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fects noted. DO NOT return this form to the Califon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nia Highway Patrol.                       |
| Signature Of Motor Carrier X:                                                                                                                                 | Mithial International International Contents of Contents of Contents International Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of Contents of | Tille:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date:                                     |
|                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |
| Report Prepared By: Badge<br>SEAN MIDDLEBROOKE A133<br>X                                                                                                      | #: <u>Copy Received By:</u><br>37<br>X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Page 1 of 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CA3P14001152                              |

|                                                                                                                                       | DRIVER/VEHICLE EXAM                                                                                 | INATION REPORT                                                                                                                     | Aspen 2.14.1.1                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| the telephone nur<br>(323) 644-9557                                                                                                   | y Patrol<br>ing this report may be direct<br>nber listed below.                                     | Inspection Date                                                                                                                    | M CT End: 10:30:00 AM CT<br>II: V - Terminal                                                                    |
| State#: 326916<br>Location: 8800 PARK ST                                                                                              | e#:<br>x#:<br>MilePost:                                                                             | Driver:<br>License#:<br>Date of Birth:<br>CoDriver:<br>License#:<br>Date of Birth:<br>Shipper:                                     | State:<br>State:                                                                                                |
| Highway:<br>County: LOS ANGELES, CA                                                                                                   | Origin: NONE<br>Destination: NON                                                                    | Bill of Ladi<br>IE Cargo:                                                                                                          | ng:                                                                                                             |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plat<br>1 BU FORD 2009 CA 898                                                     |                                                                                                     | <u>VIN GVWR CVSA #</u><br>5549DA47353 14,500                                                                                       | CVSA Issued # OOS Slicker                                                                                       |
| BRAKE ADJUSTMENTS<br><u>Axle # 1 2</u><br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                          |                                                                                                     | ч <del>а – с</del> остояния на состояния на состояния и состояния и состояния и состояния и состояния и состояния и состояния<br>К | Les es d'antière de la construction de la construction de la construction de la construction de la construction |
| VIOLATIONS<br><u>Vio Code</u> <u>Section</u><br>390.21A 27900(A) VC /00<br>390.21A 34507.5(B) VC /0<br>1                              | 00 1 N N N                                                                                          | Carrier name or logo required to<br>Carrier ID numbers not clearly vis                                                             |                                                                                                                 |
| HazMat: No HM Transported.                                                                                                            |                                                                                                     | Placard:                                                                                                                           | No Cargo Tank:                                                                                                  |
| Special Checks: No Data for Special<br>State Information:<br>Beat/Sub Area: S44; PUC: 21507; Ve<br>Passenger Capacity: 16; WC Passeng | h #1 Type: 10; Regulated Vehicle; Y; (                                                              | Ddometer: 97444; File Codo Num                                                                                                     | ber: 345940; Fuel Type: CNG;                                                                                    |
| Signature Of Repairer X:                                                                                                              |                                                                                                     | Facility                                                                                                                           | Date:                                                                                                           |
| This copy of the report is for your information. Car<br>NOTE: If a citation was issued, you MUST follow                               | riers are required to take corrective actions for all d<br>the instructions listed on the citation. |                                                                                                                                    | e California Highway Pairol.                                                                                    |
| Signature Of Motor Carrier X:                                                                                                         |                                                                                                     | Tilla:                                                                                                                             | Da(e:                                                                                                           |
| Report Prepared By:<br>SEAN MIDDLEBROOKE<br>X                                                                                         | Badge #:     Copy Received By:       A13337     X                                                   | Page 1 of 1                                                                                                                        | CA CA3P14001151                                                                                                 |

|                                                            |                                            |                                                      | /ER/VEHICL                                         | .E EXAM                                | INATION R                                         |                                        |                                               | Aspen 2.14.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|----------------------------------------------------|----------------------------------------|---------------------------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                            |                                            | lighway Patrol                                       |                                                    |                                        |                                                   | Inspect                                | Number: CA3<br>ion Date: 07/0                 | 7/2015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>W</b>                                                   |                                            | regarding this r<br>ne number liste<br>557           |                                                    | direct                                 |                                                   | Inspecti                               | 30:00 AM CT<br>ion Level: V -<br>ection Type: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| EMPIRE TRAN<br>8800 PARK ST<br>BELLFLOWER                  | •                                          | DN INC                                               | 7/////////////////////////////////////             | 00440080000000000000000000000000000000 | Driver:<br>License#:<br>Date of Bir               |                                        |                                               | State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| JSDOT#:<br>MC/MX#:<br>State#: 326916                       |                                            | Phone#:<br>Fax#:                                     |                                                    |                                        | CoDriver:<br>License#:<br>Date of Bi              | th:                                    |                                               | State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Location: 880<br>Highway:<br>County: LOS /                 |                                            | A                                                    |                                                    | ost:<br>: NONE<br>ation: NON           |                                                   |                                        | l of Lading:<br>rgo:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| VEHICLE IDEN                                               |                                            |                                                      |                                                    |                                        |                                                   |                                        |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Unit Type Make<br>1 BU CHEV                                | <u>Year State</u><br>/ 2008 CA             | <u>Plate #</u><br>8V75559                            | Equipment ID<br>251                                |                                        | <u>VIN</u><br>1GX8F406185                         |                                        | CVSA# CVS                                     | A Issued # OOS Sticke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| BRAKE ADJUS<br>Axle#1<br>RightN/A<br>.eftN/A<br>ChamberHYD | <u>2</u><br>N/A<br>N/A                     |                                                      |                                                    |                                        |                                                   |                                        |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| /IOLATIONS                                                 |                                            |                                                      |                                                    |                                        |                                                   | ************                           |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <u>/io Code</u><br>92.2RG<br>93.45B2                       | 02                                         | 1 N<br>) CCR /0 1 N                                  | 1                                                  | N N<br>N N                             | Front license<br>Axle # 1 right<br>chaffing on in | plate not v<br>hydraulic<br>ner fender | brake hose from                               | n caliper worn from                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 193.45B2                                                   | 1245(F)(3<br>01                            | ) CCR /0 1 N                                         | · · · · · · · · · · · · · · · · · · ·              |                                        | Axle # 1 left c<br>brake hose to                  | aliper insta<br>curl and c             | alled in wrong p<br>haffing on inne           | osition causing hydrauli<br>r plastic fender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| lazMat: No HN                                              |                                            |                                                      |                                                    |                                        |                                                   | F                                      | Placard: No                                   | Cargo Tank:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ipecial Checks                                             | s: No Data for                             | r Special Checks.                                    |                                                    |                                        |                                                   |                                        |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| tate Informati                                             | on:<br>44; PUC: 215                        | 07; Veh #1 Type:                                     |                                                    | Vehicle: Y; (                          | Odometer: 2440                                    | 631; Filo (                            | Code Number: 2                                | 45940; Fuel Type: G;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| gnature Of Repairer                                        | X                                          |                                                      | ·····                                              |                                        | Facility:                                         |                                        |                                               | Dale:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| its copy of the report<br>OTE: If a citation wa            | is for your informal<br>is issued, you MUS | lion. Carriers are requi<br>T follow the instruction | red to take corrective<br>s listed on the citation | actions for all d<br>1.                | elects noted. DO N                                | IOT return th                          | is form to the Califor                        | nia Highway Patrol.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                            |                                            |                                                      |                                                    |                                        |                                                   |                                        |                                               | n na serie de la constante de la c |
|                                                            |                                            |                                                      |                                                    |                                        |                                                   |                                        |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                                            |                                                      |                                                    |                                        |                                                   |                                        |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                                            |                                                      |                                                    | ·                                      |                                                   |                                        | ·                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                                            |                                                      |                                                    |                                        |                                                   |                                        |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                            |                                            |                                                      |                                                    |                                        |                                                   |                                        |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

|                                                                           |                                               | DRIV                                                   | ER/VEHICLE                                              | EXAMINATION                                              | REPORT                                  |                    | Aspen 2.14.1.1                              |
|---------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------|-----------------------------------------|--------------------|---------------------------------------------|
|                                                                           | Questions ro<br>the telephor                  | ighway Patrol<br>egarding this re<br>ne number listed  | port may be dire<br>I below.                            | ect                                                      | Inspection<br>Start: 9:00<br>Inspection | on Level: V        | 07/2015<br>End: 9:30:00 AM CT<br>• Terminal |
| EMPIRE TRAN                                                               | (323) 644-95                                  |                                                        | -                                                       | D - V                                                    | HM Inspe                                | ection Type:       | None                                        |
| BELLFLOWEF<br>USDOT#:<br>MC/MX#:<br>State#: 32691                         | r<br>R, CA 90706                              | Phone#:<br>Fax#:                                       |                                                         | Driver:<br>License#<br>Date of E<br>CoDriver<br>License# | Birth:<br>::<br>4:                      |                    | State:                                      |
| Location: 860<br>Highway:<br>County: LOS                                  | 0 PARK ST                                     | 4                                                      | MilePost:<br>Origin: No<br>Destinatio                   |                                                          | nlpper:                                 | of Lading:<br>go:  |                                             |
| VEHICLE IDEI                                                              |                                               | <u>Piate #</u><br>8Y07403                              | Equipment ID<br>281 1                                   | <u>VIN</u><br>IFDWE35S16HA5894                           | -                                       | CVSA# CVS          | SA Issued # OOS Sticker                     |
| Axle# 1<br>Right N//<br>Left N//<br>Chamber HYE<br>VIOLATIONS<br>Vio Code | A N/A<br>A N/A                                | Unit OO                                                | 5 Citation # Veri                                       | fy Crash Violations D                                    | Discovered                              |                    |                                             |
| 393,9                                                                     | 24252(A) \                                    |                                                        | N                                                       |                                                          | lamp inopera                            | live               |                                             |
| HazMat: No H                                                              |                                               |                                                        |                                                         |                                                          | P                                       | lacard: No         | Cargo Tank:                                 |
| State Informat                                                            | ion:<br>344; PUC: 2150                        | /pe: 1:                                                |                                                         |                                                          | '0638; File C                           | ode Number:        | 245940; Fuel Type: G;                       |
| Signature Of Repairer                                                     | X:                                            |                                                        |                                                         | Facility:                                                |                                         |                    | Date:                                       |
| This copy of the report<br>NOTE: If a citation w                          | t is for your informati<br>as issued, you MUS | ion. Carriers are require<br>T follow the instructions | ed to take corrective action<br>listed on the cilation. | ins for all defects noted. Do                            | O NOT return this                       | form to the Califo | mia Highway Patrol.                         |
| Signature Of Motor Ca                                                     |                                               |                                                        |                                                         | Title:                                                   |                                         | ***                | Date:                                       |
|                                                                           |                                               |                                                        | •<br>. *                                                |                                                          |                                         |                    |                                             |
|                                                                           |                                               |                                                        |                                                         |                                                          |                                         |                    |                                             |
|                                                                           |                                               |                                                        |                                                         |                                                          |                                         |                    |                                             |
|                                                                           |                                               |                                                        |                                                         |                                                          |                                         |                    |                                             |
| Report Prepared I<br>SEAN MIDDLEBF                                        | <u>By:</u>                                    | <u>Badge #:</u><br>A13337                              | Copy Received                                           | By:                                                      | Page 1 of 1                             |                    |                                             |

| DRIV                                                                                                                                    | ER/VEHICLE EXAMINA                                                            | FION REPORT                                                                                                     | Aspen 2.14.1.1                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| CHP 407F/343A-Aspen<br>California Highway Patrol<br>Questions regarding this re<br>the telephone number liste<br>(323) 644-9557         |                                                                               | Report Number: CA<br>Inspection Date: 07/<br>Start: 8:30:00 AM CT<br>Inspection Level: V<br>HM Inspection Type  | /07/2015<br>T End: 9:00:00 AM CT<br>- Terminal |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA 90706<br>USDOT#: Phone#:<br>MC/MX#: Fax#:<br>State#: 326916                 | Lia<br>Da<br>Co<br>Lia                                                        | iver:<br>cense#:<br>te of Birth:<br>Driver:<br>cense#:<br>te of Birth:                                          | State:<br>State:                               |
| Location: 8800 PARK ST<br>Highway:<br>County: LOS ANGELES, CA                                                                           | MilePost:<br>Origin: NONE<br>Destination: NONE                                | Shipper:<br>Bill of Lading:<br>Cargo:                                                                           |                                                |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate#<br>1 BU FORD 2009 CA 136FL                                                   | Equipment ID VIN<br>248 1FDFE45S190                                           | <u>GVWR</u> <u>CVSA # CV</u><br>DA47374 14,500                                                                  | SA Issued # OOS Sticker                        |
| BRAKE ADJUSTMENTS<br><u>Axie # 1 2</u><br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                            |                                                                               | gin on an ann an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna an Anna a | k                                              |
| VIOLATIONS : No Violations Were Discovered.                                                                                             |                                                                               | ***************************************                                                                         |                                                |
| HazMat: No HM Transported.                                                                                                              |                                                                               | Placard: No                                                                                                     |                                                |
| Special Checks: No Data for Special Checks.                                                                                             |                                                                               |                                                                                                                 |                                                |
| State Information:<br>Beat/Sub Area: S44; PUC: 21507; Veh #1 Type:<br>CNG: Bus Type: 1:                                                 |                                                                               |                                                                                                                 |                                                |
| Signature Of Repairer X:                                                                                                                |                                                                               | Icility:                                                                                                        | Dale:                                          |
| This copy of the report is for your information. Carriers are requi-<br>NOTE: If a citation was issued, you MUST follow the instruction | red to take corrective actions for all defects r<br>s listed on the citation. | oted. DO NOT return this form to the Calif                                                                      | fornia Highway Patrol.                         |
| Signature Of Motor Carrier X:                                                                                                           |                                                                               | Tille:                                                                                                          | Date:                                          |
|                                                                                                                                         |                                                                               |                                                                                                                 |                                                |
| Report Prepared By: Badge #:<br>SEAN MIDDLEBROOKE A13337<br>X                                                                           | Copy Received By:                                                             | Page 1 of 1                                                                                                     | A CA3P14001148                                 |

| DRIVE                                                                                                                                      | R/VEHICLE EXAMINATION R                                            | EPORT                                                                                                                                               | Aspen 2.14.1.1   |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| CHP 407F/343A-Aspen<br>California Highway Patrol<br>Questions regarding this rep<br>the telephone number listed<br>(323) 644-9557          | oort may be direct<br>below.                                       | Report Number: CA3P14001<br>Inspection Date: 07/07/2015<br>Start: 8:00:00 AM CT End: 6<br>Inspection Level: V - Termina<br>HM Inspection Type: None | 3:30:00 AM CT    |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA 90706<br>USDOT#: Phone#:<br>MC/MX#: Fax#:<br>State#: 326916                    | Driver:<br>License#:<br>Date of Bin<br>CoDriver:<br>License#:      | rth:                                                                                                                                                | State:<br>State: |
| Location: 8800 PARK ST<br>Highway:<br>County: LOS ANGELES, CA                                                                              | Date of Bit<br>MilePost: Shij<br>Origin: NONE<br>Destination: NONE | pper:<br>Bill of Lading:<br>Cargo:                                                                                                                  |                  |
| VEHICLE IDENTIFICATION Unit Type Make Year State Plate# I 1 BU FORD 2001 CA 8L53842                                                        | Equipment ID VIN<br>164 1FDXE45S61HB00068                          | GVWR CVSA # CVSA issued<br>14,050                                                                                                                   | # OOS Sticker    |
| BRAKE ADJUSTMENTS<br><u>Axle # 1 2</u><br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                               |                                                                    |                                                                                                                                                     |                  |
| VIOLATIONS : No Violations Were Discovered.                                                                                                |                                                                    |                                                                                                                                                     |                  |
| HazMat: No HM Transported.                                                                                                                 |                                                                    | Placard: No Carg                                                                                                                                    | o Tank:          |
| Special Checks: No Data for Special Checks.                                                                                                |                                                                    |                                                                                                                                                     |                  |
| State Information:<br>Beat/Sub Area: S44; PUC: 21507; Veh #1 Type: 1(<br>Passenger Capacity: 25; Bus Type: 1;                              |                                                                    | 862; File Code Number: 245940;                                                                                                                      | Fuel Type: G;    |
| Signature Of Repairer X:                                                                                                                   |                                                                    |                                                                                                                                                     |                  |
| This copy of the report is for your information. Carriers are required NOTE: If a citation was issued, you MUST follow the instructions ii | I to take corrective actions for all defects noted. DO I           | NOT return this form to the California Highwa                                                                                                       | y Patrol.        |
| •                                                                                                                                          | Tille:                                                             | Date:                                                                                                                                               |                  |
|                                                                                                                                            |                                                                    |                                                                                                                                                     |                  |
| Report Prepared By:     Badge #:       SEAN MIDDLEBROOKE     A13337       X     X                                                          | Copy Received By:<br>X                                             | Page 1 of 1 CA CA3P1                                                                                                                                | 4001147          |

| DRIVI                                                                                                                                  | ER/VEHICLE EXAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INATION R                                                                          | EPORI                                     | ſ                                              | Aspen 2.14.1.                           |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------|-----------------------------------------|
| CHP 407F/343A-Aspen<br>California Highway Patrol<br>Questions regarding this re                                                        | port may be direct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                    | P14001146<br>7/2015<br>End: 8:00:00 AM CT |                                                |                                         |
| the telephone number lister<br>(323) 644-9557                                                                                          | below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | elow. Insp                                                                         |                                           |                                                | Terminal<br>None                        |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Driver:<br>License#:                                                               |                                           | ***************************************        | State:                                  |
| BELLFLOWER, CA 90706<br>USDOT#: Phone#:<br>MC/MX#: Fax#:                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date of Birl<br>CoDriver:<br>License#:                                             | th:                                       |                                                | State:                                  |
| State#: 326916<br>Location: 8800 PARK ST                                                                                               | MilePost:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date of Birl<br>Ship                                                               | per:                                      |                                                | Glate.                                  |
| Highway:<br>County: LOS ANGELES, CA                                                                                                    | Origin: NONE<br>Destination: NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NE                                                                                 |                                           | l of Lading:<br>rgo:                           | · .                                     |
| VEHICLE IDENTIFICATION                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nin kan penne panan panan panan panan panan sa sa sa sa sa sa sa sa sa sa sa sa sa |                                           | d 99 hollowennen oor on oor i gewennen geroomg | 4=1+=================================== |
| Unit Type Make Year State Plate #<br>1 BU FORD 2006 CA 8Y07402                                                                         | Equipment ID<br>282 1FDWE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>VIN</u><br>35S36HA58942                                                         |                                           | CVSA # CVS                                     | A Issued # OOS Sticker                  |
| BRAKE ADJUSTMENTS<br>Axle# 1 2<br>Right N/A N/A<br>Left N/A N/A                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                           |                                                |                                         |
| Chamber HYDR HYDR                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                           |                                                |                                         |
| VIOLATIONS : No Violations Were Discovered.                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                           |                                                |                                         |
| HazMat: No HM Transported.<br>Special Checks: No Data for Special Checks.                                                              | an an an an an an an an an an an an an a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    |                                           | Placard: No                                    | Cargo Tank:                             |
| State Information:<br>Beat/Sub Area: S44; PUC: 21507; Veh #1 Type: 1<br>Passenger Capacity: 21; Bus Type: 1;                           | 0; Regulated Vehicle: Y;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                    | 40; File (                                | Code Number: 2                                 | 45940; Fuel Type: G;                    |
| Signalure Of Repairer X:                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Facility:                                                                          |                                           | ******                                         | Date:                                   |
| This copy of the report is for your information. Carriers are require NOTE: If a citation was issued, you MUST follow the instructions | d to take corrective actions for all o<br>listed on the citation.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | lefects noted. DO N                                                                | OT return th                              | is form to the Californ                        | sla Highway Patrol.                     |
| Signature Of Molor Carrier X:                                                                                                          | Conserver and Andrew Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (1999) - Industry (199 | Title:                                                                             | 999400-00-0-0-0                           |                                                | _ Date:                                 |
|                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                           |                                                |                                         |
|                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                           |                                                |                                         |
|                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                           |                                                |                                         |
|                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                           |                                                |                                         |
|                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                           |                                                |                                         |
|                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                           |                                                |                                         |
|                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                           |                                                |                                         |
|                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                    |                                           |                                                |                                         |

Report Prepared By: SEAN MIDDLEBROOKE

X\_\_

<u>Badge #:</u> A13337

X

Copy Received By:



|                                                                                              |                                            | -                                                   | ER/VEHICLE                                          | EEXAMINATIC                                        | N REPOR                              | т                                              | Aspen 2.14.1.                              |
|----------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|--------------------------------------|------------------------------------------------|--------------------------------------------|
|                                                                                              | Questions r                                | ighway Patrol<br>egarding this re                   | eport may be d                                      | irect                                              | Inspect                              | Number: CA3<br>tion Date: 07/0<br>:00:00 AM CT |                                            |
|                                                                                              | the telephor<br>(323) 644-95               | ie number liste                                     | d below.                                            |                                                    | Inspect                              | tion Level: V -<br>pection Type:               | Terminal                                   |
| EMPIRE TRAN<br>8800 PARK ST<br>BELLFLOWER<br>USDOT#:<br>MC/MX#:                              |                                            | N INC<br>Phone#:<br>Fax#:                           |                                                     | CoDri                                              | r:<br>se#:<br>of Birth:<br>ver:      | *******                                        | State:                                     |
| State#: 326916<br>Location: 8800<br>Highway:<br>County: LOS A                                | ) PARK ST.                                 |                                                     | MilePos<br>Origin: I                                | t:<br>NONE                                         | of Birth:<br>Shipper:<br>Bil         | I of Lading:                                   | State:                                     |
|                                                                                              | ······································     |                                                     | Destinal                                            | tion: NONE                                         | Са                                   | rgo:                                           |                                            |
| Unit Type Make                                                                               |                                            | <u>Plate #</u><br>33550R1                           | Equipment ID<br>90                                  | <u>VIN</u><br>1FDLE40S5VHA4                        |                                      | CVSA# CVS/                                     | A Issued # OOS Sticker                     |
| BRAKE ADJUS       Axle #     1       Right     N/A       Left     N/A       Chamber     HYDI | 2<br>N/A<br>N/A                            |                                                     |                                                     |                                                    |                                      |                                                | # + 13 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| VIOLATIONS                                                                                   |                                            |                                                     | ******                                              | an an an an an an an an ann an an ann an a         |                                      |                                                | *****                                      |
| <u>Vio Code</u><br>393.79                                                                    | <u>Section</u><br>1259(A) Co               | <u>Unit OO</u><br>CR /001 1 N                       | <u>Citation # Ve</u>                                | rify <u>Crash</u> <u>Violation</u><br>N N Defroste | <u>s Discovered</u><br>r inoperative |                                                |                                            |
| HazMat: No HM<br>Special Checks                                                              |                                            | A + 1 A + 1                                         |                                                     |                                                    | ·····                                | Placard: No                                    | Cargo Tank:                                |
| State Informatio                                                                             | on:<br>14: PUC: 2150                       | 7; Veh #1 Type: 1<br>pe: 1;                         | 0; Regulated Ve                                     | hicle: Y; Odometer:                                | 328940; File (                       | Code Number: 24                                | 45940; Fuel Type: G;                       |
| Signature Of Repairer )                                                                      | (                                          |                                                     | ****                                                | Facility;                                          |                                      | ······································         | _ Date:                                    |
| This copy of the report is<br>NOTE: If a citation was                                        | s for your information<br>issued, you MUST | on. Carriers are require<br>follow the instructions | d to take corrective act<br>listed on the citation. | lions for all defects noted.                       | DO NOT return th                     | is form to the Californi                       | ia Highway Patrol.                         |
| signature or Motor Carri                                                                     | (Cf X:                                     |                                                     |                                                     | Tiu                                                | e:                                   |                                                | Dalo:                                      |
| ·                                                                                            |                                            |                                                     |                                                     |                                                    |                                      |                                                |                                            |
|                                                                                              |                                            |                                                     |                                                     |                                                    |                                      |                                                |                                            |
|                                                                                              |                                            |                                                     |                                                     |                                                    |                                      |                                                |                                            |
|                                                                                              |                                            |                                                     |                                                     |                                                    |                                      |                                                |                                            |
|                                                                                              |                                            |                                                     |                                                     |                                                    |                                      |                                                |                                            |
|                                                                                              |                                            |                                                     |                                                     |                                                    |                                      |                                                |                                            |
| Report Prepared By<br>SEAN MIDDLEBRC                                                         | <u>n</u><br>OOKE                           | <u>Badge #:</u><br>A13337                           | Copy Received                                       | <u>.Βγ:</u>                                        | Page 1 of 1                          |                                                | CA3P14001145                               |



# SAFETY AND TRAINING PROGRAM POLICIES AND PROCEDURES

#### SAFETY AND TRAINING PROGRAM POLICIES AND PROCEDURES

#### TABLE OF CONTENTS

| SECTION                                                                                                       | PAGE                 |
|---------------------------------------------------------------------------------------------------------------|----------------------|
| 1.0 POLICY OBJECTIVE                                                                                          | 3                    |
| 2.0 PURPOSE                                                                                                   | 3                    |
| 3.0 APPLICABILITY                                                                                             | 3                    |
| 4.0 INSTRUCTOR QUALIFICATIONS<br>4.1 CLASSROOM INSTRUCTOR<br>4.2 BEHIND-THE-WHEEL INSTRUCTOR                  | 4<br>4<br>4          |
| 5.0 DRIVER TRAINEE SELECTION                                                                                  | 4                    |
| 6.0 TRAINING AREAS AND TIME REQUIREMENTS<br>6.1 CLASSROOM EVALUATION<br>6.2 BTW INSTRUCTION                   | 5<br>6<br>6          |
| 7.0 ONGOING TRAINING<br>7.1 REFRESHER TRAINING<br>7.2 RE-TRAINING                                             | 8<br>8<br>8          |
| 8.0 VEHICLE MAINTENANCE PERSONNEL                                                                             | 8                    |
| 9.0 CUSTOMER SERVICE & COMMUNICATIONS PERSONNEL                                                               | 8                    |
| 10.0 SAFETY & TRAINING RECORDS.<br>10.3 Trainee Performance Evaluation Form<br>10.4 Individual Training Log   | 9<br>10<br>10        |
| 11.0 SAFETY MANAGEMENT<br>11.1 RENEWAL DATABASE<br>11.2 SUPERVISION<br>11.3 RIDE CHECKS                       | 10<br>10<br>10<br>10 |
| 12.0 SAFETY STANDARDS<br>12.1 UNSAFE ACTS<br>12.2 PREVENTABLE COLLISIONS<br>12.3 WHEELCHAIR RELATED ACCIDENTS | 10<br>10<br>11<br>11 |
| 13.0 APPENDIX                                                                                                 | 11                   |



#### SAFETY AND TRAINING PROGRAM POLICY AND PROCEDURE

#### 1.0 POLICY OBJECTIVE

Empire Transportation, Inc. (Empire) is committed to delivering safe passenger transportation services to our clients. In meeting this goal it is our policy to:

- Employ qualified and actively involved Safety, Training and Personnel Department (STP) staff who are capable of delivering on our program objectives.
- Provide training that insures every employee enters our active workforce with the skills to be safe and successful in providing outstanding service to our clients.
- Promote an attitude toward safety, which insures that our employees are safety aware while doing their jobs.
- 4) Prohibit employee actions that do not meet the safety standards outlined in this policy.

#### 2.0 PURPOSE

The purpose of this policy is to provide STP staff with guidelines and standards for training new and existing employees to meet Empire safety standards, as well as ensure compliance with regulatory and contractual guidelines. This program is not all-inclusive of Empire's STP efforts, but instead defines minimum requirements. Each project is unique and additional areas of training should be included in accordance with local and contractual standards.

#### 3.0 APPLICABILITY & ADMINISTRATION

These policies apply to employees responsible for the administration of the program, as well as to employees who undergo Empire training. Every member of management is required to read and become familiar with the requirements of this policy. This policy is not intended to supersede other company policies but to augment them. Thus, Empire employees are governed also by those policies and remain subject to their content.

The STP Manager shall designate at least one Behind-the-Wheel Trainer for the Company. Empire will provide the majority of driver trainee instruction at its Central Training Facility, however, refresher training may be provided at program locations. Individuals appointed to the following positions must become familiar with this program and proficient in the area(s) of training for which they are responsible, as well as the policy's general application.



- STP Manager
- Program Managers
- Classroom Instructors
- Behind-the-Wheel (BTW) Trainers
- Field Supervisors
- Lead Drivers
- Maintenance Managers

The STP Manager shall be responsible for delivering the program to these individuals and ensuring that they understand their duties and obligations under this program.

#### 4.0 INSTRUCTOR QUALIFICATIONS

#### 4.1 CLASSROOM INSTRUCTOR

A Classroom Instructor must have the following qualifications:

- A) License and Certification(s), as applicable to the type of vehicles and/or service being taught.
- B) Certification by the Department of Transportation, Transportation Safety Institute, to deliver the curriculum being taught.
- C) Certification by the National Safety Council to teach the defensive driving course.
- 4.2 BTW INSTRUCTOR

Driver trainees shall be instructed and supervised by either a Classroom Instructor, or an Empire certified BTW Trainer. Prior to the driver being released for service, an Empire certified BTW trainer must have delivered the appropriate BTW training and evaluation as specified in this policy. BTW Trainers are those who are trained and certified by the Empire STP Manager to deliver behind-the-wheel training in accordance with the Safety and Training Program.

#### 5.0 DRIVER TRAINEE SELECTION

Every EMPIRE driver applicant shall be informed that an original H-6 Department of Motor Vehicles printout (dated within 7 working days of the application date) must be turned in along with his/her application. In addition to being a requirement for Empire employees who are enrolled in the DMV Employer Pull-Notice program, the printout provides invaluable information regarding an applicant's driving experience and infractions. The final decision to hire a Driver Trainee, based upon considerations identified by a motor vehicle record, will be made by a member of the senior Management team, however, at a minimum EMPIRE will not employ those whose record displays the following:



- 1. 2 or more points for moving violations within the previous 3 years.
- 2. DUI, or Reckless Driving within the previous 10 years.
- 3. Suspended or revoked Drivers License due to moving violations, unless overturned and such information is identified on the record.
- 4. Other criminal activity as described below:

a. Conviction of a crime pursuant to which the applicant is required to register as a sex offender under Section 290 of the Penal Code or conviction of a felony involving violence against persons.

- b. Conviction during the preceding seven years of any one of the following:
  - an offense relating to the use, sale, possession or transportation of narcotics or addictive or dangerous drugs;
  - an act involving force, violence, threat or intimidation against persons;
  - ✓ an sexual offense;
  - an act involving moral turpitude, including fraud or intentional dishonesty for personal gain;
  - ✓ an offense involving the solicitation or agreement to engage in or engagement in any act of prostitution.

c. A record of habitual or excessive use or addiction to intoxicating beverages, narcotics or dangerous drugs.

- d. Conviction at any time of the following Vehicle Code sections:
  - ✓ 20001 Hit and Run resulting in injury or death
  - 20003 Hit and Run failure to identify yourself to police or victim injury or death involved
  - ✓ 20004 Hit and Run death failure to report to police or CHP
  - ✓ 23104 Reckless driving- causing injury
  - ✓ 23153 Driving while under the influence of alcohol or drugs causing injury to others.



#### 6.0 TRAINING AREAS AND TIME REQUIREMENTS

This section is intended to define the curriculum that will be delivered to drivers before they are released for service at Empire. At a minimum, the following subjects will be taught as part of the required driver training.

| Subject Area                                                                                                    | No CDL and<br>Passenger<br>Endorsement | With CDL and<br>Passenger<br>Endorsement |
|-----------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------|
| Classroon                                                                                                       | n Instruction                          |                                          |
| Empire Orientation and Policies                                                                                 | 2 Hours                                | 2 Hours                                  |
| National Safety Council Defensive<br>Driving Course                                                             | 8 Hours                                | 6 Hours                                  |
| Transportations Safety Institute Bus<br>Operator Training                                                       | 8.5 Hours                              |                                          |
| Emergency Management/<br>Accident/Incident Procedures                                                           | 4.5 Hours                              | 2 Hours                                  |
| Mobile Communications                                                                                           | 1 Hour                                 | 1 Hour                                   |
| Substance abuse/Alcohol Abuse<br>Awareness                                                                      | 2 Hours                                | 1 Hour                                   |
| Customer Service/Passenger<br>Relations/Confidentiality                                                         | 3 Hours                                | 1 Hour                                   |
| Illness and Injury Prevention – Includes<br>Bio-Hazard                                                          | 2 Hours                                | 1 Hour                                   |
| Sexual Harassment Prevention                                                                                    | 2 Hours                                | 2 Hours                                  |
| Pre and Post Trip Inspection                                                                                    | 4 Hours                                | 2 Hodro                                  |
| Behind the Wi                                                                                                   | neel Instruction                       |                                          |
| Paratransit, ADA & Sensitivity,<br>Wheelchair Securement                                                        | 4 Hours                                | 4 Hours                                  |
| Behind the Wheel Training & Testing<br>Note: will depend on the progress of the<br>trainee and type of vehicle. | 20 – 40 Hours                          | 4 – 8 Hours                              |
| Route/Service Familiarization<br>Note: Will depend on complexity of the<br>service and navigation requirements. | 8 - 32 Hours                           | 8 – 32 Hours                             |
| Total Training Hours                                                                                            | 69 – 113 Hours                         | 32 – 60 Hours                            |

Note – Many contracts require CPR/First Aid Certification. This course will be provided after completion of the above curriculum to drivers on services requiring it.



#### 6.1 CLASSROOM EVALUATION

At a minimum, driver trainees shall be quizzed on each subject taught, and undergo a written examination upon completion of the course. Such testing shall cover critical areas of the subject and course content and reasonably assure that the driver trainee has received adequate instruction to be proficient in these areas. A driver trainee must receive a score of no less than 75 percent on his/her final examination and no less than 75 percent average for all quizzes administered to continue to BTW training. However, any driver trainee receiving a quiz score of less than 75 percent may at the option of the company be allowed to take additional instruction and continue training, rather than be removed. A driver trainee who performs poorly during this process may be removed from training at the discretion of the Classroom Instructor.

#### 6.2 BEHIND-THE-WHEEL (BTW) INSTRUCTION

Driver Trainees who successfully complete classroom instruction may continue to BTW training. A driver trainee who does not yet hold a CDL must have in his/her possession a valid and current Interim Commercial License, applicable to the vehicle he/she is being trained in, as well as medical clearance (DL-51a – Medical Card) during all BTW training times. In addition, evidence of a negative pre-employment drug test result must be obtained prior to undertaking BTW Instruction.

BTW instruction shall be organized around the performance requirements of the DMV for certification of commercial drivers. For drivers with existing CDL licensing this will involve:

- evaluation of performance on each applicable maneuver from Empire's Driver Trainee Performance Appraisal Form with re-training for unsatisfactory or marginal performance on specific maneuvers; and,
- ✓ practical application of the principles taught in the National Safety Council defensive drivers course and the Empire Safety Awareness/Accident prevention program.

For new drivers who are being trained to attain CDL requirements the training will involve:

- ✓ specific training on each applicable maneuver from the Empire Trainee Performance Evaluation Form, followed by a performance test on that maneuver and a final exam which tests all maneuvers in one overall examination of the driver's performance level; and,
- continual reinforcement, throughout the training, of the practical application of the principles taught in the National Safety Council defensive drivers course and the Empire Safety Awareness/Accident prevention program.

ROUTE/SERVICE FAMILIARIZATION training is a critical step in the overall process. Conduct of this training will vary depending on the service to which the potential driver



will be assigned but will in no instance be less than the eight hour minimum reflected in the table above, or any higher requirements specified in the client contract to which the driver will be assigned.

#### 7.0 ONGOING TRAINING

Empire considers continued training to be crucial in maintaining safe operations. Accordingly, ongoing training is provided to ensure drivers and other staff members are continually aware of fundamental safety practices, as well as operational changes.

#### 7.1 REFRESHER TRAINING

Empire will conduct an ongoing schedule of refresher training courses. Normally, these are held once a month, schedules permitting, for a minimum period of one (1) hour. To maintain their position at Empire all employees holding a commercial driver's license or driving a non-CDL vehicle on a client contract will be required to attend four annual refresher training sessions. Drivers operating services requiring VTT (Verification of Transit Training) certification will be required to attend eight annual refresher classes. Every staff member is required to participate in the location safety program meetings.

#### 7.2 RETRAINING

An employee who is involved in a Preventable Accident, as defined herein, if allowed to continue employment with Empire shall undergo retraining prior to operating any service vehicle. The subjects(s) being re-taught shall be applicable to the nature of the accident, including related subjects. The STP Manager will determine the subject(s) to be taught and the timeframe required in order to ensure the driver is proficient in the area(s) where the failure occurred. Form G shall be used to document driver retraining.

A Preventable Accident is defined as follows: "Any accident that resulted when a driver failed to do everything reasonably possible to avoid it." In any accident, the STP Manager will investigate the circumstances and recommend a preventability determination for approval by a member of the Senior Management Team which is comprised of the President, Chief Operating Officer and Executive Vice President.

#### 8.0 MAINTENANCE PERSONNEL

Maintenance personnel who will be required to operate vehicles on public roads shall be provided with driver training to include; Company Orientation and Policy; Defensive Driving; Hazardous Materials; Bloodborne Pathogens; Sexual Harassment; Body Mechanics; Emergency Procedures and; Drug and Alcohol. In addition these employees are required to have licensing as defined below.

#### 8.1 MECHANICS

Any maintenance person who operates a vehicle, for parking or other purposes, on or off a public roadway, must have a license applicable to the vehicle he/she operates.



Said License shall include endorsement and respect all license restrictions, as prescribed by the Department of Motor Vehicles.

#### 8.2 SERVICE WORKERS

Any service worker who operates a vehicle on a public roadway must have a license applicable to the vehicle he/she operates. A service worker who operates vehicles exclusively for the purpose of washing or parking, within a private facility only, must hold, at minimum, a valid and current Drivers License. Service workers shall be trained to safely operate any vehicle he/she may be required to move.

#### 9.0 CUSTOMER SERVICE AND COMMUNICATIONS PERSONNEL

Empire Customer Service and Communications employees fall into two classifications; those whose responsibilities are safety-sensitive and those whose are not. Training for these employees is determined by classification.

#### 9.1 SAFETY-SENSITIVE

Safety-sensitive employees include Dispatchers and Program Managers who are in a position to control or direct the movement of passenger transport vehicles. These employees are subject to DOT regulated Drug and Alcohol testing and, their positions require them to have a better understanding of operational safety requirements. In addition to standard customer service and phone etiquette training, safety-sensitive personnel shall be provided with driver training to include; Company Orientation and Policy; Hazardous Materials; Blood borne Pathogens; Empathy and People with Special Needs; Sexual Harassment; Body Mechanics; Emergency Procedures; Drug and Alcohol and; Radio Communications.

#### 9.2 Non-Safety-Sensitive

Customer service representatives are not safety-sensitive, as they do not direct the movement of passenger transport vehicles. These employees shall be provided with customer service and phone etiquette training, in addition to policy orientation training, as applicable to the position.

#### 10.0 SAFETY AND TRAINING RECORDS

Several forms will be used to document new and ongoing training of Empire employees. Training records required to meet CHP inspection requirements will be maintained at the project location. All other training records will be maintained in the employee personnel file. The STP Manager is responsible for the administration of the Safety and Training Program and holds ultimate responsibility for training record organization and accuracy. Therefore, the following original forms used in the process of training employees will be maintained by or forwarded to the STP Manager for review and distribution.



#### 10.1 DRIVER TRAINEE PERFORMANCE EVALUATION (BTW Form)

This form is used to evaluate organize behind-the-wheel training instructions and provide a final evaluation of skills. This form is used for Drivers, as well as maintenance personnel whose positions include operating revenue service vehicles.

#### 10.2 INDIVIDUAL TRAINING LOG

All Empire personnel shall have training applicable to their position documented on the Individual Training Log. The Log serves as the primary document to evidence any training received. The STP Manager will maintain this document.

#### 11.0 SAFETY MANAGEMENT

#### 11.1 RENEWAL DATABASE

The STP Manager will maintain a computer database that clearly identifies renewal dates, and other dates of significance (i.e., Driver Evaluations, etc.), for each Empire employee governed by this program. The database will be updated as required, and will be reviewed at least once per month for the purpose of planning for renewals. The STP Manager will communicate necessary renewals and other significant employee information with project managers each month.

#### 11.2 SUPERVISION

Each Program Manager shall designate the employees responsible (which may include themselves) for ensuring safe vehicle operations, according to the program. Additional supervision may also be required as part of the local contract. The designated individuals will be responsible for completing ride checks in addition to handling project safety standards discussed in section 12 of this program.

#### 11.3 RIDE CHECKS

Using Driver Evaluation form, each program shall perform an observed evaluation for each driver at least once a year. This evaluation allows for an objective critique of the drivers ability, as it relates to vehicle operations (i.e., the specifics of his/her job). The Driver Evaluation also may be used for unobserved ride checks, which should be carried out on a random basis to ensure safe vehicle operations in general.

#### 12.0 SAFETY STANDARDS

The following standards have been established by Empire to ensure a common understanding of safe vehicle operation, and minimum criteria with regard to unsafe vehicle operations.

#### 12.1 UNSAFE ACTS

Unsafe acts will be determined by the observing supervisor or lead driver and will be documented. The employee shall be issued a citation, advising them of the observed unsafe act. An employee who receives a citation may be subject to disciplinary action, up to and including termination.





## **DRIVER TRAINEE PERFORMANCE EVALUATION**

Driver Trainee Name: \_\_\_\_\_ Project: \_\_\_\_\_

Date BTW Started: \_\_\_\_\_ Service Type: \_\_\_\_\_

#### EVALUATION PROCEDURE

This segment consists of a behind-the-wheel evaluation of driving ability and defensive driving skills. The Driver Trainee starts each day with a maximum score available. Points are deducted each time the student obtains a score of less than 4. The maximum score available may fluctuate, as certain areas may not apply to the training session. For that reason the score is formulated on a percentage basis. Scoring instructions are located on page 4 of this booklet.

#### MAXIMUM SCORE AVAILABLE

The MSA is based on an allotted total of 4 points for each item scored. Count the amount of items scored and multiply by 4. This number represents your MSA.

|      |            | iolation ratings | require explanati |       | me      |       | Stu      |
|------|------------|------------------|-------------------|-------|---------|-------|----------|
| Date | Instructor | Coach #          | Wheel Time        | Daily | Accrual | Score | Ini      |
|      |            |                  | /                 |       |         | %     | Τ        |
|      |            |                  | /                 |       |         | %     | 1        |
|      |            |                  | /                 |       |         | %     | 1        |
|      |            |                  | /                 |       |         | %     |          |
|      |            |                  | 1                 |       |         | %     |          |
|      |            |                  | 1                 |       |         | %     |          |
|      |            |                  | 1                 | -     |         | %     |          |
|      |            |                  | 1                 |       |         | %     | <b>†</b> |
|      |            |                  | 1                 |       |         | %     |          |
|      |            |                  | 1                 |       |         | %     |          |

#### RATINGS

| SUBJECT                               |               |          |          | D        | )A'      | Y        |   |          |   |              |
|---------------------------------------|---------------|----------|----------|----------|----------|----------|---|----------|---|--------------|
| Pre Trip Inspection                   | 1             | 2        | 3        | 4        | 5        | 6        | 7 | 8        | 9 | 10           |
| DVIR Completion                       | Ι             | [        |          |          | Γ        |          | [ |          |   | $\square$    |
| Pre-Exterior                          |               | 1        |          |          | <b> </b> |          |   |          |   |              |
| Exterior                              |               | <b> </b> |          |          |          |          |   |          |   |              |
| Tires/Rims/Lugs                       |               |          |          |          |          |          |   |          |   |              |
| Passenger Compart.                    |               |          |          |          |          |          |   |          |   |              |
| Emergency Exits                       |               |          |          |          |          |          |   |          |   |              |
| Fire Extinguisher                     |               |          |          |          |          |          |   |          |   |              |
| Operator Compart.                     |               |          |          |          |          |          |   |          |   |              |
| Recycle W/C/ lift                     |               |          |          |          |          |          | - |          |   |              |
| Brakes                                |               |          |          |          | 1        | <u>t</u> |   |          | L |              |
| Air Brake Test                        |               |          |          | Ī        | 1        | T        |   | Ĩ        |   |              |
| Hydraulic Brake Test                  |               |          |          |          |          |          |   |          |   |              |
| Hydraulic W/Booster                   |               | _        |          |          |          |          |   |          |   |              |
| Vacuum /Hydraulic                     |               | _        |          |          |          |          |   |          |   |              |
| ABS Operation                         |               |          |          |          | -        |          |   |          |   |              |
| Transmissions                         |               |          |          |          | l        | L        |   |          | l |              |
| Understanding                         | T             | T        |          | T        |          |          | - | <u> </u> |   |              |
| Operation                             |               | -+       |          | _        |          |          | - |          |   |              |
| Obstacle Course                       |               |          |          |          |          |          |   |          | t |              |
| Forward Stop                          | T             | 7        |          |          |          |          |   |          |   |              |
| Gradual Crossover                     |               |          |          |          |          |          |   |          |   |              |
| Serpentine                            | $\rightarrow$ |          |          |          |          |          |   |          |   |              |
| Measured Right turn                   |               |          |          |          |          |          |   |          |   |              |
| Steering                              |               | ]        |          |          |          |          |   |          |   |              |
| Hand Position                         | T             | T        | T        | T        |          | ····     |   | T        |   |              |
| Smooth Motion                         |               | _        |          |          | -        |          | + | +        | _ | _            |
| Other                                 |               |          | -        |          |          | +        |   |          |   |              |
| Backing                               |               |          |          |          |          |          |   |          |   |              |
| Speed Control                         | T             | T        | Т        | <u> </u> | T        | Т        | T | T        | Т |              |
| Uses Horn                             | _             | +        |          | +        | _        |          | - |          | _ | _            |
| Uses Mirrors                          |               |          | _        | _        |          |          | - | _        |   | _            |
| Straight line method                  | -             | _        |          |          |          | _        | + | _        |   | _            |
| Weaving method                        |               |          | +        | -        | +        |          |   |          |   |              |
| Back up Stall                         |               | _        | _        | _        | _        | -        | _ |          | _ |              |
| Parallel parking                      |               |          | _        | _        | _        | -        |   | _        | 4 | _            |
|                                       | <u> </u>      |          | <u> </u> |          |          |          |   |          |   |              |
| Acceleration, Brak                    |               | ga       | x Z<br>T |          | uqc      | ng       |   | sta      |   | <b>≥</b><br> |
| Accelerates smooth                    | -             | -        |          |          | _        |          |   | -        | - |              |
| Maintains speed                       | _             | _        |          | _        | +        | 4        | _ | _        | ╇ |              |
| Initial brake depress.                | -             | +        | _        | _        |          | -        |   |          | _ | 4            |
|                                       | _             |          |          | _        | _        |          |   | _        |   | _            |
| Stopping distance<br>Vehicle in front |               |          | _        | _        | _        | +        |   |          | _ | _            |
| Behind limit line                     | _             |          |          |          | _        |          |   | _        |   | _            |
|                                       | +             | _        |          | _        | -        |          | + |          | + | _            |
| Complete Stop                         |               |          |          |          |          |          |   |          |   |              |

| Lane use,                                |        |            |             | D  | A             | Y        |          |          |          |              |
|------------------------------------------|--------|------------|-------------|----|---------------|----------|----------|----------|----------|--------------|
| Passing, etc.                            | 1      | 2          | 3           | 4  | 5             | 6        | 7        | 8        | 9        | 10           |
| Position Centered                        | Τ      | Τ          |             | Ī  | Ē             | Ī        | Ī        | Ī        | Ē        | $\square$    |
| Position 6" from curb                    | $\top$ | T          | 1           |    |               | 1        | t        | <b> </b> |          | +            |
| Position 4' from curb                    |        | $\uparrow$ | -           | İ— |               |          |          |          | <b> </b> |              |
| Checks mirrors                           | 1      | T          | 1           |    |               |          | <b> </b> |          |          | 1            |
| Signals in advance                       | 1      |            |             |    |               | <b> </b> |          |          |          |              |
| Signals properly                         | -      | <u></u>    | 1           | L  |               |          | L        | L        |          | J            |
| when passing                             |        | Τ          | Γ           |    |               |          |          | <b>[</b> |          | Π            |
| Right lane usage                         |        |            |             |    |               |          |          |          |          |              |
| Merges smoothly                          | 1      | t          |             |    |               |          |          |          |          | <u> </u>     |
| Turns                                    | 4      | L          |             |    |               | L        |          | L        |          | L}           |
| Choice of lane                           | Ţ      | Γ          |             |    |               |          |          |          |          | Π            |
| Checks mirror                            |        |            |             |    |               |          |          |          |          |              |
| Signals in advance                       |        |            |             |    |               |          |          |          |          |              |
| Proper set up                            |        |            |             |    |               |          |          |          |          |              |
| Check blind spot                         |        |            |             |    |               |          |          |          |          |              |
| Square Turn                              |        |            |             |    |               |          | .        |          |          |              |
| Uses hand over hand                      |        |            |             |    |               |          |          |          |          |              |
| Uses hand to hand                        | ļ      |            |             |    |               |          | [        |          |          |              |
| 5mph or less when                        | L      | <b>-</b> I |             | T  |               |          |          |          |          |              |
| making right turn<br>Monitors tail swing |        |            |             |    |               |          | _        |          |          |              |
| Accelerates out of                       |        | _          | ····        | _  |               |          | -        | _        |          |              |
| Returns hands to                         | l      | [          |             |    |               |          |          |          |          | ]            |
| 9&3 or 10&2                              | ┝─┐    |            |             | T  | T             | T        | T        | T        | T        | <b></b> 7    |
| Intersections                            |        | <u></u> 1  | <u>I</u>    |    |               | L        |          |          |          | ]            |
| Surveys before                           | 1      |            |             |    |               |          |          |          |          |              |
| entering                                 | l      | T          | T           | T  |               | T        | T        | T        |          |              |
| Speed entering                           |        | -+         | $\neg$      | -  | -             |          |          |          | -        |              |
| Covers brakes                            |        | -+         | -           | -+ | $\rightarrow$ |          | -+       | -+       |          | {            |
| Keeps head &                             |        | L          | L           |    |               | L        | L        |          | l        | J            |
| eyes moving                              | r      | T          | Τ           | Т  | T             | T        | Т        | T        | T        | <del>ر</del> |
| Ensures intersection                     |        |            |             |    |               |          |          |          |          |              |
| is clear                                 |        | -          | Т           |    |               | Т        |          | Т        | -        |              |
| Obeys sign/signals                       |        | +          |             | -  | +             | _        |          | -        | +        |              |
| Yields for pedestrians                   |        |            | _           |    | _             |          | _        | -        |          |              |
| Yield Right of Way                       |        | -          |             |    |               |          | _        |          | _        |              |
|                                          |        |            |             |    |               |          |          |          |          |              |
| Freeway Driving Observes Signs           |        |            |             |    |               |          |          |          |          |              |
| -                                        |        | T          | <del></del> |    |               |          |          |          | ·····    |              |
| and Signals                              |        |            |             |    |               |          |          |          |          |              |
| Checks Mirrors                           |        | _          |             |    |               |          |          |          |          |              |
| Signals properly                         |        |            |             |    |               |          |          |          |          |              |
| Scans for gap                            |        |            |             |    |               |          |          |          |          |              |
| in Traffic                               |        |            |             |    | Ι             |          | Τ        |          |          |              |
| Speed limit adher.                       | T      | Τ          |             |    |               |          |          |          | Τ        |              |
| On/off Ramp                              |        | T          |             | Т  |               | 1        | Т        | Т        | T        |              |
| Merges smoothly                          |        |            |             |    |               |          |          |          |          |              |
|                                          |        | <b>-</b>   |             |    |               |          |          | ~~~      |          | <b>1</b>     |

Behind The Wheel Form

| Rural Driving                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Hostile Weather       |            |            |            |            |                              |           |            |               |           |           |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|------------|------------|------------|------------------------------|-----------|------------|---------------|-----------|-----------|
| Observes Signs                      | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Uses Headlights       | Ī          | Ī          | Τ          | Т          | Τ                            | Т         | Т          | T             | T         | T         |
| and Signats                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Uses Wipers           | 1          | $\uparrow$ | 1          |            | -                            | -         | +          |               | 1         | t         |
| Checks Mirrors                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Increase following    |            | <u>i</u>   |            |            |                              |           | ,. <b></b> | 1             | L         | <u>ال</u> |
| Signals properly                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Distance              |            | Τ          | Τ          | T          | Τ                            | T         | T          | Γ             | Τ         | T         |
| Speed limit adher.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Looks for Hazards     |            | 1          | 1          | 1          | 1                            | +         | 1          | 1             |           | t         |
| Mountain Driving                    | ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Narrow Streets /      | Tr         | aff        | ic         | Ci         | rcl                          | es        | - <b>J</b> | £             | <u> </u>  | <b></b>   |
| Observes Signs                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Continually checks    | 7          |            |            |            |                              |           |            |               |           |           |
| and Signals                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | side clearance        |            | Τ          | Τ          | Τ          | Т                            | Τ         | Τ          | Γ             | Γ         | Γ         |
| Checks Mirrors                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Under 15mph           | 1          |            |            | -          | - <b>- - - - - - - - - -</b> | -         | -          | L             | <b>1</b>  | L.,_      |
| Signals properly                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | on narrow streets     |            | Τ          | 1          |            | Т                            | Τ         | T          |               |           | Γ         |
| Speed limit adher.                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Checks for Traffic    |            |            |            | -          |                              |           | - <b>L</b> | L             | L         | 1         |
| Curves & Hills                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | over Shoulder         |            | Τ          | Τ          | T          | Τ                            | Ī         | Т          |               |           | Γ         |
| Signals properly                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Merges only when      | 1          |            | - <b>-</b> |            | -L                           | <u> </u>  | <u></u>    | L             | ليبينها   | L         |
| Checks Traffic                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | safe to do so         |            | 1          | Т          | Τ          | Τ                            | Γ         | T          |               |           | Γ         |
| Push-pull method                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positions vehicle     | 1          |            | -          |            | 1                            | 1         | لمسمعك     |               | لسممسا    | Leone     |
| Merges smoothly                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | in exit lane early    |            | Т          | Ţ          | T          | Γ-                           | Τ         | <b></b>    |               |           |           |
| Approaches curve<br>at proper speed |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Looks for lost or     | $\uparrow$ |            | .1         | - <b>!</b> | L.,                          | 4         | .i         | <b>1</b>      |           | L.,       |
| Positions vehicle                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | confused Drivers      |            | Τ          | Т          | Τ          | Ĩ                            | Γ         | $\square$  |               |           | Γ         |
| for curve                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Bike Racks            | 1          |            |            |            | 1                            | 1         | لمسحل      | Į             | l         |           |
| Maintains position                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Knows proper          | 1          |            |            |            |                              |           |            |               |           |           |
| in curve                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | method of use         |            | Т          | Γ          | 1          |                              | <u> </u>  |            | T             | T         |           |
| Selects proper                      | an na marakan na manana ang kanana na manana na manana na manana na manana na manana na mana na mana na mana na<br>Na manana na mana na m                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Able to clearly       |            | <b></b>    | 1.         | 1          | L,-                          | 1         | <b></b>    | Ł             |           |           |
| lane before hill                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | explain rules & proc. | ┢          | Γ          | Τ          | Τ          | Γ                            | <u> </u>  | Π          | T             | T         |           |
| Uses correct gear                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Wheelchair lift op    | ber        | ati        | ior        | 1&         | Se                           | eci       | Jre        | me            | ent       | Ł         |
| Slows when                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Vehicle position for  | 1          |            |            |            |                              |           |            |               |           | -         |
| approaching crest                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | boarding/deboarding   |            | Γ          | Γ          | Ī          |                              | $\square$ | Π          | T             | T         |           |
| Proper braking proc.<br>down hills  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Operation of lift     | <u> </u>   | <u> </u>   | <u>†</u>   |            |                              |           |            |               |           | ******    |
| Night Driving                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Communicates          | ┢──        | L          | 1          | 1          | L                            | L         | i          | k             | L         |           |
| Uses High beams                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | to passenger          |            | T          | [          | Γ          |                              | $\square$ |            |               | T         |           |
| Properly                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Conventional Sec.     |            |            |            |            | ******                       |           |            | $\rightarrow$ | -         |           |
| Increases                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4 point tie down      |            |            | <u> </u>   |            |                              |           |            |               | -+        |           |
| following distance                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Service Stops / B     | us         | Z          | on.        | L<br>es    |                              | ليسم      |            |               | t         |           |
| Light blinded: Looks                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Correct approach      |            |            |            | Ē          |                              |           | T          | T             |           |           |
| to edge of Road                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Signal Use            |            |            |            |            |                              |           |            |               | -         |           |
|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Stop 3' before sign   |            |            |            | *******    | _                            |           |            | -+            |           |           |
| Railroad Crossing                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6"-12" parallel       |            |            |            | *****      | _                            |           |            |               | ********* | immaan    |
| Mirror Usage                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Engages 4-ways        |            |            |            |            |                              |           | -          |               | -+        |           |
| Signal Usage                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Uses caution with     |            |            |            |            |                              | honoutian | 1          | 1             | È         |           |
| Position after stop                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Passengers in zone    |            |            |            |            |                              | Т         | T          | T             | Τ         |           |
| Uses four ways                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Monitors tail swing   |            |            | L          | L          |                              |           |            | L             | l.        |           |
| Looks & Listens                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | when pulling away     |            |            |            |            | Τ                            | T         |            | Τ             | Т         |           |
| Merges into                         | land the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se | Uses door properly    |            |            |            |            |                              | +         | $\dashv$   | +             | -+        |           |
| Traffic smoothly                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Warns Passenger       |            |            | I          | L[         | ĺ                            |           |            | ł             | L         |           |
|                                     | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of Hazards            | 1          |            |            | Π          | T                            | Т         | T          | Т             | Т         |           |
|                                     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       | l          | I          |            | I          |                              |           |            |               |           |           |

| Date                                   | Instructor                                 | Initia |
|----------------------------------------|--------------------------------------------|--------|
|                                        | Explanation of Violation rating / Comments |        |
| 1                                      |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
| 2                                      |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
| 3                                      |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
| 4                                      |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
| 5                                      |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
| ۰.<br>۱                                |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
| ************************************** |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |
| 0                                      |                                            |        |
|                                        |                                            |        |
|                                        |                                            |        |

Scoring Instructions: Input all of the various ratings in their appropriate boxes for the Day/Session in question. Add all totals from "score" column, multiply total by four (4) and input into box labeled "Maximum Score Available". Add all scores from "calculation" column and input into box labeled "Subtotal". Input violation ratings subtracted from Subtotal into box labeled "Total". Divide Total Score by Maximum Score Available and input percentage into bold box. Transfer percentage to front page for review.

| Day/Session #1<br>Total of Below Standard rating | Scor      | e x 2 =    | Calculatio                             | Day/Session #6                  | Score      | 1       | Calculation                             |
|--------------------------------------------------|-----------|------------|----------------------------------------|---------------------------------|------------|---------|-----------------------------------------|
| Total of Satisfactory ratings                    |           | x 2 =      |                                        | Total of Below Standard rating  | s          | x 2 =   | T                                       |
| Total of Good ratings                            |           |            |                                        | Total of Satisfactory ratings   | -          | x 2 =   |                                         |
| Subtotal Scor                                    |           | x 4 =      |                                        | Total of Good ratings           |            |         | ·····                                   |
| Total Violation ratings                          | e         | =          |                                        | Subtotal Scor                   |            | x 4 =   |                                         |
|                                                  | <u> </u>  | x-1 =      | :                                      | Total Violation ratings         | е<br>Т     |         |                                         |
| Tota                                             |           |            |                                        |                                 | <u> </u>   | x-1 =   |                                         |
| Maximum Score Availabl                           | e         | =          | 9                                      | Tota                            |            |         |                                         |
| Day/Session #2                                   | -         |            |                                        | Maximum Score Availab           | le         | =       | 0                                       |
| Total of Below Standard ratings                  | Score     | x 2 =      | Calculation                            | Day/Session #7                  |            |         |                                         |
| Total of Satisfactory ratings                    |           |            |                                        | Total of Below Standard ratings | Score      |         | Calculation                             |
| Total of Good ratings                            |           | x 3 =      |                                        | Total of Satisfactory ratings   |            | x 2 =   |                                         |
|                                                  |           | x 4 =      |                                        | Total of Good ratings           |            | x 3 =   |                                         |
| Subtotal Score                                   | э<br>     | =          |                                        | -                               |            | x 4 =   |                                         |
| Total Violation ratings                          | <u> </u>  | x-1 =      |                                        | Subtotal Score                  | 3          | =       |                                         |
| Tota                                             |           | =          |                                        | Total Violation ratings         |            | x-1 =   |                                         |
| Maximum Score Available                          | <u>ال</u> | =          | %                                      | Tota                            | -          |         |                                         |
|                                                  |           |            |                                        | Maximum Score Available         | 3          | =       | 9/                                      |
| Day/Session #3 Fotal of Below Standard ratings   | Score     | <u> </u>   | Calculation                            |                                 |            | - 1     |                                         |
|                                                  |           | x 2 =      |                                        | Day/Session #8                  | Score      |         | Calculation                             |
| otal of Satisfactory ratings                     |           | x 3 =      |                                        | Total of Below Standard ratings |            | x 2 =   |                                         |
| otal of Good ratings                             |           | x 4 =      |                                        | Total of Satisfactory ratings   |            | x 3 =   |                                         |
| Subtotal Score                                   |           | =          |                                        | Total of Good ratings           |            | x 4 =   |                                         |
| otal Violation ratings                           |           | x-1 =      | _                                      | Subtotal Score                  |            | =       |                                         |
| Total                                            |           | =          |                                        | Total Violation ratings         |            | x-1 =   |                                         |
| Maximum Score Available                          | [         | ] =        | %                                      | Total                           |            | =       | *************************************** |
|                                                  | L         | 1 I        | /0                                     | Maximum Score Available         | <b></b>    | ] _ [   | %                                       |
| Day/Session #4                                   | Score     |            | Calculation                            |                                 | L          |         | /0                                      |
| otal of Below Standard ratings                   |           | x 2 =      | ,                                      | Day/Session #9                  | Score      |         | Calculation                             |
| otal of Satisfactory ratings                     |           | x 3 =      |                                        | Total of Below Standard ratings |            | x 2 =   |                                         |
| otal of Good ratings                             |           | x 4 =      | ************************************** | Total of Satisfactory ratings   |            | x 3 =   |                                         |
| Subtotal Score                                   |           | =          |                                        | Total of Good ratings           |            | x 4 =   |                                         |
| otal Violation ratings                           | <u> </u>  | x-1 =      |                                        | Subtotal Score                  |            | =       |                                         |
| Total                                            |           | =          | *******                                | Total Violation ratings         | T          | x-1 = . |                                         |
| Maximum Score Available                          |           | = [        | <u>۲</u>                               | Total                           | J          | =       |                                         |
|                                                  |           |            | %                                      | Maximum Score Available         | <b>[</b> ] |         | 07                                      |
| ay/Session #5                                    | Score     |            | Calculation                            |                                 | L          | L       | %                                       |
| otal of Below Standard ratings                   |           | x 2 =      |                                        | Day/Session #10                 | Score      |         | Calculation                             |
| otal of Satisfactory ratings                     |           | x 3 =      |                                        | Total of Below Standard ratings |            | x 2 =   |                                         |
| tal of Good ratings                              |           | x 4 =      |                                        | Total of Satisfactory ratings   |            | x 3 =   |                                         |
| Cubbatal O                                       |           | =          |                                        | Total of Good ratings           |            | x 4 =   |                                         |
| Subtotal Score                                   | T         |            |                                        | Subtotal Score                  | L          | =       |                                         |
| tal Violation ratings                            | -         | Y.1 = 1    |                                        |                                 |            | I       |                                         |
| tal Violation ratings                            |           | x-1 =      |                                        | Total Violation ratings         | 1          | y_1 =   |                                         |
|                                                  |           | x-1 =<br>= | ~ %                                    | Total Violation ratings Total   |            | x-1 =   | •                                       |

Behind The Wheel Form

Page 5 of 7

# ROUTE TRAINING

|        | DATE | ROUTE | RUN/SHIFT# | *CHECK IF<br>IN SERVICE | TRAINER |
|--------|------|-------|------------|-------------------------|---------|
| 1      |      |       | ·····      |                         |         |
| 2      |      |       |            |                         |         |
| 3<br>4 |      |       |            |                         |         |

| 5       |                                        |      |  |
|---------|----------------------------------------|------|--|
| 6       |                                        |      |  |
| 7       |                                        | **** |  |
| 8       |                                        |      |  |
| 9<br>10 | ************************************** |      |  |
|         |                                        |      |  |

\* Driver Trainee must be signed-off, licensed with applicable endorsements before driving any vehicles in revenue service!

Note: In revenue service is defined as a vehicle in operation with passengers for fare.

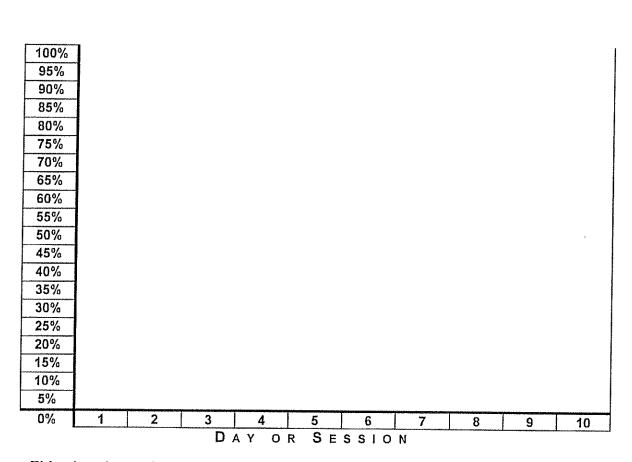
### COMMENTS Route knowledge

| 2   |  |
|-----|--|
|     |  |
| 3   |  |
| 4   |  |
| ÷ . |  |
| 5   |  |
| 6   |  |
| D   |  |
| 7   |  |
|     |  |
| 8   |  |
| 9   |  |
| 2   |  |
| 10  |  |
|     |  |

Behind The Wheel Form

Page 6 of 7

# DRIVER TRAINEE PROGRESS CHART



This chart is used to measure improvement on a progressive level for each Driver Trainee. Using a red ink pen, draw a straight line from preceding percentage scored to current percentage scored. The numbers below the chart represent the current session or day of training in question. If on first day or session, start line at the percentage reached that day on column #1.



## INDIVIDUAL EMPLOYEE TRAINING LOG

NAME

DEPARTMENT

| Training Topic | Date training<br>completed | Instructor<br>Name | Posted<br>By |
|----------------|----------------------------|--------------------|--------------|
|                |                            |                    |              |
|                |                            |                    |              |
|                |                            |                    |              |
|                |                            |                    |              |
|                |                            |                    |              |
|                |                            |                    |              |
|                |                            |                    |              |
|                |                            |                    |              |
|                |                            |                    |              |



#### **BUS DRIVER EVALUATION**

| 0. Gauges       15. Uses turn signals and flashers correctly       powerad devices         P. Heater/Detroster/AC.       16. Comes to full stop       powerad devices         Q. Windows/Windshield/Wpers       17. Correct position after stopping       VII. Proper tie-down, including         R. Panel Lights       18. Checks traffic before moving alter stopping       VII. Proper tie-down, including         ADDITIONAL ITEMS FOR BUSES       20. Correct position in bus zenes (parafile)       (failure to property secure is a violation)         A. Fire extinguisher (if required)       21. Stops vehicle proper distance from curb       VII. Folds/unfolds lift properly         B. Passenger entry doors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exils       23. Checks passengers before moving to a complete stop       IX. Raises/towers lift properly         D. Seats/Stanchions/W.C. Lift       24. Opens door after coming to a complete stop       IX. Raises/towers lift properly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Driver Name:                                                                                                                                                                                                                                |                                 |                                                                                                                      | Date:                                                                                                                                                                                       |                                                                                 |                                             |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------|--------------------|
| Evaluator Name:         Evaluator Signature:           Imput one of the following acces in each applicable<br>Dentifications: Operator must achieve score of<br>net less tain 75 %.         AVENCKE BELOW WILL RESULT IN IMMEDIATE FAILURE OF REVIEW:           Imput one of the following access in each applicable<br>Dentifications: Operator must achieve score of<br>net less tain 75 %.         AVENCKE BELOW WILL RESULT IN IMMEDIATE FAILURE OF REVIEW:           Imput one of the following access the stant of the stant of 75 %.         CORE Achieves: Concession of<br>the following accession of<br>the following accession of<br>the following accession of the following after completing reverse state<br>GOOD = scored between 05% and 100%<br>BELOW STANDARD = scored between 75% on 90%<br>BELOW STANDARD = scored between 75% on 90%<br>DELOW STANDARD = scored between 75% on | Start Time:                                                                                                                                                                                                                                 |                                 |                                                                                                                      | Finish Time:                                                                                                                                                                                |                                                                                 |                                             |                    |
| Input one of the following scores in each applicable<br>Box. After, rate roters eide for scoring<br>instructions. Operator musical tellow a score of<br>names than 75 %.         ANY CHECKS BELOW WILL RESULT IN IMMEDIATE FAILURE OF REVIEW:           Did for backing procedure.         Did for backing procedure.         Did for backing procedure.         Did for backing procedure.           4 = 0 all factor<br>1 = 0 did for backing procedure.         Stopp and required cert.         Improcedure.         Did for backing procedure.           2 = 0 dior fibrication<br>1 = Veddation / Fetoralising Required<br>1 = Veddation / Fetoralising Required<br>2 = 0 dior fibrication         Stopp and requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires requires reqrir                                                                                                                            | Vehicle Number:                                                                                                                                                                                                                             |                                 |                                                                                                                      | Driver's License N                                                                                                                                                                          | lumber:                                                                         |                                             |                    |
| Dex. After, fortor to reverse idda for scoring<br>instructions. Operator mut active a score of<br>not less than 75 %.         Utility procession           4         Good<br>3 = 5 attritudary         Score (1)         Score (1) <t< td=""><td>Evaluator Name:</td><td></td><td></td><td>Evaluator Signatu</td><td>re:</td><td></td><td></td></t<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Evaluator Name:                                                                                                                                                                                                                             |                                 |                                                                                                                      | Evaluator Signatu                                                                                                                                                                           | re:                                                                             |                                             |                    |
| A. Exterior Lights       1. Uses seat built at all times       1. Steps proper distance from curb         B. Fluid Levels       2. Releases emergency parking brake       1. Steps proper distance from curb         C. Belts and Hoses       3. Two hand grip on steering wheel       1. Engages emergency trake, lift switch         D. Fluid Leaks       4. Checks mirrors overy 5-8 seconds       11. Proper use of lift cover         E. Trest/Meels/Lugs/Rims       5. Accelerates smoothy       11. Proper use of lift cover         F. Springs/Shocks (if applicable)       6. Consistently aware of changing read conditions       11. Proper use of lift cover         G. Brakes/Durns/Linings       7. Adequate self-confidence in driving       11. Proper use of lift cover         H. Deors and Mirrors       8. Follows proper raiload crossing procedures       11. Makes proper taiload crossing procedures         I. Emergency Reflectors       9. Drives right of roadway whenever possible       V. Applies brakes of wheelchair while         I. First Ald Kil       13. Maintains proper speed and following distance       V. Applies brakes of wheelchair while         G. Gauges       15. Uses turn signals and flashere correctly       powered devices       powered devices         Q. Windows/Mudshiel/Myeers       17. Correct position after stopping       VI. Proper use of poweron electric         Q. Bales/Politonate: TAC       16. Coreset full stoper of stance from curb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Box. After, refer to reverse side for<br>instructions. Operator must achiev<br>not less than 75 %.<br>4 = Good<br>3 = Satisfactory<br>2 = Below Standard<br>-1 = Victation / Retraining Requ<br>Exceptions: A score of less than 3 In E, G, | erscoring<br>eascore of<br>ired | Did not follow b<br>Failure to have<br>Improper Body I<br>SCORE ACHIE<br>GOOD = scored<br>SATISFACTOR<br>BELOW STAND | scking procedure.<br>alid Driver's license, DL 5<br>Jechanics when securing r<br>JED: Check one of the folk<br>between 90% and 100%<br>2 = scored between 75% a<br>ARD = scored between 75% | 1(8) and requi<br>mobility device<br>owing after co<br>nd 90%<br>- Operator red | red cert.<br>a.<br>Impleting reverse side   |                    |
| B. Fluid Levels       2. Releases emargency parking brake       II. Engages emergency trake, litt switch         C. Belts and Hoses       3. Two hand grip on steering wheel       II. Engages emergency trake, litt switch         D. Fluid Levels       4. Checks minors every 5-8 seconds       III. Proper use of lift cover         F. Springs/Shocks (if applicable)       6. Consistently aware of changing read conditions       III. Proper use of lift cover         G. Brakes/DrunsLinings       7. Adequate self-confidence in driving       IV. Proper use of lift cover         H. Doors and Mirrors       8. Follows proper ratio procedure.       IV. Proper use of lift cover on electric         J. Fuel Tarks       10. Follows proper ratio procedure.       IV. Applies brakes of wheelchair while         J. Fuel Tarks       10. Follows proper ratio procedure.       IV. Applies brakes of wheelchair while         J. Fuel Tarks       10. Follows proper ratio procedure.       IV. Applies brakes of wheelchair while         J. Fuel Tarks       10. Follows proper ratio procedure.       IV. Applies brakes of wheelchair while         M. First Ald Kil       11. Makes proper turns       powered devices         M. First Ald Kil       13. Weit stand flashers correctly       powered devices         P. Heater/Datroster/AC.       16. Cones to full stop       IV. Applies brakes of wheelchair while         O. Gauges       17. Correct position a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PRE-TRIP INSPECTION Score:                                                                                                                                                                                                                  | _%                              | RIDE CHECK                                                                                                           | Score:                                                                                                                                                                                      | %                                                                               | WHEELCHAIR CHECK Score:                     | ª/6                |
| B. Fluid Levels       2. Releases emergency parking brake       II. Engages emergency trake, lift switch         C. Balts and Hoses       3. Two hand grip on steering wheel       III. Engages emergency trake, lift switch         D. Fluid Leaks       4. Checks millors sways 56 seconds       III. Proper use of lift cover         C. Braks MiceleA.ugs/Rims       5. Accelerates smoothy       III. Proper use of lift cover         C. Braks/Dums/Linings       6. Consistently aware of changing read conditions       III. Proper use of lift cover         G. Braks/Dums/Linings       8. Follows proper radio procedure.       IV. Proper use of lift cover         H. Deors and Mirrors       8. Follows proper radio procedure.       IV. Applies brakes of wheeldhair while         J. Fuel Tanks       10. Follows proper radio procedures       on fift and turns off power on electric         K. Air/Electrical Lines, Connectors       11. Makes proper faultion of less       powered devices         M. First Ald Kill       13. Maintains proper speed and following distance       VI. Applies brakes of wheelchair whila         N. Brake Systems (checks)       14. Approaches traffic signals ready to stop       on bus and turns off power on electric         Q. Windows/Mndshield/Wipers       17. Correct position after stopping       winceding is install to downs         N. Brake Systems (checks)       14. Approaches traffic signals ready to stop       on bus and turns off power o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | A. Exterior Lights                                                                                                                                                                                                                          |                                 | 1. Uses seat belt at all times                                                                                       |                                                                                                                                                                                             |                                                                                 |                                             |                    |
| D. Flidd Leaks       4. Checks mirrors avery 58 seconds       III. Proper use of En cover         E. Tires/Mnels/Lugs/Rims       5. Accelerates smoothly       III. Proper use of En cover         F. Springs/Shocks (if applicable)       6. Consistently aware of changing read conditions       III. Proper use of En cover         G. Brakes/Drums/Lutings       7. Adequate self-confidence in diving       IV. Proper use of En cover         H. Deors and Mirrors       8. Follows proper radio procedure.       V. Applies brakes of wheelchair while         J. Fuel Tanks       9. Drives right of roadway whenever possible       V. Applies brakes of wheelchair while         J. Fuel Tanks       10. Addex proper radio procedures       on Eff and turns off power on electric         K. Air/Electrical Lines, Connectors       11. Makes proper speed and following distance       VI. Applies brakes of wheelchair while         J. Hord       12. Makes turns at 5mph or less       VI. Applies brakes of wheelchair while       on bus and turns off power on electric         J. Gauges       14. Approaches taffic signals and flashers correctly       powered devices       powered devices         P. Healer/Defrostrar/AC.       16. Correct position after stopping       VII. Proper tie-down, including         R. Panel Lights       18. Checks traffic before moving after stopping       VII. Proper tie-down, including         R. Panel Lights       18. Checks traffic before mov                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | B. Fluid Levels                                                                                                                                                                                                                             |                                 | 2. Releases emergency parking                                                                                        | ) brake                                                                                                                                                                                     |                                                                                 |                                             |                    |
| D. Fluid Leaks       4. Checks minors avery 5-8 seconds       III. Proper use of En cover         E. Tires/Atheels/Lugs/Rims       5. Accelerates smoothly       III. Proper use of En cover         F. Springs/Shocks (if applicable)       6. Consistently aware of changing read conditions       III. Proper use of En cover         G. Brakes/Drums/Linings       7. Adequate self-confidence in driving       IV. Proper use of tap restraint       III.         H. Doers and Mirrors       8. Follows proper radio precedura.       IV. Applies brakes of wheeldhair while       Int and turns off powor on electric         J. Fuel Tanks       10. Follows proper radio acrossing procedures       on fit and turns off powor on electric         K. Air/Electrical Lines, Connoctors       11. Makes proper speed and following distance       VI. Applies brakes of wheelchair while         N. First Aid Kit       13. Maintains proper speed and following distance       VI. Applies brakes of wheelchair while         N. Brake Systems (checks)       14. Approaches traffic signals ready to stop       on bus and turns off powor on electric         Q. Windows/Mindshield/Mipers       17. Correct position after stopping       VII. Proper tie-down, including         R. Panel Lights       18. Checks traffic before moving after stopping       VII. Proper tie-down, including         R. Panel Lights       19. Uses fashers when boarding/deboarding       (leilure to property secure is a violation)      <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C. Belts and Hoses                                                                                                                                                                                                                          |                                 | 3. Two hand grip on steering w                                                                                       | neel                                                                                                                                                                                        |                                                                                 | II. Engages emergency brake, lift switch    | ľ                  |
| F. Springs/Shocks (if applicable)       6. Consistently aware of changing read conditions       IV. Proper use of tap restraint         G. Brakes/Drums/Linings       7. Adequate self-confidence in driving       IV. Proper use of tap restraint         H. Doors and Mirrors       8. Follows proper radio procedure.       IV. Applies brakes of wheelcheir while         J. Full Tanks       10. Follows proper railroad crossing procedures       on fift and turns off power on electric         J. Fuel Tanks       10. Follows proper railroad crossing procedures       on fift and turns off power on electric         K. AirFlechtical Lines, Connoctors       11. Makes turns at Emph or less       must administratific signals ready to step         K. First Aid Kil       13. Maintains proper speed and following distance       vi. Applies brakes of wheelchair while         G. Gauges       15. Uses turn signals and flashers correctly       powered devices         P. Heater/Defroster/AC.       16. Cornes to full stop       on bus and turns off power on electric         Q. Windows/Mindshield/Wipers       17. Correct position after stopping       Vil. Proper tie-down, including         R. Panel Lights       18. Checks traffic before moving after stopping       Kneeling to install tle-downs         19. Uses flashers when baarding/beloarding       (failure to properly secure is a violation)       Image: Stopp weisde proper stance from cub         A. Fire extinguisher (if required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D. Fluid Leaks                                                                                                                                                                                                                              |                                 | 4. Checks mirrors every 5-8 set                                                                                      | conds                                                                                                                                                                                       |                                                                                 |                                             |                    |
| G. Brakes/Drums/Litings       7. Adequate self-confidence in driving       IV. Proper use of lap restraint         H. Doors and Mirrors       6. Follows proper radio procedure.       V. Applies brakes of wheelchair while         J. Fuel Tarks       9. Drives right of roadway whenever possible       V. Applies brakes of wheelchair while         J. Fuel Tarks       10. Follows proper railroad crossing procedures       on lift and turns off power on electric.         K. Air/Electrical Lines, Connoctors       11. Makes proper turns       powered devices         L. Horn       12. Makes furns at 5mpt or less       V. Applies brakes of wheelchair while         M. First Ald Kit       13. Maintains proper speed and following distance       VI. Applies brakes of wheelchair while         O. Gauges       15. Uses turn signals and flashers correctly       powered devices         P. Heater/Defroster/AC.       16. Cornes to full stop       on bus and turns off power on electric         Q. Windows/Windstield/Wipers       17. Correct position after stopping       kneeling to install tie-downs.         R. Panel Lights       19. Uses flashers when baarding/deboarding       (failure to properly secure is a violation)         A. Fire estinguisher (if required)       21. Stops vehicle proper distance from curb       VII. Folds/unfolds fift properly         B. Passenger entry doors       22. Brakes are engaged while loading or unloading       (including proper standin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | E. Tires/Mieels/Lugs/Rims                                                                                                                                                                                                                   |                                 | 5. Accelerates smoothly                                                                                              |                                                                                                                                                                                             | Π                                                                               | III. Proper use of III cover                |                    |
| H. Doors and Mirrors       8. Follows proper radio procedure.         I. Emergency Reflectors       9. Drives right of roadway whenever possible       V. Applies brakes of wheelchair while         J. Fuel Tanks       10. Follows proper railroad crossing procedures       on lift and turns off power on electric         K. Alr/Electrical Lines, Connectors       11. Makes proper turns       powered devices         L. Horn       12. Makes turns at 5mph or less       powered devices         M. First Ald Kli       13. Maintains proper speed and following distance       VI. Applies brakes of wheelchair while         N. Brake Systems (checks)       14. Approaches traffic signals ready to step       on bus and turns off power on electric         O. Gauges       15. Uses turn signals and flashers correctly       powered devices       powered devices         Q. Windows/Mndshield/Mpers       17. Correct position after stopping       VII. Proper tia-down, including         R. Panel Lights       18. Obsers traffic before moving after stopping       VII. Proper tia-down, including         A. Fire extinguisher (if required)       21. Stops vehicle proper discures from curb       VIII FoldsAunfolds lift properly         B. Passenger entry doors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exits       23. Checks passengers before moving vehicle       D. Stops vehicle properly shele                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | F. Springs/Shocks (if applicable)                                                                                                                                                                                                           |                                 | 6. Consistently aware of chang                                                                                       | ng road conditions                                                                                                                                                                          |                                                                                 |                                             | لتستحا             |
| H. Doors and Mirrors       8. Follows proper ratio procedure.       V. Applies brakes of wheelcheir while         I. Emergency Reflectors       9. Drives right of roadway whenever possible       V. Applies brakes of wheelcheir while         J. Fuel Tanks       10. Follows proper railroad crossing procedures       on lift and turns off power on electric         K. Air/Electrical Lines, Connectors       11. Makes proper taitroad crossing procedures       powered devices         L. Horn       12. Makes turns at 5mph or less       powered devices         M. First Ald Kli       13. Maintains proper speed and following distance       VI. Applies brakes of wheelcheir while         O. Gauges       15. Uses turns signals and flashers correctly       powered devices         P. Heater/Datroster/AC.       16. Comes to full stop       powered devices         Q. Windows/Mindstvield/Mipers       17. Corroct position after stopping       VII. Proper tie-down, including         R. Panel Lights       19. Uses flashers when boarding/deboarding       (failure to properly secure is a violation)         A. Fire extinguisher (if required)       21. Stops vehicle proper distance from curb       VII. Folds/unfolds fill properly         B. Passenger entry doors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exits       23. Checks passengers before moving vehicle       III. Folds/unfolds fill properl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | G. Brakes/Drums/Linings                                                                                                                                                                                                                     |                                 | 7. Adequata self-confidence in                                                                                       | <br>privint                                                                                                                                                                                 | <b>F</b>                                                                        | IV. Proper use of lap restraint             |                    |
| J. Fuel Tanks       10. Follows proper railroad crossing procedures       on lift and turns off power on electric         K. Alr/Electrical Lines, Connoctors       11. Makes proper railroad crossing procedures       on lift and turns off power on electric         L. Horn       12. Makes turns at Emph or less       powered devices                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | H. Doors and Mirrors                                                                                                                                                                                                                        |                                 | 8. Follows proper radio procedu                                                                                      | ua.                                                                                                                                                                                         | <b>F</b>                                                                        |                                             |                    |
| J. Fuel Tanks       10. Follows proper railroad crossing procedures       on lift and turns off power on electric         K. Alr/Electrical Lines, Connoctors       11. Makes proper turns       powered devices         L. Horn       12. Makes turns at 5mph or less       intervention         M. First Ald Kil       13. Maintains proper speed and following distonce       VI. Applies brakes of wheelchair while         N. Brake Systems (checks)       14. Approaches traffic signals ready to stop       on bus and turns off power on electric         O. Gauges       15. Uses turn signals and flashers correctly       powered devices         P. Healer/Datroster/AC.       16. Comes to full stop       intervention         Q. Windows/Mindshield/Wipers       17. Corroct position after stopping       VI. Proper tie-down, including         R. Panel Lights       18. Checks traffic before moving after stopping       kneeting to instail tie-dowris         J. Uses flashers when boarding/deboarding       (failure to property secure is a violation)       instail tie-dowris         ADDITIONAL ITEMS FOR BUSES       20. Correct position in bus zones (parallet)       VII. Folds/unfolds lift property         B. Passenger entry doors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exits       23. Checks passengers before moving vehicle       including proper standing position)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | I. Emergency Reflectors                                                                                                                                                                                                                     |                                 | 9. Drives right of roadway when                                                                                      | ever possible                                                                                                                                                                               | Ē                                                                               | V. Applies brakes of wheelcheir while       |                    |
| K. Alr/Electrical Lines, Connectors       11. Makes proper turms       powered devices         L. Horn       12. Makes turms at 5mph or less       1         M. First Ald Kit       13. Maintains proper speed and following distance       VI. Applies brakes of wheelchair while         N. Brake Systems (checks)       14. Approaches traffic signals ready to stop       on bus and turns off power on electric         G. Gauges       15. Uses turm signals and flashers correctly       powerad devices         P. Heater/Detroster/AC.       16. Comes to full stop       vill. Proper tie-down, including         R. Panel Lights       18. Checks traffic before moving after stopping       vill. Proper tie-down, including         ADDITIONAL ITEMS FOR BUSES       20. Correct position in bus zones (parallel)       vill. Folds/unfolds ifit properly         B. Passenger entry doors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exils       23. Checks passengers before moving vehicle       vill. Reises/towers lift properly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | J. Fuel Tanks                                                                                                                                                                                                                               |                                 | 10. Follows proper railroad cross                                                                                    | sing procedures                                                                                                                                                                             | Ē                                                                               |                                             |                    |
| M. First Ald Kit       13. Maintains proper speed and following distance       VI. Applies brakes of wheelchair while         N. Brake Systems (checks)       14. Approaches traffic signals ready to stop       on bus and turns off power on electric         Q. Gauges       15. Uses turn signals and flashers correctly       powerad devices         P. Heater/Detroster/AC.       16. Cornes to full stop       VII. Proper tie-down, including         Q. Windows/Mndshield/Wpers       17. Corroct position after stopping       VII. Proper tie-down, including         R. Panel Lights       18. Checks traffic before moving after stopping       (failure to property secure is a violation)         ADDITIONAL ITEMS FOR BUSES       20. Correct position in bus zeries (parafile)       (failure to property secure is a violation)         B. Passenger entry doors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exils       23. Checks passengers before moving vehicle       (including proper standing position)         D. Soats/Stanchions/WC, Lift       24. Opens door after coming to a complete stop       (X. Raises/towers lift property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | K. Ain/Electrical Lines, Connectors                                                                                                                                                                                                         |                                 | 11. Makes proper turns                                                                                               |                                                                                                                                                                                             | Π                                                                               |                                             |                    |
| N. Brake Systems (checks)       14. Approaches traffic signals ready to stop       on bus and turns off power on electric         Q. Gauges       15. Uses turn signals and flashers correctly       powered devices         P. Heater/Detroster/AC.       16. Comes to full stop       powered devices         Q. Windows/Mindshield/Wipers       17. Correct position after stopping       VII. Proper tie-down, including         R. Panel Lights       18. Checks traffic before moving after stopping       (failure to property secure is a violation)         ADDITIONAL ITEMS FOR BUSES       20. Correct position in bus zenes (parallel)       (failure to property secure is a violation)         B. Passenger entry doors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exils       23. Checks passengers before moving to a complete stop       IX. Raises/towers lift property         D. Soats/Stanchions/WC, Lift       24. Opens door after coming to a complete stop       IX. Raises/towers lift property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | L. Horn                                                                                                                                                                                                                                     |                                 | 12. Makes turns at 5mph or less                                                                                      |                                                                                                                                                                                             |                                                                                 |                                             | here a constant    |
| Q. Gauges       15. Uses turn signals and flashers correctly       powerad devices         P. Heater/Detroster/AC.       16. Comes to full stop       powerad devices         Q. Windows/Mndshield/Wipers       17. Correct position after stopping       VII. Proper tie-down, including         R. Panel Lights       18. Checks traffic before moving after stopping       kneeting to install tie-downs         ADDITIONAL ITEMS FOR BUSES       20. Correct position in bus zenes (parafile)       (failure to property secure is a violation)         A. Fire extinguisher (if required)       21. Stops vehicle proper distance from curb       VII. Folds/unfolds lift property         B. Passenger entry dcors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exils       23. Checks passengers before moving vehicle       Its Raises/towers lift property         D. Soats/Stanchions/W/C, Lift       24. Opens door after coming to a complete stop       IX. Raises/towers lift property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | M. First Ald Kit                                                                                                                                                                                                                            |                                 | 13. Maintains proper speed and                                                                                       | following distance                                                                                                                                                                          |                                                                                 | VI. Applies brakes of wheelchair while      |                    |
| P. Heater/Detroster/AC.       16. Comes to full stop       17. Correct position after stopping       VII. Proper tie-down, including         Q. Windows/Mindshield/Wipers       17. Correct position after stopping       VII. Proper tie-down, including         R. Panel Lights       18. Checks traffic before moving after stopping       kneeling to install tie-downs         J. Uses flashers when boarding/deboarding       (failure to property secure is a violation)         ADDITIONAL ITEMS FOR BUSES       20. Correct position in bus zones (parallel)       (failure to property secure is a violation)         A. Fire extinguisher (if required)       21. Stops vehicle proper distance from curb       VII. Folds/unfolds lift property         B. Passenger entry doors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exits       23. Checks passengers before moving vehicle       II.         D. Soats/Stanchions/W/C, Lift       24. Opens door after coming to a complete stop       IX. Raises/newers lift property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N. Brake Systems (checks)                                                                                                                                                                                                                   |                                 | 14. Approaches traffic signals re                                                                                    | ady to stop                                                                                                                                                                                 |                                                                                 | on bus and turns of power on electric       |                    |
| Q. Windows/Mindshield/Wipers       17. Corroct position after stopping       VII. Proper tie-down, including         R. Panel Lights       18. Checks traffic before moving after stopping       kneeling to install tie-downs         19. Uses flashers when boarding/deboarding       (failure to property secure is a violation)         ADDITIONAL ITEMS FOR BUSES       20. Correct position in bus zones (paraflet)       VII. Folds/unfolds lift property         A. Fire extinguisher (if required)       21. Stops vehicle proper distance from curb       VIII. Folds/unfolds lift property         B. Passenger entry doors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exils       23. Checks passengers before moving vehicle       III. Property         D. Soats/Stanchions/W/C, Lift       24. Opens door after coming to a complete stop       IX. Raises/towers lift property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | O. Gauges                                                                                                                                                                                                                                   |                                 | 15. Uses turn signals and flashe                                                                                     | rs correctly                                                                                                                                                                                | Π                                                                               | powered devices                             |                    |
| R. Panel Lights       18. Checks traffic before moving after stopping       kneeling to install lie-downs         ADDITIONAL ITEMS FOR BUSES       19. Uses flashers when boarding/deboarding       (failure to property secure is a violation)         A. Fire extinguisher (if required)       21. Stops vehicle proper distance from curb       Vill Folds/unfolds lift property         B. Passenger entry dcors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exils       23. Checks passengers before moving vehicle       Including proper standing position)         D. Soata/Stanchions/W/C, Lift       24. Opens door after coming to a complete stop       IX. Raises/newers lift property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | P. Heater/Defroster/AC.                                                                                                                                                                                                                     |                                 | 16. Comes to full stop                                                                                               |                                                                                                                                                                                             |                                                                                 |                                             | Lowend             |
| 19. Uses flashera when boarding/deboarding       (failure to properly secure is a violation)         ADDITIONAL ITEMS FOR BUSES       20. Correct position in bus zones (paratilel)       (failure to properly secure is a violation)         A. Fire extinguisher (if required)       21. Stops vehicle proper distance from curb       Viii FoldsAunfolds lift properly         B. Passenger entry doors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exils       23. Checks passengers before moving vehicle       Including proper standing position)         D. Soats/Stanchions/W/C, Lift       24. Opens door after coming to a complete stop       IX. Raises/towers lift properly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Q. Windows/Mindshield/Mipers                                                                                                                                                                                                                |                                 | 17. Correct position after stopping                                                                                  | 9                                                                                                                                                                                           |                                                                                 | VII. Proper tie-down, including             |                    |
| ADDITIONAL ITEMS FOR BUSES       20. Correct position in bus zones (parallel)       Image: State in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in the state in                     | R. Panel Lighis                                                                                                                                                                                                                             |                                 | 18. Checks traffic before moving                                                                                     | after slopping                                                                                                                                                                              |                                                                                 | kneeling to install tie-downs               |                    |
| A. Fire extinguisher (if required)       21. Stops vehicle proper distance from curb       VII.Folds/unfolds (ift property)         B. Passenger entry doors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exils       23. Checks passengers before moving vehicle       Including proper standing position)         D. Seats/Stanchions/W.C. Lift       24. Opens door after coming to a complete stop       IX. Raises/lowers lift property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                             |                                 | 19. Uses flashers when boarding                                                                                      | /deboarding                                                                                                                                                                                 |                                                                                 | (failure to properly secure is a violation) |                    |
| B. Passenger entry doors       22. Brakes are engaged while loading or unloading       (including proper standing position)         C. Emergency Exits       23. Checks passengers before moving vehicle       (including proper standing position)         D. Seats/Stanchions/W.C. Lift       24. Opens door after coming to a complete stop       IX. Raises/Icwers lift property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ADDITIONAL ITEMS FOR BUSES                                                                                                                                                                                                                  |                                 | 20. Correct position in bus zone:                                                                                    | ; (parallel)                                                                                                                                                                                |                                                                                 |                                             | <b>Valence Let</b> |
| C. Emergency Exils 23. Checks passengers before moving vehicle 23. Checks passengers before moving vehicle 14. Opens door after coming to a complete stop 14. Reises/lowers lift properly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A. Fire extinguishor (if required)                                                                                                                                                                                                          |                                 | 21. Stops vehicle proper distance                                                                                    | e from curb                                                                                                                                                                                 |                                                                                 | VIII.Folds/unfolds lift property            |                    |
| D. Seats/Stanchions/W.C. Lift 24. Opens door after coming to a complete stop IX. Raises/lowers lift properly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | B. Passenger entry doors                                                                                                                                                                                                                    |                                 | 22. Brakes are engaged while to                                                                                      | eding or unloading                                                                                                                                                                          |                                                                                 | (including proper standing position)        |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C. Emergency Exits                                                                                                                                                                                                                          |                                 | 23. Checks passengers before n                                                                                       | toving vehicle                                                                                                                                                                              |                                                                                 |                                             |                    |
| E. General interfor 26. Signals traffic in advance when pulling out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D. Seats/Stanchions/W.C. Lift                                                                                                                                                                                                               |                                 | 24. Opens door after coming to a                                                                                     | complete stop                                                                                                                                                                               |                                                                                 | IX. Raises/lowers lift properly             |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | E. General interior                                                                                                                                                                                                                         |                                 | 26. Signals traffic in advance wh                                                                                    | en pulling out                                                                                                                                                                              |                                                                                 |                                             |                    |
| F. Wheelchair Mt cycle 27. Steps the vehicle smoothly X. Demonstration of manual lift use                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | F, Wheelchair lift cycle                                                                                                                                                                                                                    |                                 | 27. Stops the vehicle smoothly                                                                                       |                                                                                                                                                                                             |                                                                                 | X. Demonstration of manual lift use         |                    |
| G. W/C Securement devices/restraints 28. Announces major intersection and transfer points                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | G. W/C Securement devices/restraints                                                                                                                                                                                                        |                                 | 28. Announces major intersection                                                                                     | and transfer points                                                                                                                                                                         |                                                                                 |                                             |                    |
| H. Interlock devices 29. Greets passangers correctly during boarding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | H. Interfock devices                                                                                                                                                                                                                        |                                 | 29. Greets passengers correctly                                                                                      | during boarding                                                                                                                                                                             |                                                                                 |                                             |                    |
| 30. Collects proper fare/counts passengers correctly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                             |                                 | 30. Collects proper fare/counts p                                                                                    | assengers correctly                                                                                                                                                                         |                                                                                 |                                             |                    |

#### Examiner's Remarks:

Driver's Comments:

Driver's Signature:

Distribution: Orig. - Location File; xc: - Employee



### **Unsafe Act Citation**

Employee Name:\_\_\_\_\_ Date:\_\_\_\_\_

The company has the right to terminate your employment immediately if you have been involved in an unsafe act. In this case we have determined that your actions would not result in immediate termination and instead you are being issued this citation as a warning that you are in violation of the Empire Safety and Training Program policy, as described in Section 12.1 – Unsafe Acts.

This is your \_\_\_\_\_ warning of violation.

State the date and nature of prior warnings, if applicable.

1. \_\_\_\_\_

As a reminder, further violations may warrant disciplinary action, up to and including termination.

|                                           | afe Act:                            |                           |                   |
|-------------------------------------------|-------------------------------------|---------------------------|-------------------|
|                                           | sor:                                |                           |                   |
|                                           | re:                                 |                           |                   |
| You are urged to a nature of this citatic | act upon this information by<br>n.  | correcting any/all behavi | or related to the |
| Employee Commer                           | its:                                |                           |                   |
|                                           |                                     |                           |                   |
|                                           | B:                                  |                           |                   |
| Distribution:                             | Original to Employee Personnel File | Copy to Location Training | File and Employee |

**Unsafe Act Citation** 



## **Retraining Document**

Complete this section and provide copy to employee

| Employee Name:       |                                | D                                                    | ate:                        |
|----------------------|--------------------------------|------------------------------------------------------|-----------------------------|
|                      |                                | Iditional training on                                |                             |
| Preventable Ac       | ccident                        | Failed Evaluation                                    | Unsafe Act                  |
| You are required t   | to report to (cir              | cle one) your project instru                         | uctor / Central Training at |
|                      | (time) on the                  | e above date. Failure to at                          | tend may result in further  |
| disciplinary action, | , up to and incl               | uding termination.                                   |                             |
| Subject(s) coverec   | l:                             | g and following completior                           |                             |
| Time spent in Clas   | S:                             | Time spent Behind-th                                 | ne-wheel:                   |
|                      |                                |                                                      |                             |
|                      |                                |                                                      |                             |
| Instructor Signature | 9:                             | Date                                                 |                             |
| Employee Signatur    | e:                             | Date                                                 |                             |
| Distribution:        | Original to Er<br>Copy to Loca | nployee Personnel File<br>tion Training File and Emp | loyee                       |

**Retraining Form** 

## System Security and Emergency Preparedness Plan (SSEPP)



#### Glossary of Terms

**Emergency:** A situation which is life threatening to passengers, employees, or other interested citizens or which causes damage to any transit vehicle or facility or results in the significant theft of services and reduces the ability of the system to fulfill its mission. Fatality: A transit-caused death that occurs within 30 days of the transit incident. Injury: Any physical damage or harm to a person that requires immediate medical attention and hospitalization. Safety: Freedom from danger. Security: Freedom from intentional danger Security breach: An unforeseen event or occurrence that endangers life or property and may result in the loss of services or system equipment. Security incident: An unforeseen event or occurrence that does not necessarily result in death, injury, or significant property damage but may result in minor loss of revenue. Security threat: Any source that may result in a security breach, such as vandal or disgruntled employee; or an activity, such as an assault, intrusion, fire, etc. System: A composite of people (employees, passengers, others), property (facilities and equipment), environment (physical, social, institutional), and procedures (standard operating, emergency operating, and training) which are integrated to perform a specific operational function in a specific environment. System security: The application of operating, technical, and management techniques and principles to the security aspects of a system throughout its life to reduce threats and vulnerabilities to the most practical level through the most effective use of available resources. System security management: An element of management that defines the system security requirements and ensures the planning, implementation, and accomplishments of system security tasks and activities.



| System security<br>program: | The combined tasks and activities of system security management and<br>system security analysis that enhance operational effectiveness by<br>satisfying the security requirements in a timely and cost-effective manner<br>through all phases of a system life cycle.                                                                                                                                                                                                                     |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Threat:                     | Any real or potential condition that can cause injury or death to passengers or employees or damage to or loss of transit equipment, property, and/or facilities.                                                                                                                                                                                                                                                                                                                         |
| Threat analysis:            | A systematic analysis of a system operation performed to identify threats<br>and make recommendations for their elimination or mitigation during all<br>revenue and non-revenue operation.                                                                                                                                                                                                                                                                                                |
| Threat probability          | The probability a threat will occur during the plan's life. Threat<br>probability may be expressed in quantitative or qualitative terms. An<br>example of a threat-probability ranking system is as follows: (a)<br>frequent, (b) probable, (c) occasional, (d) remote, (e) improbable, and (f)<br>impossible.                                                                                                                                                                            |
| Threat resolution:          | The analysis and subsequent action taken to reduce the risks associated with an identified threat to the lowest practical level.                                                                                                                                                                                                                                                                                                                                                          |
| Threat severity:            | A qualitative measure of the worst possible consequences of a specific threat:                                                                                                                                                                                                                                                                                                                                                                                                            |
|                             | <ul> <li>Category 1 - Catastrophic. May cause death or loss of a significant component of the transit system, or significant financial loss.</li> <li>Category 2 - Critical. May cause severe injury, severe illness, major transit system damage, or major financial loss.</li> <li>Category 3 - Marginal. May cause minor injury or transit system damage, or financial loss.</li> <li>Category 4 - Negligible. Will not result in injury, system damage, or financial loss.</li> </ul> |
| Unsafe condition<br>or act: | Any condition or act that endangers life or property.                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Vulnerability:              | Characteristics of passengers, employees, vehicles, and/or facilities that increase the probability of a security breach.                                                                                                                                                                                                                                                                                                                                                                 |



#### Background

The terrible tragedy of September 11, combined with nation's continuing war on terrorism, has created a heightened threat environment for public transportation. In this new environment, the vulnerabilities of public agencies and the communities they serve to acts of terrorism and extreme violence have greatly increased. Threat assessments issued by the Federal Bureau of Investigation (FBI) have consistently placed public transportation at the top of the *critical infrastructure protection agenda*, along with airports, nuclear power plants, and major utility exchanges on the national power grid.

To establish the importance of security and emergency preparedness in all aspects of our organization, Empire Transportation, Inc. has developed this System Security and Emergency Preparedness (SSEP) Program Plan. This SSEP Program Plan outlines the process to be used by our company to assist our transit clients in making informed decisions that are appropriate for our operations, passengers, employees and communities regarding the development and implementation of a comprehensive security and emergency preparedness program.

As a result of this program, we hope to achieve not only an effective physical security program, but also to enhance our coordination with our transit agency clients and local and regional law enforcement agencies. Improved communication will increase their awareness of our resources and capabilities, and improve our readiness to support their efforts to manage community-wide emergencies.

In order to be effective, the activities documented in this SSEP Program Plan focus on establishing responsibilities for security and emergency preparedness, identifying our methodology for documenting and analyzing potential security and emergency preparedness issues, and developing the management system through which we can track monitor our progress in resolving these issues.

#### → Goals

The SSEP Program provides our company with a security and emergency preparedness capability that will:

- Ensure that security and emergency preparedness are addressed during all phases of system operation, including the hiring and training of personnel; the procurement and maintenance of equipment; the development policies, rules, and procedures; and coordination with local public safety and community emergency planning agencies
- ⇒ Promote analysis tools and methodologies to encourage safe system operation through the identification, evaluation and resolution of threats and vulnerabilities, and the ongoing assessment of our capabilities and readiness



⇒ Create a culture that supports employee safety and security and safe system operation (during normal and emergency conditions) through motivated compliance with rules and procedures and the appropriate use and operation of equipment

#### → Objectives

In this new environment, every threat cannot be identified and resolved, but we can take steps to be more aware, to better protect passengers, employees, facilities and equipment, and to stand ready to support community needs in response to a major event. To this end, our SSEP Program has five objectives:

- ⇒ Achieve a level of security performance and emergency readiness that meets or exceeds the operating experience of similarly sized companies around the nation.
- ⇒ Increase and strengthen community involvement and participation in the safety and security of our system.
- ⇒ Develop and implement a vulnerability assessment program, and based on the results of this program, establish a course of action for improving physical security measures and emergency response capabilities.
- ⇒ Expand our training program for employees, volunteers and contractors to address security awareness and emergency management issues.

#### Philosophy

Empire Transportation, Inc. hopes to ensure that, if confronted with a security event or major emergency, our personnel will respond effectively, using good judgment, ensuring due diligence, and building on best practices, identified in drills, training, rules and procedures.

This level of proficiency requires the establishment of formal mechanisms to be used by all personnel to identify security threats and vulnerabilities associated with our operations, and to develop controls to eliminate or minimize them. The SSEP Program also requires process for:

- ⇒ Coordinating with local law enforcement and other public safety agencies to manage response to an incident that occurs on a transit vehicle or affects transit operations, and
- ⇒ Identifying a process for integrating our resources and capabilities into the community response effort to support management of a major event affecting the community.

Empire management expects all employees, especially those working directly with passengers, to support the SSEP Program.



#### **Division of Responsibilities**

#### All Personnel

All Empire employees must understand and adopt their specific roles and responsibilities, as identified in the SSEP Program, thereby increasing their own personal safety and the safety of their passengers, during normal operations and in emergency conditions.

To ensure the success of the SSEP Program, all personnel must participate by:

- ⇒ Immediately reporting all suspicious activity, no matter how insignificant it may seem, to the their immediate manager or dispatcher;
- ⇒ Immediately reporting all security incidents
- ⇒ Using proper judgment when managing disruptive passengers and potentially volatile situations
- ⇒ Participation in all security and emergency preparedness training, including drills and exercises
- ⇒ Becoming familiar with, and operating within, all security and emergency preparedness procedures for the assigned work activity
- ⇒ Accurately completing all appropriate reports.

#### **Chief Operating Officer**

After insuring coordination with our clients, the Chief Operating Officer (COO) has the overall authority to develop and execute the company's SSEP Program. Ultimate accountability for implementation of the SSEP Program rests with the COO. In addition, the COO is responsible for the following specific activities:

- ⇒ Ensuring that sufficient resources and attention are devoted to the SSEP Program, including:
  - Development of standard operating procedures related to employee security duties;
  - o Development and enforcement of safety and security regulations;
  - Development emergency operating procedures to maximize transit system response effectiveness and minimizing system interruptions during emergencies and security incidents;
  - Provision of proper training and equipment to employees to allow an effective response to security incidents and emergencies.
- ⇒ Development of an effective notification and reporting system for security incidents and emergencies.
- ⇒ Designating a Point of Contact (POC) to manage the SSEP Program for each client agency.
- ⇒ Communicating security and emergency preparedness as top priorities to all employees.



⇒ Developing relations with outside organizations that contribute to the SEPP Program, including local public safety and emergency planning agencies.

#### SSEP Program Points of Contact (POC)

To ensure coordinated development and implementation of the SSEP Program, the COO has designated each Program Manager as the Security and Emergency Preparedness Point of Contact (POC) for development and implementation of the SSEP Program. Each POC, who reports directly to the COO for SSEP purposes, has been granted the authority to utilize resources to develop the SSEP Program and Plan, to monitor its implementation, and to ensure attainment of security and emergency preparedness goals and objectives.

The POC has the responsibility for overseeing the SEPP Program on a daily basis. The POC will be the direct liaison with their operators and dispatchers, regarding the Program. The POC will also serve at the Empire's primary contact with their client agencies and associated public safety authorities. To the extent that liaison is necessary with state and federal agencies, the COO will serve as the lead liaison for the company.

In managing this Program, the POC will:

- ⇒ Be responsible for successfully administering the SSEP Program and establishing, monitoring, and reporting on the system's security and emergency preparedness objectives.
- ⇒ Review current project safety, security and emergency policies, procedures, and plans, and identifying needed improvements.
- $\Rightarrow$ . Develop and implement plans for addressing identified improvements.
- ⇒ Coordinate with local public safety agencies, local community emergency planning agencies, and local human services agencies to address security and emergency preparedness; including participation in formal meetings and committees.
- ⇒ Develop, publish, and enforce reasonable procedures pertinent to agency activities for security and emergency preparedness.
- Provide adequate driver training and continuing instruction for all employees (and volunteers and contractors) regarding security and emergency preparedness.
- $\Rightarrow$  Ensure performance of at least one emergency exercise annually.



#### Supervisors

Supervisors are responsible for communicating the company's security policies to all employees. For this reason, supervisors must have full knowledge of all security rules and policies. Supervisors must communicate those policies to operations personnel in a manner that encourages them to incorporate SSEP practices into their everyday work. The specific responsibilities of supervisors include the following.

- $\Rightarrow$  Having full knowledge of all standard and emergency operating procedures.
- ⇒ Ensuring that drivers make security and emergency preparedness a primary concern when on the job.
- ⇒ Cooperating fully with the SSEP Program regarding any accident investigations as well as listening and acting upon any security concerns raised by the drivers.
- $\Rightarrow$  Immediately reporting security concerns to the POC.

In addition, when supporting response to an incident, supervisors are expected to:

- $\Rightarrow$  Provide leadership and direction to employees during security incidents;
- $\Rightarrow$  Handle minor non-threatening rule violations;
- $\Rightarrow$  Defuse minor arguments;
- $\Rightarrow$  Determine when to call for assistance;
- $\Rightarrow$  Make decisions regarding the continuance of operations;
- $\Rightarrow$  Respond to fare disputes and service complaints;
- ⇒ Respond to security related calls with police officers when required, rendering assistance with crowd control, victim/witness information gathering, and general onscene assistance;
- ⇒ Complete necessary security related reports;
- $\Rightarrow$  Take photographs of damage and injuries; and
- ⇒ Coordinate with all outside agencies at incident scenes.

#### **Drivers**

In addition to the general responsibilities identified for ALL PERSONNEL, drivers are responsible for exercising maximum care and good judgment in identifying and reporting suspicious activities, in managing security incidents, and in responding to emergencies. Each driver will:

- ⇒ Take charge of a security incident scene until the arrival of supervisory or emergency personnel;
- $\Rightarrow$  Collect fares in accordance with company policy (if applicable);
- $\Rightarrow$  Attempt to handle minor non-threatening rule violations;
- $\Rightarrow$  Respond verbally to complaints;
- $\Rightarrow$  Attempt to defuse minor arguments;
- $\Rightarrow$  Determine when to call for assistance;
- $\Rightarrow$  Maintain control of the vehicle;
- $\Rightarrow$  Report all security incidents to company dispatch;
- ⇒ Complete all necessary security related reports; and



⇒ Support community emergency response activities as directed by company policies and procedures.

#### Other Personnel

Other personnel supporting our operations also have responsibilities for the SSEP Program.

Dispatchers are expected to:

- $\Rightarrow$  Receive calls for assistance
- $\Rightarrow$  Dispatch supervisors and emergency response personnel
- ⇒ Coordinate with law enforcement and emergency medical service communications centers
- $\Rightarrow$  Notify supervisory and management staff of serious incidents
- $\Rightarrow$  Establish on-scene communication
- ⇒ Complete any required security related reports
- ⇒ Provide direction to on-scene personnel

Mechanics are expected to:

- $\Rightarrow$  Report vandalism
- $\Rightarrow$  Report threats and vulnerabilities of vehicle storage facilities
- $\Rightarrow$  Provide priority response to safety and security critical items such as lighting
- ⇒ Maintain facility alarm systems

#### Threat and Vulnerability Identification

The primary method used by our operations to identify the threats to our transit systems and the vulnerabilities of the system is the collection of incident reports submitted by drivers and supervisors and information provided by local law enforcement and contractors.

Information resources include the following:

- Operator incident reports
- Risk management reports
- Bus maintenance reports
- Marketing surveys
- · Passengers' letters and telephone calls
- Management's written concerns
- Staff meeting notes
- Statistical reports
- Special requests
- Type of incidents
  - o Crimes against persons
  - o Crimes against property
  - o General incidents
- Disposition of incidents (same as disposition of call for service)



Security testing and inspections may be conducted to assess the vulnerability of the transit system. Testing and inspection includes the following three-phase approach:

- Equipment preparedness to ensure that security equipment is operable and in the location where it belongs
- Employee proficiency To ensure that employees know how and when to use security equipment
- System effectiveness To evaluate security by employing security system exercises.

#### Evaluation

The SSEPP is a "living document" and needs to address issues associated with system security and emergency preparedness on a timely and proactive basis. It is incumbent upon all appropriate Empire personnel to constantly evaluate the effectiveness of the SSEPP as well as implementation. The SSEPP POC's will work with their respective clients to ensure that the SSEPP is evaluated for effectiveness on at least an annual basis. The tools and checklists that follow will provide the basis for conduct of these regular evaluations.

#### **Points of Emphasis**

- 1. Awareness Train all security and maintenance personnel to spot suspicious-looking or unfamiliar people or objects.
- 2. *Communication* Teach employees and/or tenants the importance of awareness; encourage them to identify and report anything that appears out-of-the-ordinary.
- 3. *Screening* Develop and implement systems for identifying and controlling visitor access to the building.
- 4. *Inspection* Establish strict procedures for the control and inspection of packages and materials delivered to the building, particularly those intended for critical areas.
- 5. *Procedures* Instruct all personnel, particularly telephone switchboard or reception personnel or Call Center personnel, on what to do if a bomb threat is received.
- 6. *Surveillance* Instruct security and maintenance personnel to routinely check unattended public or open areas, such as rest rooms, stairways, parking garages and elevators.
- 7. Lighting Make sure that all of the facility's access points are well-lit.
- 8. *Systems Awareness* Unexpected interruptions in the building's fire or security systems may not be coincidental; train personnel to identify and address them immediately.
- 9. *Local Authorities* Contact local government agencies to determine their procedures for dealing with bomb threats, search, removal and disposal.
- 10. *Contingency* Assure adequate protection and off-site backup for classified documents, proprietary information, critical records and activities essential to the operation of your business.



#### System Security Considerations

- Security Plan established, which addresses all operations modes and contracted services
- System security responsibilities and duties established
- Personal safety awareness/education programs for passengers and employees and community outreach
- Security equipment regularly inspected, maintained and functionally tested; including personal equipment issued to security personnel
- Contingency SOPs developed; drills and table-top exercises conducted for extraordinary circumstances, including – terrorism (including chemical/ biological agents/ weapons of mass destruction); Riot / Domestic unrest; Catastrophic natural events; and System-wide communications failure
- Planning, coordination, training and mutual aid agreements with external agencies (state, local police, MTA, etc.)
- Security SOPs reviewed on a regular basis and updates made as needed to Security Plan
- Security equipment installed, inspected, and maintained to monitor trespass activities
- Data collection established for all security issues / incidents; analysis performed and recommendations made; document control established, including follow-up
- Security risk/vulnerability assessments conducted, documented and reviewed
- Contingency plans for loss of electrical power and radio or phone communications
- Standard Operating Procedures for critical incident command, control, and service continuation/ restoration
- Security training provided to all staff levels (from front-line "eyes and ears" concept to professional level security training)

Background checks on employees and contractors (where applicable)

- Regular assessments of employee security proficiencies conducted
- Employees issued quick reference guidelines for security situations
- Emergency contacts list developed / current / and responsibilities for call-outs identified
- Visitor, deliveries and contractor facility access procedures developed / visible identification required
- Security checklists developed and regularly used for verifying status of physical infrastructure and security procedures
- Agency employees identifiable by visible identification and/or uniform
- Policy and procedures in place for facilities key control.



#### SUMMARY

As a transit service contractor, we have a supporting role in the development of an effective SSEPP. The primary responsibility is with our government agency clients. As a result our success will be mixed; some of our clients will ignore the threats which will make our efforts more difficult and less successful. Some of our clients will try to develop plans without our involvement which will make their success less likely. Some of our clients will embrace this effort and welcome your participation which will make the effort the most effective. Our job is to make the effort in every case.



| VEHICLE | VEHICLE SAFETY PROGRAM         |                                                                                                 |                                                                                                              |
|---------|--------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
|         | PLAN                           | COVERED POLICIES AND PROCEDURES                                                                 | ADDITIONAL ISSUES IN SSEP PROGRAM                                                                            |
| SECTION | TTLE                           |                                                                                                 |                                                                                                              |
| -       | MANAGEMENT<br>COMMITMENT       | Safety Policy Statement                                                                         | <ul> <li>MEMORANDUM AUTHORIZING SYSTEM<br/>SECURITY AND EMERGENCY<br/>PREPAREDNESS (SSEP) PROGRAM</li> </ul> |
|         |                                | <ul> <li>Chief Operating Officer</li> <li>Drivers, mechanics and others operating</li> </ul>    | V FXPANDED TO ADDRESS SSEP PROGRAM                                                                           |
| 7       | COMPLIANCE<br>RESPONSIBILITIES | <ul> <li>agency vehicles (and volunteers)</li> <li>Vehicle Accident Prevention (VAP)</li> </ul> | <ul> <li>CREATION OF SSEP PROGRAM POINT OF<br/>CONTACT (POC)</li> </ul>                                      |
|         |                                | Committee Safety incentive program(s)                                                           |                                                                                                              |
| ,       | DRIVERS – INITIAL              | Y Qualifications                                                                                | COMMITMENT TO ADDRESS SSEP ISSUES IN                                                                         |
| ი       | HIRE                           | > Initial Training                                                                              | HIRING                                                                                                       |
|         |                                | > Application                                                                                   |                                                                                                              |
|         |                                | V Interviews                                                                                    |                                                                                                              |
|         |                                | Physical Requirements                                                                           |                                                                                                              |
|         |                                | A Age                                                                                           |                                                                                                              |
|         |                                | Knowledge of English                                                                            |                                                                                                              |
| _       |                                | P Driver Licensing                                                                              | EXPANSION OF NEW HIRE APPLICATION                                                                            |
|         | OLAL IEICATIONS                | P Operating Skills                                                                              | PROCESS TO EMPHASIZE IMPORTANCE OF                                                                           |
|         | CULLICATIONS                   | Criminal Record Checks                                                                          | SAFETY, SECURITY AND EMERGENCY                                                                               |
|         |                                | Ability to perform simple math                                                                  | PROCEDURES                                                                                                   |
|         |                                | Reasonable knowledge of the service area                                                        |                                                                                                              |
|         |                                | and ability to read basic maps                                                                  |                                                                                                              |
|         |                                | A road test given by a designated Agency                                                        |                                                                                                              |
|         | •                              | Supervisor is required                                                                          |                                                                                                              |
|         |                                | > A written driving skills test is required                                                     |                                                                                                              |

Appendix A Vehicle Safety Program Implications

Empire Transportation, Inc. SSEPP

Appendix A Page 1 of 5

| COVERED POLICIES AND PROCEDURES<br>Preventable State Guidelines and<br>Regulations<br>Pre and State Guidelines and<br>Regulations<br>Preventations and Maneuvering<br>Vehicle Familiarization<br>Vehicle Familiari | VEHICLE | VEHICLE SAFETY PROGRAM                              |                                 |                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------|---------------------------------|-----------------------------------|
| TITLE       TITLE         TITLE       Agency Policies and Procedures         Federal and State Guidelines and Regulations       Pre and Post Trip Inspections         Vehicle Familiarization       Vehicle Familiarization         NITITAL TRAINING       Vehicle Familiarization         Basic Operations and Maneuvering       Vehicle Familiarization         NITITAL TRAINING       Basic Operations and Maneuvering         Basic Operations and Maneuvering       Vehicle Familiarization         DRIVER       Basic Operations and Maneuvering         Passenger Assistance Training – DRIVE       Passenger Assistance Training – DRIVE         Training - refresher/retraining       On Road         Preventable accord checks       Motor vehicle record checks         ONGOING       Seat-belt usage         SupERVISION AND       Seat-belt usage         Preventable accidents/fnjuries       Discipline/recognition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | PLAN                                                | COVERED POLICIES AND PROCEDURES | ADDITIONAL ISSUES IN SSED DDOCDAM |
| Pagency Policies and Procedures         Pre and State Guidelines and<br>Regulations         Pre and Post Trip Inspections         Vehicle Familiarization         Vehicle Familiarization         Pre and Post Trip Inspections         Vehicle Familiarization         Vehicle Familiarian         Vehicle Familiarian <tr< th=""><th>SECTION</th><th>TTLE</th><th></th><th></th></tr<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SECTION | TTLE                                                |                                 |                                   |
| Training - refresher/retraining         Training - refresher/retraining         Evaluation and supervision         DRIVERS -         Notor vehicle record checks         ONGOING         SUPERVISION AND         TRAINING         Preventable accidents/injuries         Preventable accidents/injuries                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | DRIVER<br>INITITAL TRAINING                         |                                 |                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         | DRIVERS -<br>ONGOING<br>SUPERVISION AND<br>TRAINING | АЛАААААА                        |                                   |

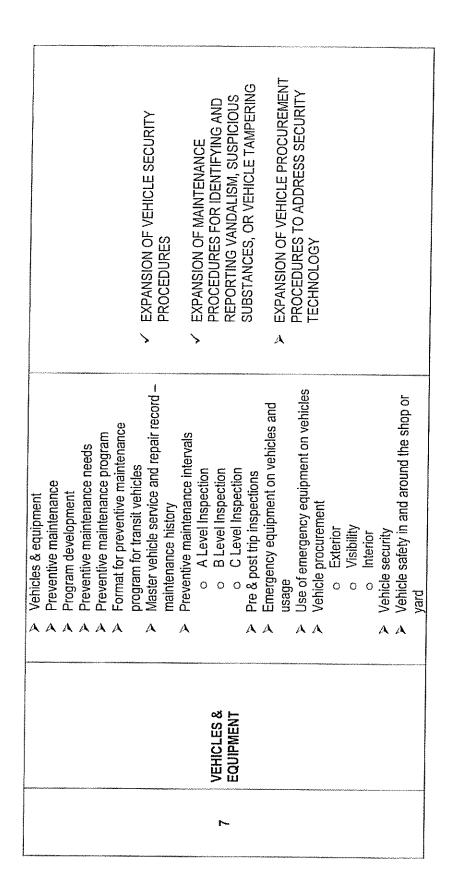
Empire Transportation, Inc. SSEPP

Appendix A Page 2 of 5

|              |            | Emergency driving procedures     Accident causes     Silinnary road curfaces |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------|------------|------------------------------------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|              |            |                                                                              |                                                  | EXPANSION OF EMERGENCY PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|              |            | <ul> <li>Driving through water</li> </ul>                                    |                                                  | TO INCLUDE ADDITIONAL SECURITY AND                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|              | EMERGENCY  | o Winter driving                                                             | -                                                | EMERGENCY CONDITIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Ś            | DRIVING    |                                                                              | ler                                              | EXPANSION OF EMERGENCY PROCEDURES                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| middimension | PROCEDURES | <ul> <li>Vehicle breakdowns and unavoidable</li> </ul>                       | lable                                            | TO INCLUDE SUPPORT OF COMMUNITY                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|              |            | stops                                                                        |                                                  | RESPONSE TO A MAJOR EVENT OR                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ********     |            | Vehicle fire/evacuation                                                      | 9405.emetuk                                      | EMERGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|              |            | P Hold up/robbery                                                            | ininii in an an an an an an an an an an an an an | Y EMERGENCY TRAINING AND EVED CICINC                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|              |            | P Natural disasters                                                          |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|              |            | o Tornado                                                                    |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|              |            | <ul> <li>Flood procedures - vehicle</li> </ul>                               | e                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|              |            | Ceneral guidelines                                                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|              |            | > Seat-belts                                                                 |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|              |            | Child safety seats                                                           |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| ********     |            | Mobility device securement and passenger                                     | assenger                                         | EXPANSION OF PROCEDURES FOR     EXPLANSION OF PROCEDURES |
| c            | PASSENGER  | restraint systems                                                            | )                                                | MANAGING DIFFICULT PASSENGERS                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|              | SAFETY     | Difficult passengers                                                         |                                                  | <ul> <li>CLARIFICATIONS REGARDING FIRST AID AND</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                           |
| *****        | ******     | Medical condition                                                            | An an han such yaar maa                          | BLOODBORNE PATHOGENS/INFECTION                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|              |            | Y First aid                                                                  |                                                  | CONTROL                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|              |            | Bloodborne pathogens/infection control                                       | control                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|              |            |                                                                              |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|              |            |                                                                              |                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

Empire Transportation, Inc. SSEPP

Appendix A Page 3 of 5



Empire Transportation, Inc. SSEPP

Appendix A Page 4 of 5

| ω  | ACCIDENT<br>MANAGEMENT<br>INSURANCE                    | <ul> <li>Accident documentation packet</li> <li>Accident notification procedures – driver<br/>responsibility</li> <li>Accident investigation – management<br/>responsibility</li> <li>Accident investigation kit</li> <li>Accident investigation kit</li> <li>Perconstruction &amp; analysis</li> <li>Drug and alcohol tests</li> <li>Media relations and crises communication<br/>after an accident</li> </ul> | <ul> <li>ADDITIONAL TOOLS FOR ACCIDENT<br/>DOCUMENT PACKET TO ADDRESS<br/>SECURITY</li> <li>ADDITIONAL TOOLS FOR MEDIA RELATIONS</li> </ul> |
|----|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| 5  | CLAIMS AND<br>LITIGATION<br>MANAGEMENT                 | <ul> <li>Dealing with adjusters</li> <li>Dealing with attorneys – ours/theirs</li> </ul>                                                                                                                                                                                                                                                                                                                        | ADDITIONAL CONSIDERATIONS FOR<br>COVERAGE                                                                                                   |
| 10 | UAY IO DAY<br>OPERATIONS -<br>MONITORING FOR<br>SAFETY | <ul> <li>P Record keeping</li> <li>P Keeping informed</li> <li>O Websites</li> <li>O Publications</li> </ul>                                                                                                                                                                                                                                                                                                    | ADDITIONAL REPORTS FOR SECURITY-<br>RELATED INCIDENTS                                                                                       |
|    |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                             |

Empire Transportation, Inc. SSEPP

Appendix A Page 5 of 5

## Appendix B Bomb Threat Procedures

#### **Bomb Threat Procedures**

In recent years the use and threatened use of explosives in our society has increased at an alarming rate. Organizations must prepare a plan of action to respond effectively. This brief provides guidelines that will assist transit agencies in developing a procedure specific to their particular environment.

#### Steps to Be Considered

When faced with a bomb threat, the primary concern must always be the safety of passengers, employees, and emergency responders. Use of other disaster or emergency procedures do not address all the issues raised by a bomb threat.

For example, in the instance of a fire, effort is directed at evacuating the occupants in a quick and orderly manner. In the case of a bomb threat, if evacuation is initiated, the exit routes and assembly areas should be searched prior to vacating the premises. The potential hazard remains when a building is evacuated before a search has been made. Personnel cannot safely reoccupy the building and resume normal activities until a search has been conducted. Such problems require a procedure with the following steps:

Step 1: Threat Reception
Step 2: Threat Evaluation
Step 3: Search Procedure
Step 4: Locating Unidentified Suspicious Objects
Step 5: Evacuation Procedure
Step 6: Re-occupation of Building
Step 7: Training of Essential Personnel

#### **Step 1: Threat Reception**

Telephone Threats (threat to detonate explosive is phoned into system) Caller is the person who placed the device Caller has knowledge of who placed the device Caller wants to disrupt system operation

Written Threats (threat to detonate explosive is written into system) May be more serious than phoned-in threats Written threats are generally more difficult to trace than phoned-in threats

Letter and Package Threats (suspicious package or letter is delivered to agency) These threats serve a variety of purposes, but, generally, they are directed at specific system personnel rather than at the system as a whole.

Appendix B Page 1 of 9 The personal motivations of the criminal may be more important in these types of threats

Bomb threats are normally transmitted by phone. The person receiving the call should be prepared to obtain precise information, which is included on the Bomb Threat Checklist which should be available to all personnel whose regular job is phone intake.

The caller may provide specific information by answering these questions. Often the type of person making a threat of this nature becomes so involved that they will answer questions impulsively. Any additional information obtained will be helpful to police and explosive technicians.

#### Step 2: Threat Evaluation

Two basic descriptions of threats can be identified:

- Non-specific threat: This is the most common type of threat, usually with little information given other than, "There is a bomb in your building."
- Specific threat: This threat is given in more detail. Reference is often made to the exact location of the device, or the time it will detonate.

Specific threats should be considered more serious in nature, requiring a more concerted effort in the response. The non-specific threat, however, cannot be ignored. A policy must be developed to respond effectively to both threat levels.

Certain actions should be taken regardless of the threat category: Notify law enforcement (whether internal transit police and/or security or local law enforcement) Notify management personnel Initiate the search procedure Search before evacuation of personnel (employee search)

Search after evacuation of personnel (volunteer search)

Notification to internal and/or external law enforcement, security and management personnel should be prompt, and include as much detail as possible. The person who received the threatening call should be available immediately for interviewing. Copies of the completed threat checklist should be readily available to all who may need it.

The appropriate search procedure should be initiated. Searches in the transit environment – as in many other environments – have two major constraints:

Radio communication cannot be used (it may detonate the device)

The environment is specialized, therefore, it cannot be searched effectively by outsiders

To address these concerns, personnel who work in a particular area, or who are responsible for an area, should be used. Not only will these personnel provide a much more thorough search than outside responders, but they are knowledgeable concerning station or facility emergency communication systems, and can access "land line" telephones to manage communications more effectively during the search. A system that utilizes the employees – after evacuations have been ordered – should always and only use volunteers.

The following criteria help determine what immediate action to take:

Factors favoring a search before the movement of personnel (occupant search):

There is a high incidence of hoax telephone threats Effective security arrangements have been established Information in the warning is imprecise or incorrect The caller sounded intoxicated, amused, or very young The prevailing threat of terrorist activity is low

Factors favoring movement of personnel before searching (volunteer search):

The area is comparatively open Information in the warning is precise as to the matters of location, a description of the device, the timing, and the motive for the attack A prevailing threat of terrorist activity is high

#### Step 3: Search Procedure

Pre-planning and coordination of employees are essential in implementing an effective search of transit premises, particularly for large stations and facilities. A printed facility schematic should be identified for each major transit facility. Wherever possible, the facility should be divided into zones or sections (prior to the actual conduct of the search), and volunteer personnel – familiar with the zone or section – identified to support the search, by shift or position. Back-ups and supporting volunteers should also be identified for each zone or segment. The facility schematics should be available to those responsible for managing bomb threats and searches. Not only will these schematics support identification and assembly of the volunteer search team, but also, as the search is conducted, each area can be "crossed off" the plan as it is searched.

Areas that are accessible to the public require special attention during a search, and may be vitally important if an evacuation is to be conducted. The level of the search should be in a level that relates to the perceived threat level:

An occupant search is used when the threat's credibility is low. Occupants search their own areas. The search is completed quickly because occupants know their area and are most likely to notice anything unusual.

The volunteer team search is used when the threat's credibility is high. The search is very thorough and places the minimum number of personnel at risk. Evacuate the area completely, and ensure that it remains evacuated until the search is complete. Search teams will make a slow, thorough, systematic search of the area.

During the search procedure the question often arises, "What am I looking for?" The basic rule is: Look for something that does not belong, or is out of the ordinary, or out of place. Conduct the search quickly, yet thoroughly, keeping the search time to a maximum of 15 to 20 minutes. Both the interior and exterior of the facility should be searched.

Historically, the following areas have been used to conceal explosive or hoax devices in the transit environment:

| Outside Facility Areas  | Inside Facility                       |
|-------------------------|---------------------------------------|
| Trash cans              | Ceilings with removable panels        |
| Dumpsters               | Overhead nooks                        |
| Mailboxes               | Areas behind artwork, sculptures and  |
| Bushes                  | benches                               |
| Street drainage systems | Recently repaired/patched segments of |
| Storage areas           | walls, floors, or ceilings            |
| Parked cars             | Elevator shafts                       |
| Shrubbery               | Restrooms                             |
| Newspaper Stands        | Behind access doors                   |
|                         | In crawl spaces                       |
|                         | Behind electrical fixtures            |
|                         | In storage areas and utility rooms    |
|                         | Trash receptacles                     |
|                         | Mail rooms                            |
|                         | Fire hose racks                       |

Depending on the nature of the threat, searches may expand to include transit vehicles. In extremely rare instances, dispatchers have instructed operators on certain bus routes to immediately bring their vehicles to a safe location, unload passengers, and walk-through the vehicle – looking for unidentified packages. In other instances, evacuated vehicles have been met by law enforcement officers, who actually conduct the search, including the vehicle undercarriage and rooftop areas.

#### Step 4: Locating an Unidentified Suspicious Package

If an unidentified or suspicious object is found, all personnel should be instructed (1) to leave the object in place DO NOT MOVE IT and (2) to report it to central dispatch or the search team leader immediately. The following information is essential:

Location of the object Reason(s) suspected Description of the object Any other useful information – how difficult to secure area, evacuate, nearest emergency exits, etc.

Based on this information, decisions will be made regarding the following:

Removal of persons at risk

Establishment of perimeter control of the area to ensure that no one approaches or attempts to move the object

Activities to establish ownership of the object. (In the event that legitimate property has been left behind in error prior to the bomb threat being received.)

Assignment of someone familiar with the building and the area where the object is located to meet the police/bomb team/fire fighter personnel on their arrival (in the event that they have been called)

Continue implementation of search procedure until all areas have reported to the central control, as there may be more than one unidentified object

While volunteers and public safety personnel are conducting the search, and particularly while they are managing response to a suspicious package, they should keep in mind the following information:

Improvised Explosive Devices (IEDs) and other types of bombs inflict casualties in a variety of ways, including the following:

Blast over pressure (a crushing action on vital components of the body; eardrums are the most vulnerable).

Falling structural material.

Flying debris (especially glass).

Asphyxiation (lack of oxygen).

Sudden body translation against rigid barriers or objects (being picked up and thrown by a pressure wave).

Bomb fragments.

Burns from incendiary devices or fires resulting from blast damage. Inhalation of toxic fumes resulting from fires.

The following are four general rules to follow to avoid injury from an IED:

Move as far from a suspicious object as possible without being in further danger from other hazards such as traffic or secondary sources of explosion

Stay out of the object's line-of-sight, thereby reducing the hazard of injury because of direct fragmentation

Keep away from glass windows and materials that could become flying debris

Remain alert for additional or secondary explosive devices in the immediate area, especially if the existence of a bomb-threat evacuation assembly area has been highly publicized

#### **Step 5: Evacuation Procedure**

If an unidentified object is found, a quiet and systematic evacuation from the area should be conducted. Prior to evacuation, all areas used in the evacuation route must be searched: stairwells, corridors, elevators, and doorways. When these areas have been checked, volunteer personnel should be assigned to direct other personnel along the searched exit routes.

As a general guideline, evacuation should be to a minimum distance of 300 feet in all directions from the suspicious package, including the area above and below the site, giving regard to the type of building construction (thin walls, glass) and the size of the suspicious package. Elevators should not be used to evacuate people under normal circumstances. A power failure could leave them trapped in a hazardous area. Attention should be paid to the need for special transportation requirements of persons with disabilities.

The essential task in evacuation procedures is to direct people to quietly leave the premises, using tact and power of suggestion, in an effort to maintain control and avoid panic. Once a complete or partial evacuation has taken place, there must be some form of accounting for all personnel. This may be a difficult task, but a necessary one to ensure the safety of all personnel.

Assembly areas should be pre-selected and well known to personnel. Establish a clearly defined procedure for controlling, marshalling, and checking personnel within the assembly area. If possible, for major transit stations, assembly areas should be coordinated with local police in advance. Assembly areas are selected using the following criteria:

- Locate assembly areas at least 300 feet from the likely target or building (if possible).
- Locate assembly areas in areas where there is little chance of an IED being hidden. Open spaces are best. Avoid parking areas because IEDs can be easily hidden in vehicles.
- Select alternate assembly areas to reduce the likelihood of ambush with a second device or small-arms fire. If possible, search the assembly area before personnel occupy the space.
- Avoid locating assembly areas near expanses of plate glass or windows. Blast effects can cause windows to be sucked outward rather than blown inward.
- Select multiple assembly areas (if possible) to reduce the concentration of key personnel. Drill and exercise personnel to go to different assembly areas to avoid developing an evacuation and emergency pattern that can be used by perpetrators to attack identifiable key personnel.

#### Step 6: Re-Occupation of Station/Facility

Re-occupation of the building is a decision that must be made by an appropriate management or law enforcement official. If the evacuation was made without a search, the premises should be searched before re-occupation.

#### Step 7: Training

Any effective threat procedure must be accompanied with an adequate training program. Training the essential personnel should encompass both the preventative and operational aspects of the procedure. Prevention can be accomplished through employee awareness, developing good housekeeping habits, and being on the alert for suspicious items and persons.

Operational training may include lectures by transit police and security instructional staff or guest speakers, in-service training classes, and practical training exercises. Evacuation and search drills should be performed periodically under the supervision of transit police or local law enforcement. Coordination with local law enforcement is particularly important for those small agencies with no internal security.

#### Conclusion

Considering recent events, it is advisable to consider all threats serious. A well-prepared and rehearsed plan will ensure an effective, quick search with minimal disruption of normal operation. Panic and possible tragedy can be avoided. Appropriate security, heightened employee and passenger awareness, and good housekeeping controls will identify many potential problems.

Emprie Transportation, Inc. SSEPP

Appendix B Page 6 of 9

# **Bomb Threats**

By Phone – If you receive a bomb threat by phone you should

Stay Calm Activate phone recording if available Listen carefully, take notes of exact words Keep the caller talking

Get as much of the following information as possible. It is likely the caller will not give the specifics, but engaging in conversation with the person may cause the caller to reveal things. If possible signal a supervisor, write a note or have a hand signal that will be recognized, in the office to call the police while you're on the line and notify them of what is occurring.

Also listen carefully and take note of any of the following: You are looking for hints about who the person is, where they were when they made the call. If you see caller id write that down immediately.

## By Mail -

- Place all papers and envelopes with the threat in a bag or large envelope (clear plastic preferable). Pick it up at the edge.
- Do not handle the letter or envelope unnecessarily. It may contain fingerprints that can be used for evidence. And do not allow anyone else to touch unless senior management authorizes it.
- Preserve the document for the police and fire departments.

# After the threat has been received. (By phone or mail)

- Contact the emergency response units. (911)
- Notify the senior manager on site.

The senior manager will determine if the building should be evacuated, and take control of management of the situation.

**Do not share everything with everyone.** Go immediately to the supervisor or project manager to give them the information. Do not share it with the coworkers around you as you may cause unnecessary panic.

# **Bomb Threat Checklist**

| Exact time and date of call: |                                          |                                        |                                                                  |  |  |
|------------------------------|------------------------------------------|----------------------------------------|------------------------------------------------------------------|--|--|
| Exact words of caller:       |                                          |                                        |                                                                  |  |  |
|                              |                                          |                                        |                                                                  |  |  |
|                              | 3-10-2-10-2-10-2-10-2-10-2-10-2-10-2-10- | ************************************** | <b>Mar Sava B</b> ana and an an an an an an an an an an an an an |  |  |
|                              | <b>.</b>                                 |                                        |                                                                  |  |  |
| Voice                        | Accent                                   | Manner<br>Calm                         | Background Noise                                                 |  |  |
| High Pitched                 | Foreign                                  | Rational                               | Bedlam                                                           |  |  |
| 🗌 Raspy                      | Race                                     | Coherent                               | Music                                                            |  |  |
| Intoxicated                  | Not Local                                | Deliberate                             | Office Machines                                                  |  |  |
| Soft                         | Region                                   | Righteous                              | Mixed                                                            |  |  |
| Deep                         |                                          |                                        | Street Traffic                                                   |  |  |
| Pleasant                     | Local                                    | Irrational                             | Trains                                                           |  |  |
| Other                        | Foreign                                  | Incoherent                             | Animals                                                          |  |  |
| Raspy                        | Race                                     | Emotional                              | Quiet                                                            |  |  |
| High Pitched                 | 🗌 Not Local                              | Laughing                               | Voices                                                           |  |  |
| Loud                         | Region                                   |                                        | Airplanes                                                        |  |  |
|                              |                                          |                                        | Party Atmosphere                                                 |  |  |
| Language                     | Speech                                   | Familiarity with '                     | Threatened Facility                                              |  |  |
| Excellent                    | Fast                                     | Much                                   |                                                                  |  |  |
| 🗌 Fair                       | Distinct                                 | Some                                   |                                                                  |  |  |
| Foul                         | Stutter                                  | None                                   |                                                                  |  |  |
| Good                         | Slurred                                  |                                        |                                                                  |  |  |
| Poor                         | Slow                                     |                                        |                                                                  |  |  |
| Other                        | Distorted                                |                                        |                                                                  |  |  |
| Pleasant                     | 🗌 Nasal                                  |                                        |                                                                  |  |  |
| Other                        | Lisp                                     |                                        |                                                                  |  |  |
| Raspy                        | Other                                    |                                        |                                                                  |  |  |

#### Questions to Ask the Caller

When is the bomb going to explode?

Where is the bomb?

What does it look like?

What kind of bomb is it?

What will cause it to explode?

Did you place the bomb?

Why did you place the bomb?

Where are you calling from?

What is your address?

What is your name?

#### Observations

If the voice is familiar, whom did it sound like?

Were there any background noises?

Telephone number call received at:

Person receiving call:

Additional Comments:

Emprie Transportation, Inc. SSEPP

Appendix B Page 9 of 9

# Appendix C Reporting Criminal Activity

If you observe a crime in progress or behavior that you suspect is criminal, immediately notify dispatch, if you are driving a vehicle, or your supervisor, if you are at a facility. If directed by dispatch or the supervisor, contact local police. Report as much information as possible including:

Activity: What is happening? (Use plain language. Avoid assumptions. Stay with facts.)

Description of Involved People: For each involved person, provide:

- Height
- Weight
- Gender
- Clothing
- Weapons
- Distinguishing characteristics

<u>Location</u>: Describe exactly where the criminal activity is occurring. If the activity is "moving," describe the direction of travel.

Vehicle: If a vehicle is involved, please provide the following:

- Color
- Year
- Make
- Model
- License

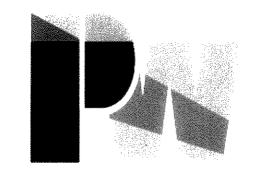
# DO NOT APPROACH OR ATTEMPT TO APPREHEND THE PERSON(S) INVOLVED.

Stay on the telephone with the police dispatcher and provide additional information as changes in the situation occur, until the first police officer arrives at your location.

Document to be used in training of drivers, dispatch personnel.

Empire Transporation, Inc. SSEPP

Appendix C Page 1 of 1 PROPOSAL FOR



Public Works LOS ANGELES COUNTY

**Proposal submitted by:** 



Whittier Dial-A-Ride Service (BRC0000274)

March 29, 2022

|                      | Table of Contents                                                                       | EMPIRE |
|----------------------|-----------------------------------------------------------------------------------------|--------|
| Letter of Tran       | smittal                                                                                 |        |
| <b>Required Form</b> | ns                                                                                      |        |
| PW-2.1-2.7           | Schedule of Prices                                                                      |        |
| PW-8.1               | List of Subcontractors                                                                  |        |
| PW-9                 | Firm/Organization Information                                                           |        |
| PW-9.1               | NOT APPLICABLE - NOT SUBMITTED                                                          |        |
| PW-10.1              | GAIN and GROW Employment Commitment                                                     |        |
| PW-11.1              | NOT APPLICABLE - NOT SUBMITTED                                                          |        |
| PW-17.1              | Zero Tolerance Human Trafficking Policy<br>Certification                                |        |
| PW-18.1              | Bidder's Compliance with the Minimum<br>Requirements of IFB                             |        |
| PW-19.1              | Statement of Equipment Form- Supplemental                                               |        |
| PW-20.1              | Displaced Transit Employee Declaration                                                  |        |
| PW-21.1              | Compliance with Fair Chance Employment<br>Hiring Practices Certification - Supplemental |        |
| PW-22.1              | Covid-19 Vaccination Cert. of Compliance                                                |        |
| LW-2.1               | Living Wage Program                                                                     |        |
| LW-4.1               | Acknowledgement and Statement of<br>Compliance for Living Wage Ordinance                |        |
| LW-8.1-8.6           | Proposer's Staffing Plan & Cost Methodology                                             |        |
| Appendix             |                                                                                         |        |
| i                    | 2022, 2021 & 2020 CHP Inspections                                                       |        |



March 29, 2022

Eric Fong Los Angeles County Department of Public Works Administrative Services Division – 9<sup>th</sup> Floor 900 South Fremont Avenue Alhambra, CA 91803-1331

#### Re: Proposal - Whittier Dial-A-Ride - (BRC0000274)

Dear Mr. Fong:

Thank you for the opportunity to present a proposal for the Whittier Dial-A-Ride Service. We have successfully provided shuttle services the Department of Public Works for the unincorporated area in Whittier since 2014. We have established rewarding professional relationships with the Department of Public Works, County of Los Angeles, AltaMed and the City of Bellflower, among other customers, by providing the best service with emphasis in quality of care and efficiency.

We understand this procurement process is price driven. As you will see, we are providing a competitive price that will allow us to continue to provide safe, customer service oriented, ADA compliant and transparent services to DPW, County of Los Angeles. The required Living Wage Ordinance (LWO) rates were calculated by using historical CPI data. The current LWO rate of \$17.14 was used as the base, and CPI was applied to each year of the term of the contract. We acknowledge the importance of compliance with the LWO.

We feel that we are the best company to continue to provide this service based on our proven experience, currently established operational infrastructure, facility, and management structure. It has been an honor providing these services to the LA DPW since 2014, and we hope to continue our working relationship for many years to come.

As Co-owner, President, and Chief Operating Officer, I am authorized to submit this proposal and to represent the Company throughout the process. We have made a thorough analysis of Addendum #1, as well as the included specifications, and have taken no exception to those requirements in our proposal. We look forward to working with DPW staff as the selection process continues.

rífe President & Chief Operating Officer

BRINGING PEOPLE AND PLACES TOGETHER SINCE 1968 8800 Park Street, Beilliower, CA 90706 • 562-529-2676 Ext. 114 • FAX 562-529-2220 • E-Mail <u>baguirre@emptransportation.com</u>

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

| ltem | Description                                                  | Hourly Rate Esti      |            | Proposed Price<br>(Hourly Rate x Estimated<br>Annual Hours) |
|------|--------------------------------------------------------------|-----------------------|------------|-------------------------------------------------------------|
| 1.   | Rate for County-Owned<br>Service Vehicle                     | \$ <u>60.68</u> /Hour | 8,500      | \$ <u>515,780.00</u>                                        |
| 2.   | Rate for Contractor-Provided<br>Service Vehicle <sup>1</sup> | \$65.25/Hour          | 250        | \$16,312.50                                                 |
|      | ESTIN                                                        | 8,750                 |            |                                                             |
|      | PROP                                                         |                       | OSED PRICE | \$532,092.50                                                |

| ····· | OPTIONAL SUPPLEMENTAL TAXI RATE                 |                      |                    |                                                                                   |  |
|-------|-------------------------------------------------|----------------------|--------------------|-----------------------------------------------------------------------------------|--|
| ltem  | Description                                     | Cost Per Mile        | Estimated<br>Miles | Optional Supplemental<br>Taxi Price<br>(Cost Per Mile x Estimated<br>Annual Mile) |  |
| 1.    | Supplemental Taxi Rate per<br>Mile – (Optional) | \$ <u>3.79</u> /Mile | 1,500              | \$5,685.00                                                                        |  |

The optional Supplemental Taxl Rate will not be calculated as part of the Total Proposed Price

| LEGAL NAME OF BOOGR<br>Empire Transportation, Inc. |            |  |
|----------------------------------------------------|------------|--|
| SIGNATURE OF TERSON AUT TO AUTO TO SUPPORT BID     |            |  |
| TITLEDE AUTHORIZED PERSON                          | Date       |  |
| President & COO                                    | 03/21/2022 |  |
|                                                    |            |  |

<sup>&</sup>lt;sup>1</sup> We estimate 250 Vehicle Revenue hours for FY 2023 In case a County Vehicle Is in an accident and is out of service for an extended period of time.

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

| ltem | Item Description Hourly Rate                                 |                       | Estimated<br>Annual Hours | Proposed Annual Price<br>(Hourly Rate x Estimated<br>Annual Hours) |
|------|--------------------------------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------|
| 1.   | Rate for County-Owned<br>Service Vehicle                     | \$ <u>61.47</u> /Hour | 17,000                    | \$ <u>1,044,990.00</u>                                             |
| 2.   | Rate for Contractor-Provided<br>Service Vehicle <sup>1</sup> | \$ <u>66.14</u> /Hour | 500                       | \$33,070.00                                                        |
|      | ESTIMATED TO                                                 | 17,500                |                           |                                                                    |
|      |                                                              | NUAL PRICE            | \$                        |                                                                    |

|      | OPTIONAL SUPPLEMENTAL TAXI RATE                 |                      |                           |                                                                                   |  |  |
|------|-------------------------------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------|--|--|
| ltem | Description                                     | Cost Per Mile        | Estimated<br>Annual Miles | Optional Supplemental<br>Taxi Price<br>(Cost Per Mile x Estimated<br>Annual Mile) |  |  |
| 1.   | Supplemental Taxi Rate per<br>Mile – (Optional) | \$ <u>3.79</u> /Mile | 3,000                     | \$11,370.00                                                                       |  |  |

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

| Legal Nome of Dicoer<br>Empire Transportation, Inc. |            |
|-----------------------------------------------------|------------|
| SIGNATURE OF FERSON ANT HORSED TO SUBART BRD        |            |
| TITLEOF AUTHONISED PERSON                           | DATE       |
| President & COO of Empire Transportation            | 03/21/2022 |
|                                                     |            |

<sup>&</sup>lt;sup>1</sup> We estimate 500 Vehicle Revenue hours for FY 2023-24 in case a County Vehicle is in an accident and is out of service for an extended period of time.

The undersigned Bidder offers to perform the work described in the invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

| ltem | Description                                                  | Hourly Rate           | Estimated<br>Annual Hours | Proposed Annual Price<br>(Hourly Rate x Estimated<br>Annual Hours) |
|------|--------------------------------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------|
| 1.   | Rate for County-Owned<br>Service Vehicle                     | \$                    | 17,000                    | \$1,058,590.00                                                     |
| 2.   | Rate for Contractor-Provided<br>Service Vehicle <sup>1</sup> | \$ <u>66.93</u> /Hour | 500                       | \$33,465.00                                                        |
|      | ESTIMATED TOTAL ANNUAL HOURS                                 |                       |                           |                                                                    |
|      | PROPOSED ANI                                                 |                       |                           | \$                                                                 |

| OPTIONAL SUPPLEMENTAL TAXI RATE |                                                 |                      |                                        |                                                                                   |
|---------------------------------|-------------------------------------------------|----------------------|----------------------------------------|-----------------------------------------------------------------------------------|
| ltem                            | Description                                     | Cost Per Mile        | Estimated<br>Annual Mi <del>le</del> s | Optional Supplemental<br>Taxi Price<br>(Cost Per Mile x Estimated<br>Annual Mile) |
| 1.                              | Supplemental Taxi Rate per<br>Mile – (Optional) | \$ <u>3.79</u> /Mile | 3,000                                  | \$11,370.00                                                                       |

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

| LEGAL NAME OF BIODER                         |            |
|----------------------------------------------|------------|
|                                              |            |
| Empire Transportation, Inc.                  |            |
| SIGNATURE OF PERSON AUTHORIZED TO SUBMIT BIO |            |
| NX Z                                         |            |
| TITUE OF ADMORIZED PERSON                    | Date       |
| President & COO                              | 03/21/2022 |
|                                              |            |

<sup>&</sup>lt;sup>1</sup> We estimate 500 Vehicle Revenue hours for FY 2024-25 in case a County Vehicle is in an accident and is out of service for an extended period of time.

The undersigned Bidder offers to perform the work described in the invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

| ltem | Description                                                  | Hourly Rate           | Estimated<br>Annual Hours | Proposed Annual Price<br>(Hourly Rate x Estimated<br>Annual Hours) |
|------|--------------------------------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------|
| 1.   | Rate for County-Owned<br>Service Vehicle                     | \$ <u>63.07</u> /Hour | 17,000                    | \$                                                                 |
| 2.   | Rate for Contractor-Provided<br>Service Vehicle <sup>1</sup> | \$ <u>67.79</u> /Hour | 500                       | \$33,895.00                                                        |
|      | ESTIMATED TOTAL ANNUAL HOURS 17,500                          |                       |                           |                                                                    |
|      | PROPOSED ANNUAL PRICE                                        |                       |                           | \$                                                                 |

|      | OPTIONAL SUPPLEMENTAL TAXI RATE                 |                      |                           |                                                                                   |  |
|------|-------------------------------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------|--|
| ltem | Description                                     | Cost Per Mile        | Estimated<br>Annual Miles | Optional Supplemental<br>Taxi Price<br>(Cost Per Mile x Estimated<br>Annual Mile) |  |
| 1.   | Supplemental Taxi Rate per<br>Mile – (Optional) | \$ <u>3.80</u> /Mile | 3,000                     | \$                                                                                |  |

The optional Supplemental Taxl Rate will not be calculated as part of the Total Proposed Annual Price

| LEGAL NAME OF BROOER                        |            |
|---------------------------------------------|------------|
| Empire Transportation, Inc.                 |            |
| SIGNATURE OF PERSON AUTHORIZED TO SUMMI BID |            |
|                                             |            |
| TITLE OF AUTHORIZED PHILSON                 | DATE       |
| President & COO ()                          | 03/21/2022 |
|                                             |            |

<sup>&</sup>lt;sup>1</sup> We estimate 500 Vehicle Revenue hours for FY 2025-26 in case a County Vehicle is in an accident and is out of service for an extended period of time.

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

| item | Description                                                  | Hourly Rate           | Estimated<br>Annual Hours | Proposed Annual Price<br>(Hourly Rate x Estimated<br>Annual Hours) |
|------|--------------------------------------------------------------|-----------------------|---------------------------|--------------------------------------------------------------------|
| 1.   | Rate for County-Owned<br>Service Vehicle                     | \$ <u>63.87</u> /Hour | 17,000                    | \$ <u>1,085,790.00</u>                                             |
| 2.   | Rate for Contractor-Provided<br>Service Vehicle <sup>1</sup> | \$ <u>68.58</u> /Hour | 500                       | \$34,290.00                                                        |
|      | ESTIMATED TOTAL ANNUAL HOURS                                 |                       |                           |                                                                    |
|      | PROPOSED ANI                                                 |                       |                           | \$                                                                 |

|      | OPTIONAL SUPPLEMENTAL TAXI RATE                 |                      |                           |                                                                                   |  |
|------|-------------------------------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------|--|
| ltem | Description                                     | Cost Per Mile        | Estimated<br>Annual Miles | Optional Supplemental<br>Taxl Price<br>(Cost Per Mile x Estimated<br>Annual Mile) |  |
| 1.   | Supplemental Taxi Rate per<br>Mile – (Optional) | \$ <u>3.80</u> /Mile | 3,000                     | \$11,400.00                                                                       |  |

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

| Empire Transportation, Inc.              |            |  |
|------------------------------------------|------------|--|
| SHOWNTURFOR POSON AUTIONZED TO Super BID |            |  |
| TITLE OF AUTHORIZED PERBON               | DATE       |  |
| President & COO                          | 03/21/2022 |  |
|                                          |            |  |

<sup>&</sup>lt;sup>1</sup> We estimate 500 Vehicle Revenue hours for FY 2026-27 in case a County Vehicle is in an accident and is out of service for an extended period of time.

The undersigned Bidder offers to perform the work described in the invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual quantities, whatever they may be.

| ltem | Description                                                  | Hourly Rate             | Estimated<br>Annual Hours | Proposed Annual Price<br>(Hourly Rate x Estimated<br>Annual Hours) |
|------|--------------------------------------------------------------|-------------------------|---------------------------|--------------------------------------------------------------------|
| 1.   | Rate for County-Owned<br>Service Vehicle                     | \$ <u>64.67</u> /Hour   | 17,000                    | \$ <u>1,099,390.00</u>                                             |
| 2.   | Rate for Contractor-Provided<br>Service Vehicle <sup>1</sup> | \$_ <u>69.38</u> _/Hour | 500                       | \$34,690.00                                                        |
|      | ESTIMATED TO                                                 | TAL ANNUAL HOURS        | 17,500                    |                                                                    |
|      |                                                              | PROPOSED AN             | NUAL PRICE                | \$_1,134,080.00                                                    |

|      | OPTIONAL SUPPLEMENTAL TAXI RATE                 |                      |                           |                                                                                   |  |
|------|-------------------------------------------------|----------------------|---------------------------|-----------------------------------------------------------------------------------|--|
| ltem | Description                                     | Cost Per Mile        | Estimated<br>Annual Miles | Optional Supplemental<br>Taxi Price<br>(Cost Per Mile x Estimated<br>Annual Mile) |  |
| 1.   | Supplemental Taxi Rate per<br>Mile – (Optional) | \$ <u>3,80</u> /Mile | 3,000                     | \$ <u>11,400.00</u>                                                               |  |

The optional Supplemental Taxi Rate will not be calculated as part of the Total Proposed Annual Price

| DATE       |
|------------|
| 03/21/2022 |
|            |

<sup>&</sup>lt;sup>1</sup> We estimate 500 Vehicle Revenue hours for FY 2027-28 in case a County Vehicle is in an accident and is out of service for an extended period of time.

The undersigned Bidder offers to perform the work described in the Invitation for Bids (IFB) for the following price(s). The Bidder rate(s) (hourly, monthly, etc.) shall include all administrative costs, labor, supervision, overtime, materials, transportation, taxes, equipment, and supplies unless stated otherwise in the IFB. It is understood and agreed that where quantities, if any, are set forth in the Schedule of Prices, they are only estimates, and the unit prices quoted, if any, will apply to the actual guantities, whatever they may be.

|   | TERMS                                                                 | PROPOSED PRICE<br>FOR EACH TERM |
|---|-----------------------------------------------------------------------|---------------------------------|
| 1 | WHITTIER ET AL. DIAL-A-RIDE SHUTTLE SERVICE –<br>INITIAL 6 MONTH TERM | \$ 532,092.50                   |
| 2 | WHITTIER ET AL. DIAL-A-RIDE SHUTTLE SERVICE -<br>OPTION YEAR 1        | 1,078,060.00                    |
| 3 | WHITTIER ET AL. DIAL-A-RIDE SHUTTLE SERVICE<br>OPTION YEAR 2          | 1,092,055.00                    |
| 4 | WHITTIER ET AL. DIAL-A-RIDE SHUTTLE SERVICE –<br>OPTION YEAR 3        | 1,106,085.00                    |
| 5 | WHITTIER ET AL. DIAL-A-RIDE SHUTTLE SERVICE -<br>OPTION YEAR 4        | 1,120,080.00                    |
| 6 | WHITTIER ET AL. DIAL-A-RIDE SHUTTLE SERVICE<br>OPTION YEAR 5          | 1,134,080.00                    |
|   | TOTAL PRICE FOR TERMS 1 THROUGH 6                                     | \$6,062,452.50                  |

| LEGAL NAME OF BIDDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |              |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------|--|--|--|--|--|--|
| Empire Transportation, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | A                                        |              |  |  |  |  |  |  |
| SIGNATURE OF PERSON AUTHORIZED TO SURMAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VG                                       |              |  |  |  |  |  |  |
| TITLE OF AUTHORIZED PERSON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |              |  |  |  |  |  |  |
| President & COO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |              |  |  |  |  |  |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STATE CONTRACTOR'S LICENSE NUMBER        | LICENSE TYPE |  |  |  |  |  |  |
| 03/21/2022                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TCP-21507 CA: 326916                     | PUC & CHP    |  |  |  |  |  |  |
| BODER'S ADCRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |              |  |  |  |  |  |  |
| 8800 Park Street, Bellflower CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 90706                                    |              |  |  |  |  |  |  |
| E-MAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |              |  |  |  |  |  |  |
| baguirre@emptransportation.con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | baguirre@emptransportation.com           |              |  |  |  |  |  |  |
| PHONE MOBILE FACSIMILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |              |  |  |  |  |  |  |
| 562-529-2676 Ext 114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 310.562.2241 562.529.2220                |              |  |  |  |  |  |  |
| A STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STOR | CODIA DIA(2 Echad of Driver Manifine dec |              |  |  |  |  |  |  |

# FORM PW-8.1 (SUPPLEMENTAL)

# LIST OF SUBCONTRACTORS

Proposer is required to complete the following. Any Subcontractors listed must be properly licensed under the laws of the State of California for the type of service that they are to perform, AND THEIR LICENSE NUMBERS MUST BE LISTED HEREIN. Failure to do so may result in delay of the award of contract. Do not list alternate subcontractors for the same service.

# Proposer in providing the requested services will not utilize Subcontractors. Proposer will perform all required services.

| Name Under Which<br>Subcontractor Is Licensed | License<br>Number | Address | Specific Description of<br>Subcontract Service |
|-----------------------------------------------|-------------------|---------|------------------------------------------------|
|                                               |                   |         |                                                |
|                                               |                   |         |                                                |
|                                               |                   |         |                                                |
|                                               |                   |         |                                                |
|                                               |                   |         |                                                |
|                                               |                   |         |                                                |
|                                               |                   |         |                                                |
|                                               |                   |         |                                                |
|                                               |                   |         |                                                |
|                                               |                   |         |                                                |
|                                               |                   |         |                                                |
|                                               |                   |         |                                                |

FORM PW-8.1 (SUPPLEMENTAL)

attach a copy of the proof of certification. All Subcontractors listed in the bid/proposal shall be listed below (make copy of this form, if Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Business Enterprises by a public agency, complete the following and Certification as Minority, Women, Disadvantaged, Disabled Veteran, and Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Business Enterprises: If any of your Subcontractors are currently certified as Minority, Women, Disadvantaged, Disabled Veteran, and necessary).

|                                                                         |                 |                                        |   |   |   |   |   |                             |   |      | rate.                                                                                     |
|-------------------------------------------------------------------------|-----------------|----------------------------------------|---|---|---|---|---|-----------------------------|---|------|-------------------------------------------------------------------------------------------|
| Lesbian, Gay,<br>Bisexual,<br>Transgender,<br>Queer, and<br>Questioning |                 |                                        |   |   |   |   |   |                             |   |      | nd accu                                                                                   |
|                                                                         |                 |                                        |   |   |   |   |   |                             |   |      | s true a                                                                                  |
| Disabled<br>Veteran                                                     |                 |                                        |   |   |   |   |   |                             |   |      | mation i                                                                                  |
| maged                                                                   |                 |                                        |   |   |   |   |   |                             |   |      | ove infol                                                                                 |
| Disadvantaged<br>Business                                               |                 |                                        |   |   |   |   |   |                             |   | 1120 | t the ab(                                                                                 |
| Women-<br>Owned                                                         |                 |                                        |   |   |   |   |   |                             |   |      | rnia tha                                                                                  |
| ð \$<br>                                                                |                 |                                        |   |   |   |   |   | are and a bit of the second |   |      | of Califo                                                                                 |
| <b>Č</b>                                                                |                 |                                        |   |   |   |   |   |                             |   |      | e State                                                                                   |
|                                                                         |                 |                                        |   |   |   |   |   |                             |   |      | vs of th                                                                                  |
| R                                                                       |                 |                                        |   |   |   |   |   |                             |   |      | nder the laws of the State of California that the above information is true and accurate. |
|                                                                         |                 |                                        |   |   |   |   |   |                             |   |      |                                                                                           |
| <u>.</u>                                                                |                 |                                        |   |   |   |   |   |                             |   |      | v of peri                                                                                 |
| Q                                                                       |                 |                                        |   |   |   |   |   |                             |   |      | nenath                                                                                    |
| tor Nam                                                                 | used            |                                        |   |   |   |   |   |                             |   |      | e under                                                                                   |
| Subcontractor Name                                                      | None to be used |                                        |   |   |   |   |   |                             |   |      | Declaration: 1 declare under benaltv of beriurv un                                        |
| Sub                                                                     | Non             |                                        |   |   |   |   |   |                             |   |      | ation:                                                                                    |
|                                                                         | -               | ~                                      | e | 4 | 5 | Q | ~ | ω                           | თ | 6    | Declar                                                                                    |
| L. CONTRACTOR AND AND AND AND AND AND AND AND AND AND                   |                 | ~*~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |   |   |   |   |   | (* <b>6</b> 2240)           |   |      |                                                                                           |

Date Title Authorized Signature

Bertha Aguirre Print Name:

President & COO 2 of 3

03/21/2022

FORM PW-8.1 (SUPPLEMENTAL)

# COMMUNITY BUSINESS ENTERPRISES PARTICIPATION FORM

Contractors are required to indicate their good faith effort in CBE participation by indicating on this form their proposed involvement on this project. CBEs are Minority/Women/Disadvantaged/Disabled Veteran/Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning owned Business Enterprises (MBE/WBE/DBE/DVBE/LGBTQQ). This form shall be provided to the COUNTY at the time of Proposal submittal.

## LIST OF CBE PARTICIPATION

The following is a list of certified CBE Subcontractors that the Proposer elects to list as a Subcontractor to perform a portion or portions of this Work, and known suppliers from whom Proposer proposes to procure materials and/or equipment for the Work.

| NAME/ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TYPE OF WORK<br>OR PRODUCT | INDICATE MBE/<br>WBE/DBE/DVBE/<br>LGBTQQBE | PERCENTAGE<br>OF BASE PRICE<br><u>PROPOSAL</u> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------|------------------------------------------------|
| Empire Transportation, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Operator                   | MBE                                        | 100%                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                            |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | - 1                                        |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u></u>                    |                                            |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b></b>                    |                                            |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                            |                                                |
| - and an and a second state of state of states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states of the second states |                            |                                            |                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                            |                                                |

#### FORM PW-9

#### All Proposers responding to the Request for Proposals must complete and return this form for proper consideration of the Proposal.

Firm Name: Empire Transportation, Inc.

My County (WebVen) Vendor Number: 13735101

II. FIRM/ORGANIZATION INFORMATION: The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation, or disability.

| Business Structure:  | Sole Proprietorship      | Partnership                            | o 🗹 Corpor     | ation     | O Nonprofit       | Franchise       | 🗆 Other: | eessee (Highest P) + 4 - |
|----------------------|--------------------------|----------------------------------------|----------------|-----------|-------------------|-----------------|----------|--------------------------|
| Total Number of Emp  | loyees (including owne   | rs): 324                               |                | ·         |                   |                 |          |                          |
| Race/Ethnic Compos   | ition of Firm. Please di | stribute the abo                       | ve lotal numbe | r of indi | ividuals into the | following cates | jories:  |                          |
| Race/Ethnic Com      | position                 | Owners/Partners/<br>Associate Partners |                | · .       | Managers          | 3               | Staff    |                          |
|                      |                          | Male                                   | Female         | N         | <i>l</i> iale f   | emale           | Male     | Female                   |
| Black/African Ame    | rican                    |                                        |                |           | 2                 | 1               | 49       | 60                       |
| Hispanic/Latino      |                          | 1                                      | 1              |           | 8                 | 2               | 72       | 47                       |
| Asian or Pacific Isl | ander                    |                                        |                |           |                   |                 | 4        | 2                        |
| American Indian      |                          |                                        |                |           |                   |                 |          | 1                        |
| Filipino             |                          |                                        |                |           |                   |                 | 3        | 1                        |
| White                |                          |                                        |                |           |                   |                 | 43       | 27                       |

III. PERCENTAGE OF OWNERSHIP IN FIRM: Please indicate by percentage (%) how ownership of the firm is distributed.

|       | Black/African<br>American | Hispanic/ La | itino | Asian or Pacific<br>Islander | American Indian | Filipino | White |
|-------|---------------------------|--------------|-------|------------------------------|-----------------|----------|-------|
| Men   | %                         | 70           | %     | %                            | %               | %        | %     |
| Women | %                         | 30           | %     | %                            | %               | %        | %     |

## IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, DISABLED VETERAN, AND LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING(LGBTQQ)

BUSINESS ENTERPRISES: If the firm is currently certified as a Community Based Enterprise (CBE) by a public agency, complete the table by entering the names of the certifying Agency and placing an "X" under the appropriate CBE designation (Minority, Women, Disadvantaged, Disabled Veteran or LGBTQQ). Enter all the CBE certifications held by the firm and attach a copy of your proof of certification.

| Agency Name | Minority     | Women | Disadvantaged | Disabled<br>Veteran | LGBTQQ | Expiration<br>Date |
|-------------|--------------|-------|---------------|---------------------|--------|--------------------|
| SCMSDC      | $\checkmark$ |       |               |                     |        | 11/20/2022         |
|             |              |       |               |                     |        |                    |
|             |              |       |               |                     |        |                    |

V. Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the proposal may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

| Authorized Signature:    |                           | <sup>TIII₀:</sup><br>President & COO | Date:<br>03/21/2022 |
|--------------------------|---------------------------|--------------------------------------|---------------------|
| OCAL SBE-FIRM-OFGANIZATI | IONTFORM.DOC Rev. 8/18/21 | 2 of 2                               |                     |

| A MADC<br>National Minority Supplier<br>Development Council | EVELOPMENT COUNCIL                                                                       | 6663                                                                  | system (NAICS)                                                                                                                    | SC03250    | Certificate Number | Chijinet mez                       | Virginia Gomez, President | w the entire profile: http://nmsdc.org<br>Council, Inc.®                                                                                                                                                                                                                      |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| THIS CERTIFIES THAT<br>Empire Transportation, Inc.          | · Nationally certified by the: SOUTHERN CALIFORNIA MINORITY SUPPLIER DEVELOPMENT COUNCIL | *NAICS Code(s): <u>485113; 485410; 485510; 485991; 812930; 485999</u> | <ul> <li>Description of their product/services as defined by the North American Industry Classification System (NAICS)</li> </ul> | 11/01/2021 | Issued Date        | 11/01/2022 NMSDC CEO and President | Expiration Date           | By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: http://nmsdc.org<br>Certify, Develop. Connect, Advocate.<br>* MBEs certified by an Affiliate of the National Minority Supplier Development Council, Inc.® |

# GAIN and GROW EMPLOYMENT COMMITMENT

As a threshold requirement for consideration for contract award, Proposer shall demonstrate a proven record for hiring GAIN/GROW participants or shall attest to a willingness to consider GAIN/GROW participants for any future employment opening if they meet the minimum qualifications for that opening. Additionally, Proposer shall attest to a willingness to provide employed GAIN/GROW participants access to the Proposer's employee mentoring program, if available, to assist these individuals in obtaining permanent employment and/or promotional opportunities.

To report all job openings with job requirements to obtain qualified GAIN/GROW participants as potential employment candidates, Contractor shall e-mail: <u>GAINGROW@dpss.lacounty.gov</u> and BSERVICES@wdacs.lacounty.gov.

# Proposers unable to meet this requirement shall not be considered for contract award.

Proposer shall complete all of the following information, sign where indicated below, and return this form with their proposal.

A. Proposer has a proven record of hiring GAIN/GROW participants.

\_\_\_\_\_ YES (subject to verification by County) \_\_\_\_ NO

- B. Proposer is willing to provide DPSS with all job openings and job requirements to consider GAIN/GROW participants for any future employment openings if the GAIN/GROW participant meets the minimum qualifications for the opening. "Consider" means that Proposer is willing to interview qualified GAIN/GROW participants.
  - ✓ YES \_\_\_\_NO
- C. Proposer is willing to provide employed GAIN/GROW participants access to its employee-mentoring program, if available.

YES NO  $\checkmark$  N/A (Program not available)

| Signature                  | Title<br>President & COO |
|----------------------------|--------------------------|
| Firm Name                  | Date                     |
| Empire Transportation Inc. | 03/21/2022               |

# FORM PW-17.1 (SUPPLEMENTAL)

# ZERO TOLERANCE HUMAN TRAFFICKING POLICY CERTIFICATION

| Company Name: Empire Tran                                        | Empire Transportation, Inc.         |                                                  |  |  |  |  |  |
|------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|--|--|--|--|--|
| Company Address: 8800 Park Street                                |                                     |                                                  |  |  |  |  |  |
| City: Bellflower                                                 | State:<br>CA                        | Zip Code: \<br>90706                             |  |  |  |  |  |
| Telephone Number:<br>562.529.2676 Ext 114                        | Email Address:<br>baguirre@emptrans | Email Address:<br>baguirre@emptransportation.com |  |  |  |  |  |
| Solicitation/Contract for Whittier Dial-A-Ride Services Services |                                     |                                                  |  |  |  |  |  |

# PROPOSER CERTIFICATION

Los Angeles County has taken significant steps to protect victims of human trafficking by establishing a zero tolerance human trafficking policy that prohibits contractors found to have engaged in human trafficking from receiving contract awards or performing services under a County contract.

Proposer acknowledges and certifies compliance with Exhibit B, Section 1.OO, Compliance with County's Zero Tolerance Human Trafficking Policy, of the proposed Contract and agrees that proposer or a member of his staff performing work under the proposed Contract will be in compliance. Proposer further acknowledges that noncompliance with the County's Zero Tolerance Human Trafficking Policy may result in rejection of any proposal, or cancellation of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

| Print Name:<br>Bertha Aguirre | Title<br>President & COO |
|-------------------------------|--------------------------|
| Signature:                    | Date:<br>03/21/2022      |
|                               |                          |

# WHITTIER ET AL. DIAL-A-RIDE SERVICE (BRC0000274) BIDDER'S COMPLIANCE WITH THE MINIMUM REQUIREMENTS OF THE IFB

#### BIDDER MUST CHECK A BOX IN EVERY SECTION

П

- Important Note: The information on this form is subject to verification.
  - Bidder may submit additional documentation in their Bid to supplement this Form PW-18.1.

## At the time of bid submission, Bidder must meet the following minimum requirements:

- 1. Bidder must be included in the Qualified Contractor List resulting from the RFSQ for Fixed Route and Dial-A-Ride Transit Services (2016-SQPA001).
  - Yes. Bidder does meet the minimum mandatory requirement stated above.
  - No. Bidder **does not** meet the minimum mandatory requirement stated above. By checking this box, your Bid submission will be immediately disqualified as nonresponsive.
- 2. Bidder must have a minimum of 3 years of experience providing paratransit services for governmental or social service agency(ies). Subcontracting is not allowed to meet this requirement.

| l⊻l Yes.                       | Bidder does mee                                   | t the experience requirement stated above.                                                                                                                                                                                                                 |             |
|--------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Bidder's Name                  | Dates of<br>Experience<br>(Mo/Yrs. to<br>Mo/Yrs.) | 1 validata tida minimum mendelaar ramikamant                                                                                                                                                                                                               | age<br>No.* |
| Empire<br>Transportation, Inc. | / 2014<br>Date/                                   | Name of governmental or social service agency:         Department of Public Works- Unincorporated Whittier & East Los Angeles         Type of Service provided:       Current operator for Whittier and East         East Los Angeles Dial-a-Ride Services |             |
|                                | / _2001<br>Date /                                 | Name of governmental or social service agency:                                                                                                                                                                                                             |             |

Yes. Bidder does meet the experience requirement stated above.

\*List the page number in the Bid containing the Bidder's experience providing paratransit services for governmental or social service agency(ies). (Please attach additional pages, if needed.)

No. Bidder does not meet the experience requirement stated above. By checking this box, your Bid submission will be immediately disqualified as nonresponsive.

# FORM PW-18.1 (SUPPLEMENTAL)

- 3. Bidder's Project Manager must have a minimum of 3 years of experience providing paratransit services for governmental or social service agency(ies). Subcontracting is not allowed to meet this requirement.
  - Yes. Bidder's Project Manager does meet the experience requirement stated above.

| Name of Bidder's<br>Project Manager | Dates of<br>Experience<br>(Mth/Yrs to<br>Mth/Yrs) | Description of Services/Experience<br>Please provide a detailed narrative of Bidder's Project Manager's experience in<br>your Invitation for Bids to validate this minimum mandatory requirement. The<br>Bid may be disqualified, if incomplete or unresponsive statements are<br>made. | Page<br>No.* |
|-------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
|                                     |                                                   | Name of governmental or social service agency:                                                                                                                                                                                                                                          |              |
| Ana Asheghian                       | 07 / 2014                                         | Type of Service provided: Ms. Asheghian has been the Project Mgr.                                                                                                                                                                                                                       |              |
|                                     |                                                   | for East Los Angles and Whittler Dial-a-Ride services since 07/2014.                                                                                                                                                                                                                    |              |
|                                     | Date /                                            | Ms. Asheghian has succesfully established solid lines of communication with                                                                                                                                                                                                             |              |
|                                     |                                                   | DPW staff and works in partnership with them to deliver the best service possib                                                                                                                                                                                                         | e            |
|                                     |                                                   | to the DAR subscribers                                                                                                                                                                                                                                                                  | <u> </u>     |

\*List the page number in the Bid containing the Bidder's Project Manager's experience providing paratransit services for governmental or social service agency(ies). (Please attach additional pages, if needed.)

- No. Bidder's Project Manager does not meet the experience requirement stated above. By checking this box, your Bid submission will be immediately disgualified as nonresponsive.
- 4. Bidder's or its Subcontractor's Maintenance Manager must have a minimum of 3 years of experience in maintaining similar fleets of paratransit vehicles, as shown on Exhibit H.1 County Provided Vehicles.
  - Yes. Bidder's or its Subcontractor's Maintenance Manager does meet the experience requirement stated above.

| Name of the Employee                                                 | Name: Jorge Espinoza                           |  |
|----------------------------------------------------------------------|------------------------------------------------|--|
| Name of the Employee                                                 | Bidder / Subcontractor (check one)             |  |
| Number of Years of Experience Servicing<br>the above type of vehicle | 4 years                                        |  |
| Make of Vehicles Serviced                                            | MV-1, Chevrolet, Ford                          |  |
| Model of Vehicles Serviced                                           | Mini vans, vans, Type II, Type VII and Trollys |  |

Provide a detailed narrative to support above minimum mandatory requirement by providing detailed information to support the number of years and description of service. The bid may be disgualified, if incomplete or unresponsive statements are made.

Mr. Jorge Espinoza has been Empire's Fleet Manager since 2018. He is responsible for all aspects of the fleet maintenance program

Under his supervision, Empire has succesfully passed all CHP inspection. He has a strong knowledge of all the maintenance

requirements for the County's and Empire's fleet. He pays special attention to ensure the County's assets are safe, aesthetically sound and clean,

- No. Bidder or its Subcontractor's Maintenance Manager does not meet the experience requirement stated above. By checking this box, your Bid Submission will be immediately disgualified as nonresponsive.
- 5. Bidder must provide copies of all "Satisfactory" California Highway Patrol Safety Compliance Inspections (or passed all reinspections) of the Bidder's maintenance facilities or terminals to be used for the proposed contract for the prior three 13month inspections (California Vehicle Code 34501[c]). If the bidder has not performed services in California, the bidder must provide copies of a similar vehicle, maintenance facilities or terminals inspection for the prior three years by a governmental agency. Subcontracting is not allowed to meet this requirement.
  - Yes. Bidder does meet the minimum mandatory requirement stated above and has received a "Satisfactory" rating on the CHP's Safety Compliance Inspections (or passed all reinspections) of the Bidder's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month inspections.
  - Bidder has received an "<u>Unsatisfactory</u>" rating on the CHP's Safety Compliance Inspections of the Bidder's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month inspections, however, has remedied theproblem by means of receiving a "Conditional" or "Satisfactory" rating within the CHP's 120-day reinspection period and/or received a "Conditional" rating and upgraded to a "Satisfactory" rating within the CHP's 180-day reinspection period as evidenced by the CHP Safety Compliance Inspection reports attached to proposal.
  - Bidder has not performed services in California; the bidder has provided copies of a similar vehicle, maintenance facilities or terminals inspection for the prior three years by a governmental agency.
  - No. Bidder does not meet the minimum mandatory requirement stated above. Bidder has received an "Unsatisfactory" rating and <u>did not</u> upgrade the rating to a "Conditional" or "Satisfactory" within the CHP's 120-day reinspection periods and/or received a "Conditional" rating and <u>did not</u> upgrade the rating to "Satisfactory" within the CHP 180-day reinspection period, whether on the initial inspection or the CHP reinspection, the Bidder will have failed this criteria. <u>By</u> <u>checking this box, your Bid submission will be immediately disgualified as</u> nonresponsive.
- 6. Bidder's vehicle(s) must meet or exceed the service vehicle requirements as set forth in Exhibit I.1, Contractor-Provided Service Vehicle Requirements. If the Bidder does not meet the service vehicle(s) requirement at the time of submission, but fully intends to

# FORM PW-18.1 (SUPPLEMENTAL)

comply if awarded the contract, the Bidder must provide an affirmative statement that upon start of the contract, the service vehicle(s) will comply with Exhibit I.1, Contractor-Provided Service Vehicle Requirements. Subcontracting is not allowed to meet this requirement.

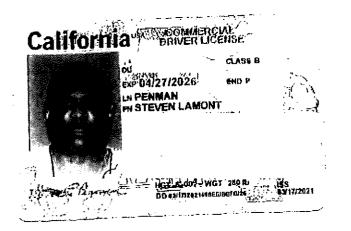
- Yes. Bidder does meet the spare service vehicle(s) requirement stated above.
- Bidder does not meet the spare service vehicle(s) requirement stated above at present, but fully intends to comply if awarded the contract. The Bidder will comply with the spare service vehicle requirements set forth in this IFB. (This commitment is evident by Bidder's detailed plan which describes when and how the Bidder plans to meet the minimum required contractor spare vehicle requirements submitted in the Bid.)

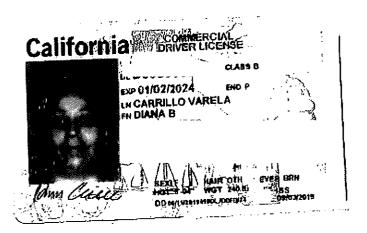
List the page number in the Bid containing Bidder's detailed plan:

- No. Bid's does not meet the spare service vehicle(s) requirement stated above and does not intend to comply. By checking this box, your Bid submission will be immediately disgualified as nonresponsive.
- 7. Bidder has submitted copies of the Bidder's employees' valid State of California Department of Motor Vehicles Class B (with a minimum of a "P" endorsements) commercial driver's licenses, as well as any other required licenses or endorsements required by Federal, State, and local regulations. Subcontracting is not allowed to meet this requirement. Subcontracting is not allowed to meeting this requirement.
  - Yes. Bidder has submitted copies of the Bidder's employees' valid State of California Department of Motor Vehicles (DMV) Class B (with a minimum of a "P" endorsement) commercial driver's licenses as well as any other required licenses or endorsements required by Federal, State, and local regulations. (In addition to responding on this form, please provide copies of the driver's licenses in your bid and provide the names of the staff assigned to this Contract and indicate type of certification they possess to support this minimum mandatory requirement).

| Employee Name   | Class of Driver's License | "P" endorsement<br>or Higher (Yes or No) | Page<br>No.       |
|-----------------|---------------------------|------------------------------------------|-------------------|
| Latoya Kahey    | В                         | Yes                                      | Following<br>Page |
| Aaron Ramos     | B                         | Yes                                      | Following<br>Page |
| Steven Penman   | В                         | Yes                                      | Folkwin<br>Page   |
| Diana Carrillo  | В                         | Yes                                      | Following<br>Page |
| Nedra Johnson   | В                         | Yes                                      | Fotowing<br>Page  |
| Gerardo Andrade | В                         | Yes                                      | Following         |

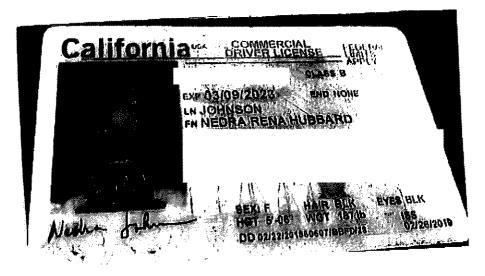
| California                  | COMMERCIAL<br>DRIVER LICENSE<br>CLASS B                              |                                                                                                                                                                                    | CLASS B           |
|-----------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| $\mathbf{D} \mathbf{L} = f$ |                                                                      | OL<br>EXP 10/16/202                                                                                                                                                                | 2 END P           |
|                             | 9/17/20261, IND P8                                                   | UN RAMOS                                                                                                                                                                           |                   |
| LI KA                       | NHEY<br>TOYA                                                         | IN AARON MA                                                                                                                                                                        | TTHEW .           |
| PH LA                       |                                                                      |                                                                                                                                                                                    |                   |
|                             |                                                                      |                                                                                                                                                                                    |                   |
|                             |                                                                      |                                                                                                                                                                                    |                   |
|                             |                                                                      |                                                                                                                                                                                    | A MAR'ON EVER ORN |
|                             | SEX.F HAIR BLK EYES BRN<br>HIT SLOT" WAY 180 HD 155                  |                                                                                                                                                                                    | 5" WGT 160 IL     |
| H 12                        | 1437 5-07" WOY 180 45 1555<br>IDD 43169/282143653000FD/36 85009/2821 | UDEZ OL CONTRACTOR DO ANIM                                                                                                                                                         | 6 WGT 160 ID      |
| -                           |                                                                      | و میں میں ایک کولی ہوئے ہوئے ایک کی ایک ایک ایک ایک ایک کو ایک کولی ہوئے ہوئے ایک کولی کر ایک کو کر کو ایک کولی<br>میں میں میں میں ایک کولی کو کو کو کو کو کو کو کو کو کو کو کو کو |                   |

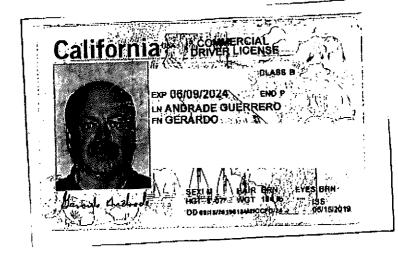


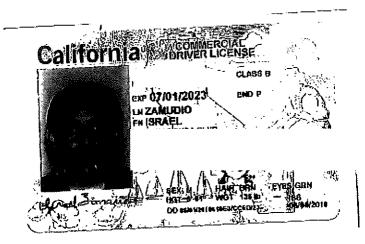


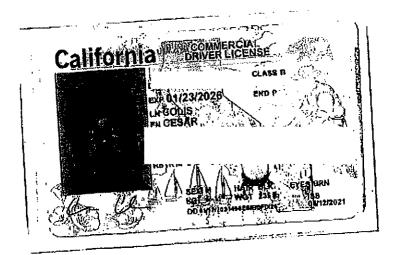
•••

بدير مراسم وم









- Bidder's employee does not meet the commercial driver's licenses requirement stated above at present, but fully intends to comply if awarded the contract.
- No. Bidder did not submit copies of the Bidder's employees' valid State of California Department of Motor Vehicles (DMV) Class B (with "P" endorsement) commercial driver's licenses as well as any other required licenses or endorsements required by Federal, State, and local regulations. By checking this box, your Bid submission will be immediately disgualified as nonresponsive.
- 8. Bidder or its Subcontractor must submit copies of all National Institute for Automotive Service Excellence (ASE) certification in A5 ASE Automobile & Light Truck Brakes Test for all maintenance personnel identified; or Bidder must submit an affirmative statement that all of Bidder's maintenance personnel assigned to this contract, within 12 months of the date of hire or the start of the contract, whichever occurs last, will obtain ASE certification in the A5 ASE Automobile & Light Truck Brakes Test.
  - Yes. Bidder or its Subcontractor does meet and submitted copies the license/certification requirement stated above. In addition to responding on this form, please provide the names of all mechanic staff assigned to this Contract and indicate type of ASE certifications they possess, if any if any on the chart below.

|                  | Mechanics with ASE Certifications                        |                                                       |                   |
|------------------|----------------------------------------------------------|-------------------------------------------------------|-------------------|
| Employee Name    | Types of Certification<br>(List multiple, if applicable) | Directly Employed<br>by the Contractor<br>(Yes or No) | Page<br>No.       |
| Alejandro Montes | Master Automobile Technician                             | Yes                                                   | Following<br>Page |
| Sergio Espinoza  | Brakes, Engine Performance, Electrica                    | l Yes                                                 | Following<br>Page |

If the employee does not have ASE Certificate, please indicate N/A.

Bidder or its Subcontractor does not currently employ personnel that meet the requirement, however, Bidder's maintenance personnel assigned to this Contract, within 12 months of the date of hire or the start of the contract, whichever occurs last, will obtain ASE certification in the A5 Automobile & Light Truck Brakes Test.

Complete the chart below. List all mechanic staff assigned to this Contract.

| Mechanics Assigned to this Contract |                                                       |             |
|-------------------------------------|-------------------------------------------------------|-------------|
| Employee Name                       | Types of Certification (List multiple, if applicable) | Page<br>No. |
| Alejandro Montes                    | Master Automobile Technician                          |             |

FOLD ALONG PERFORATION TO REMOVE CERTIFICATE



EXCELLENCE National Institute for AUTOMOTIV **BERVICE** 

Be it known that

## ALEJANDRO MONTES

has successfully passed the examinations and met the work experience requirement prescribed by the National Institute for Automotive Service Excellence and is hereby ASE CERTIFIED in the service areas listed below.

# MASTER AUTOMOBILE TECHNICIAN

DECEMBER 31, 2023 DECEMBER 31, 2023 DECEMBER 31, 2020 DECEMBER 31, 2023 DECEMBER 31, 2023 DECEMBER 31, 2023 JUNE 30, 2025 **DECEMBER 31, 2023** EXPIRES \*\* \*\* \*\* \* \* \$ \$ ŧ ŧ AREAS OF DEMONSTRATED ACHIEVEMENT \$ \$ AUTOMATIC TRANSMISSION/TRANSAXLE ¥ \$ ELECTRICAL/ELECTRONIC SYSTEMS HEATING AND AIR CONDITIONING MANUAL DRIVE TRAIN AND AXLES \* \* SUSPENSION AND STEERING \* \* ¥ \* \* ENGINE PERFORMANCE ENGINE REPAIR \* \* \*\* \*\* BRAKES

GIVEN THIS 5TH DAY OF JUNE 2020, AT LEESBURG, VIRGINIA

**NSE IDENTIFICATION NUMBER** ASE-1787-4935

TIMOTHY A ZUNE Pe 1 LANAUNI

ASE-1787-4935

ASE-1787-4935

FOLD ALONG PERFORATION TO REMOVE CERTIFICATE



National Institute for

### AUTOMOTIVE **EXCELLENCE** SERVICE

Be it known that

ALEJANDRO MONTES

by the National Institute for Automotive Service Excellence and is hereby ASE CERTIFIED has successfully passed the examinations and met the work experience requirement prescribed in the service areas listed below.

## EXPIRES MEDIUM/HEAVY TRUCK TECHNICIAN

JUNE 30, 2025 JUNE 30, 2025 JUNE 30, 2025 **DECEMBER 31, 2023 DECEMBER 31, 2023** \*\* \*\* \* AREAS OF DEMONSTRATED ACHIEVEMENT PREVENTIVE MAINTENANCE AND INSPECTION ELECTRICAL/ELECTRONIC SYSTEMS HEATING, VENTILATION, AND A/C GASOLINE ENGINES BRAKES

é

# #

\*

\* ÷

\*

•

ASE IDENTIFICATION NUMBER ASE-1787-4935

GIVEN THIS 5TH DAY OF JUNE 2020, AT LEESBURG, VIRGINIA prophy CA

TIMOTHY A. ZILKE, PAM

ASE-1787-4935

FOLD ALONG PERFORATION TO REMOVE CERTIFICATE



National Institute for

### AUTOMOTIVE EXCELLENCE SERVICE

Be it known that

ALEJANDRO MONTES

by the National Institute for Automotive Service Excellence and is hereby ASE CERTIFIED has successfully passed the examinations and met the work experience requirement prescribed in the service areas listed below.

# TRANSIT BUS TECHNICIAN

AREAS OF DEMONSTRATED ACHIEVEMENT

BRAKES

EXPIRES

JUNE 30, 2025

\*\* \*\* \*\*

\*\*

\*

ŧ ¥

\*\*

1

\* \*\* \* \* \* \* \*

> \* \* \*

> > \* \*

ŧ \*

> \* \*

\*\* \*\*

ASE IDENTIFICATION NUMBER ASE-1787-4935

GIVEN THIS 5TH DAY OF JUNE 2020, AT LEESBURG, VIRGINIA TMOTHY A. ZELKE, Press Imaky C.

ASE-1787-4935

FOLD ALONG PERFORATION TO REMOVE CERTIFICATE



National Institute for

### AUTOMOTIVE EXCELLENCE SERVICE

Be it known that

## ALEJANDRO MONTES

by the National Institute for Automotive Service Excellence and is hereby ASE CERTIFIED has successfully passed the examinations and met the work experience requirement prescribed in the service areas listed below.

# SCHOOL BUS TECHNICIAN

AREAS OF DEMONSTRATED ACHIEVEMENT

BRAKES

EXPIRES

JUNE 30, 2025

\*\* \*\* \*\*

\*

\*

\* \*

\*

\*

\* \*\* \*

> # # \*

> \*

\*

\* \* \*

> 8 \*

\*\* \*\*

ASE IDENTIFICATION NUMBER ASE-1787-4935

GIVEN THIS 5TH DAY OF JUNE 2020, AT LEESBURG, VIRGINIA TEMOTHY A ZULKE Peak I panally Ch.



National Institute for

### AUTOMOTIVE SERVICE EXCELLENCE

Be it known that

## ALEJANDRO MONTES



by the National Institute for Automotive Service Excellence and is hereby ASE CERTIFIED in the service areas listed below. has successfully passed the examinations and met the work experience requirement prescribed

# ADVANCED LEVEL SPECIALIST

AREAS OF DEMONSTRATED ACHIEVEMENT AUTOMOBILE ADVANCED ENGINE PERFORMANCE LIGHT DUTY HYBRID/ELECTRIC VEHICLE

\*\* \*\* \*\* \*\* \*\* \*\* \*\* \*\*

EXPIRES December 31, 2020 June 30, 2022

JUNE 20, 2022

\*

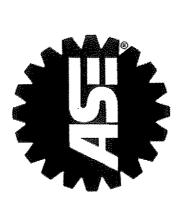
87-4935

TMOTHY A ZUNE, Print

mont

GIVEN THIS 27TH DAY OF JANUARY 2017, AT LEESBURG, VIRGINIA

ASE-1787-4935 Set IDENTERCATION NUMBER



EXCELLENCE National Institute for AUTONOTI SERVICE

Be it known that

## ALEJANDRO MONTES

has successfully passed the examinations and met the work experience requirement prescribed by the National Institute for Automotive Service Excellence and is hereby ASE CERTIFIED in the service areas listed below.

# ALTERNATE FUELS TECHNICIAN

AREAS OF DEMONSTRATED ACHIEVEMENT COMPRESSED NATURAL GAS VEHICLE

**DECEMBER 31, 2022** EXPIRES

\*\* \*\* \* \* \* \* \* \* \*\* \*\* \* \* \* \*\* \*\* \* \* \* \* ¥ \*\* \*\*

GIVEN THIS 22ND DAY OF DECEMBER 2017, AT LEESBURG, VIRGINIA

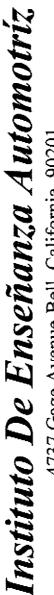
ASE IDENTIFICATION NUMBER ASE-1787-4935

Labour

TIMOTHY A. ZUXE, Press

3





4737 Gage Avenue-Bell, California, 90201

# Certificate of Merit

This certifies that: Alejandro Montes

Has been awarded this certificate for:

Excellence in Automotive Electricity

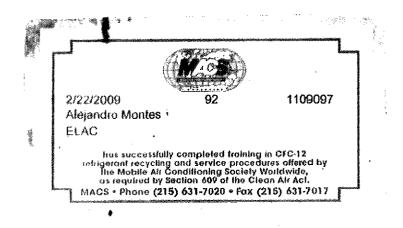
Presented on November 13, 2004

Higinio M. Martínez Institute Director

ann mans

Student





\$



### **ASE Certification Status**

Sergio P Espinoza Los Angeles, CA 90003-4209 ASE ID: ASE-1467-2204 Created: May 06, 2020 2:47:58 PM

This individual currently has the ASE certification status shown below:



### **Current ASE Designations**

|                       | A: Auto     |
|-----------------------|-------------|
| Automobile Technician | <br>A: Auto |

### **ASE Certification Details**

| Test | Description                   | Expiration Date | Status  |
|------|-------------------------------|-----------------|---------|
| A5   | Brakes                        | 06/30/2024      | Current |
| A6   | Electrical/Electronic Systems | 06/30/2024      | Current |
| A8   | Engine Performance            | 12/31/2023      | Current |

To become ASE certified, you must pass an ASE test and have the required amount of relevant hands-on work experience. You can download the Work Experience Form at www.ase.com/expform.

Any expired certification can be reinstated by taking the corresponding recertification test. If you have any questions, please contact us.

Sincerely, ASE Customer Service E-mail: contactus@ase.com

Phone: 1-800-390-6789 Fax: (703) 669-6122

### FORM PW-18.1 (SUPPLEMENTAL)

| Employee Name   | Types of Certification (List multiple, if applicable) | Page<br>No. |
|-----------------|-------------------------------------------------------|-------------|
| Sergio Espinoza | Brakes, Engine Performance, Electrical                |             |
| Martin Torres   |                                                       |             |

- No. Bidder or its Subcontractor's mechanic staff assigned to this Contract does not meet the certification/licensing requirement stated above and the request to affirmative statement will not be provided. By checking this box, your Bid submission will be immediately disgualified as nonresponsive.
- 9. Bidder or its Subcontractor shall submit a proof of Section 609 of the Clean Air Act: Motor Vehicle Air Conditioning certification from an EPA approved program or the equivalent ASE Refrigeration Recovery and Recycling Program certification for at least one member of their maintenance personnel identified above.
  - Yes. Bidder or its Subcontractor does meet the license/certification requirement stated above. (In addition to responding on this form, please submit a copy of the license/certification of mechanic staff assigned to this Contract and indicate type of certification they possess, e.g. MACS or equivalent.)

| Employee Name  | Type of Certification | Directly Employed<br>by the Contractor<br>(Yes or No) | Page<br>No.       |
|----------------|-----------------------|-------------------------------------------------------|-------------------|
| Jorge Espinoza | Section 609           | Yes                                                   | Falkowing<br>Page |
|                | 969999797             |                                                       |                   |
|                |                       |                                                       |                   |

No. Bidder or its Subcontractor's mechanic staff does not meet the certification/licensing requirement stated above. By checking this box, your Bid submission will be immediately disgualified as nonresponsive.

Bidder declares under penalty of perjury that the information stated above is true and accurate. Bidder further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this proposal are made, the bid may be rejected at the sole discretion of the County.

| Signature                             | Title<br>President & COO |
|---------------------------------------|--------------------------|
| Firm Name Empire Transportation, Inc. | Date<br>03/21/2022       |

C:\Users\C2D20-Z61p\Desktop\Whittier Rebid\01 IFB\04.3 FORM PW-18.1 MIN REQ Whittier.docx



### Mainstream Engineering Corporation By this Certificate Warrants that JORGE ESPINOZA

has shown competency and fitness to practice Refrigerant Recycling, Recovery and Reclamation and has complied with all requirements of the Environmental Protection Agency Clean Air Act; therefore by virtue of the powers vested in Mainstream Engineering Corporation by the U.S. Environmental Protection Agency, Mainstream Engineering Corporation hereby issues this

### Section 609 MVAC Technician Certification Certification Number: 92832FF9C9A8F0620

as Required by 40 CFR Part 82.40, subject to the powers of revocation by the EPA.

Print Certificate

### STATEMENT OF EQUIPMENT FORM FOR WHITTIER, ET AL. DIAL-A-RIDE SERVICE (BRC0000274)

PROPOSER'S NAME: Empire Transportation, Inc.

ADDRESS:

TELEPHONE:

562.529.2676 Ext 114

8800 Park Street, Bellflower CA 90706

STATE BELOW THE INFORMATION FOR ALL EQUIPMENT THAT WILL BE DEDICATED AND/OR DESIGNATED PRIMARY BACKUP TO THIS SERVICE

Please list one (1) item per line; DO NOT submit an equipment list in your own format. This form may be reproduced in order to list all equipment.

|                   | Ц<br>Ц<br>Ц<br>Ц<br>Ц<br>Ц                         |                |             |                                                                                                                  | CONDITION        |            | FUEL       |             | DESIGNATION<br>Check one |                   |
|-------------------|----------------------------------------------------|----------------|-------------|------------------------------------------------------------------------------------------------------------------|------------------|------------|------------|-------------|--------------------------|-------------------|
| TYPE OF EQUIPMENT | EQUIPMENT                                          | NODEL          | YEAR        | SERIAL NUMBER                                                                                                    | OF<br>EQUIPMENT  | SEALING    | ЗЧХРЕ      | LUCATION    | DEDICATED                | PRIMARY<br>BACKUP |
| Mini Van          | Dodge                                              | Caravan        | 2019        | 2C4RDGB4KR558327                                                                                                 | Excellent        | 5 + 1w/c   | Unld       | Beliflower  |                          | >                 |
| Type II           | Ford                                               | F-450          | 2017        | 1FDFE4FSOHDC58689                                                                                                | Excellent        | 8 + 2w/c   | CNG        | Bellflower  |                          | >                 |
|                   |                                                    |                |             |                                                                                                                  |                  |            |            |             |                          |                   |
|                   | Empire Transporta                                  | ition owns a t | leet of 21  | Empire Transportation owns a fleet of 218 vehicles. The vehicles listed above are some of the vehicles that meet | i listed above a | re some of | he vehicle | s that meet |                          |                   |
|                   | the vehicles requirements as set forth in the IFB. | rements as s   | et forth ir | the IFB.                                                                                                         |                  |            |            |             |                          |                   |
|                   |                                                    |                |             |                                                                                                                  |                  |            |            |             |                          |                   |
|                   |                                                    |                |             |                                                                                                                  |                  |            |            |             |                          |                   |
|                   |                                                    |                |             |                                                                                                                  |                  |            |            |             |                          |                   |
|                   |                                                    |                |             |                                                                                                                  |                  |            |            |             |                          |                   |
|                   |                                                    |                |             |                                                                                                                  |                  |            |            |             |                          |                   |
|                   |                                                    |                |             |                                                                                                                  |                  |            |            |             |                          |                   |
|                   |                                                    |                |             |                                                                                                                  |                  |            |            |             |                          |                   |
|                   |                                                    |                |             |                                                                                                                  |                  |            |            |             |                          |                   |
|                   |                                                    |                |             |                                                                                                                  |                  |            |            |             |                          |                   |
|                   |                                                    |                |             |                                                                                                                  |                  |            |            |             |                          |                   |
|                   |                                                    |                |             |                                                                                                                  |                  |            |            |             |                          |                   |
|                   |                                                    |                |             |                                                                                                                  |                  |            |            |             |                          |                   |

### DISPLACED TRANSIT EMPLOYEE DECLARATION

In accordance with California Labor Code Sections 1070-1074, the County will give a preference to any proposer who declares on this form that they will retain the employees of the prior Contractor and/or Subcontractor. The undersigned declares:

that the Proposer will retain the employees of the prior Contractor and/or Subcontractor for a period of not less than 90 days pursuant to California Labor Code 1070-1074. If this box is checked, the 10 percent preference will be given.

### OR

that the Proposer does NOT agree to retain the employees of the prior Contractor or Subcontractor for a period of 90 days pursuant to California Labor Code 1070-1074. If this box is checked, the 10 percent preference will NOT be given.

| Signature .                              | Title           |
|------------------------------------------|-----------------|
|                                          | President & COO |
| Firm Name                                | Date            |
| <sup>C</sup> Empire Transportation, Inc. | 03/21/2022      |

### COMPLIANCE WITH FAIR CHANCE EMPLOYMENT HIRING PRACTICES CERTIFICATION

| Company Name:<br>Empire Transport                                                              | ation, Inc.                   |       |  |
|------------------------------------------------------------------------------------------------|-------------------------------|-------|--|
| Company Address: 8800 Park Street                                                              |                               |       |  |
| City: Bellflower                                                                               | State: CA Zip Code: 90706     |       |  |
| Telephone Number:<br>562.529.2676 Ext 114<br>E-Mail Address:<br>baguirre@emptransportation.com |                               | n.com |  |
| Solicitation/Contract for Whittier Dia                                                         | Militian Dial A Dide Continee |       |  |

### PROPOSER/CONTRACTOR CERTIFICATION

The Los Angeles County Board of Supervisors approved a Fair Chance Employment Policy in an effort to remove job barriers for individuals with criminal records. The policy requires businesses that contract with the County to comply with fair chance employment hiring practices set forth in California Government Code Section 12952, Employment Discrimination: Conviction History (California Government Code Section 12952), effective January 1, 2018.

Proposer/Contractor acknowledges and certifies compliance with fair chance employment hiring practices set forth in California Government Code Section 12952, as indicated in Section 8.56 (Compliance with Fair Chance Employment Practices) of the Contract, and agrees that proposer/contractor and staff performing work under the Contract will be in compliance. Proposer/Contractor further acknowledges that noncompliance with fair chance employment practices set forth in California Government Code Section 12952 may result in rejection of any proposal, or termination of any resultant Contract, at the sole judgment of the County.

I declare under penalty of perjury under the laws of the State of California that the information herein is true and correct and that I am authorized to represent this company.

| Print Name:<br>Be | ertha Aguirre | Title<br>President & COO |
|-------------------|---------------|--------------------------|
| Signature:        | Mak .         | Date:<br>03/21/2022      |
|                   |               |                          |

### COVID-19 VACCINATION CERTIFICATION OF COMPLIANCE

Urgency Ordinance, County Code Title 2 – Administration, Division 4 – Miscellaneous – Chapter 2.212 (COVID-19 Vaccinations of County Contractor Personnel)

### I. Bertha Aguirre

\_, on behalf of Empire Transportation, Inc.

(the "Contractor"), certify that on County Contract:

| Contract Number |                               |  |
|-----------------|-------------------------------|--|
| Contract Name   | Whittier Dial-A-Ride Services |  |
|                 |                               |  |

- All Contractor Personnel on this Contract are fully vaccinated as required by the Ordinance.
- Most Contractor Personnel\* on this Contract are fully vaccinated as required by the Ordinance. The Contractor or its employer of record, has granted a valid medical or religious exemption to the below identified Contractor Personnel. Contractor will certify weekly that the following unvaccinated Contractor Personnel have tested negative within 72 hours of starting their work week under the County Contract, unless the contracting County department requires otherwise. The Contractor Personnel who have been granted a valid medical or religious exemption are [LIST ALL CONTRACTOR PERSONNEL]:

\*Contractor Personnel includes subcontractors at all tiers.

I have authority to bind the Contractor, and have reviewed the requirements above and further certify that I will comply with said requirements.

| Company/Contractor Name: |                 |
|--------------------------|-----------------|
| Print Name:              | Title           |
| Bertha Aguirre           | President & COO |
| Signature:               | Date:           |
| - MXK                    | 03/21/2022      |
|                          |                 |

### FORM LW-2.1 (SUPPLEMENTAL)

### COUNTY OF LOS ANGELES LIVING WAGE PROGRAM

### **APPLICATION FOR EXEMPTION**

The Contract to be awarded pursuant to the County's solicitation is subject to the County of Los Angeles Living Wage Program (LW Program) (Los Angeles County Code, Chapter 2.201). Contractors and subcontractors must apply individually for consideration for an exemption from the LW Program. To apply, Contractors must complete and submit this form with supporting documentation to the County after the Mandatory Proposers Conference by the due date set forth in the solicitation document. Upon review of the submitted Application for Exemption, the County department will determine, in its sole discretion, whether the contractor and/or subcontractor is/are exempt from the LW Program.

| Company Name: Empire Trans                                                                                    | sportation, Inc.                  |                      |                  |                                        |
|---------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------|------------------|----------------------------------------|
| Company Address: 8800 Pa                                                                                      | ark Street                        |                      |                  |                                        |
| City: Bellflower                                                                                              |                                   | <sup>State:</sup> CA |                  | Zip Code: 90706                        |
| Telephone Number:<br>562.529.2676                                                                             | Facsimile Number:<br>562.529.2220 | £                    | E-Mail A<br>bagu | udress:<br>uirre@emptransportation.com |
| Awarding Department:                                                                                          |                                   |                      |                  | Contract Term:                         |
| Type of Service:                                                                                              |                                   |                      |                  |                                        |
| Contract Dollar Amount:                                                                                       | ****                              |                      |                  | Contract Number (if any):              |
| My business has received an aggregate s<br>under one or more Proposition A contr<br>proposed contract amount. |                                   |                      |                  | Yes No                                 |

I am requesting an exemption from the LW Program for the following reason(s) (attach all documentation that supports your claim to this form). Please check all that apply:

My business is subject to a bona fide Collective Bargaining Agreement (attach agreement); AND

- the Collective Bargaining Agreement expressly provides that it supersedes all of the provisions of the Living Wage Program; **OR**
- the Collective Bargaining Agreement expressly provides that it supersedes the following specific provisions of the Living Wage Program (I will comply with all provisions of the Living Wage Program not expressly superseded by my business' Collective Bargaining Agreement):

I declare under penalty of perjury under the laws of the State of California that the Information herein is true and correct.

| PRINT NAME: | Bertha-Aguine                 | TITLE: President & COO |
|-------------|-------------------------------|------------------------|
| SIGNATURE:  | $\left( \frac{1}{2} \right) $ | DATE: 03/21/2022       |
|             |                               |                        |

FORM LW-4.1 (SUPPLEMENTAL)

### COUNTY OF LOS ANGELES

### ACKNOWLEDGMENT AND STATEMENT OF COMPLIANCE FOR LIVING WAGE ORDINANCE AND CONTRACTOR NONRESPONSIBILITY DEBARMENT

The undersigned individual is the owner or authorized agent (Agent) of the business entity or organization (Firm) identified below and makes the following statements on behalf of his or her Firm.

The Agent is required to check each of the following two boxes:

### LIVING WAGE ORDINANCE:

 $\square$ 

The Agent has read the County's Living Wage Ordinance (Los Angeles County Code, Sections 2.201.010 through 2.201.100), and understands that the Firm is subject to its terms.

CONTRACTOR NON-RESPONSIBILITY AND CONTRACTOR DEBARMENT ORDINANCE:

The Agent has read the County's Determinations of Contractor Non-Responsibility and Contractor Debarment Ordinance (Los Angeles County Code Sections 2.202.010 through 2.202.060) and understands that the Firm is subject to its terms.

### LABOR LAW/PAYROLL VIOLATIONS:

A 'Labor Law/Payroll Violation" includes violations of any Federal, State, or local statute, regulation, or ordinance pertaining to wages, hours, or working conditions, such as minimum wage, prevailing wage, living wage, the Fair Labor Standards Act, employment of minors, or unlawful employment discrimination.

History of Alleged Labor Law/Payroll Violations (Check One):

The Firm HAS NOT been named in a complaint, claim, investigation, or proceeding relating to an alleged Labor Law/Payroll Violation, which involves an incident occurring within three (3) years of the date of the proposal; OR

The Firm HAS been named in a complaint, claim, investigation, or proceeding relating to an alleged Labor Law/Payroll Violation which involves an incident occurring within three (3) years of the date of this proposal. (I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each allegation.)

History of Determinations of Labor Law /Payroll Violations (Check One):

There HAS BEEN NO determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation; OR

There HAS BEEN a determination by a public entity within three (3) years of the date of the proposal that the Firm committed a Labor Law/Payroll Violation. I have attached to this form the required Labor/Payroll/Debarment History form with the pertinent information for each violation (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding.) (The County may deduct points from the proposer's final evaluation score ranging from 1% to 20% of the total evaluation points available with the largest deductions occurring for undisclosed violations.)

### HISTORY OF DEBARMENT (Check one):

 $\checkmark$ 

The Firm HAS NOT been debarred by any public entily during the past ten (10) years; OR

The Firm HAS been debarred by a public entity within the past ten (10) years. Provide the pertinent information (including each reporting entity name, case number, name and address of claimant, date of incident, date claim opened, and nature and disposition of each violation or finding) on the attached Labor/Payroll/Debarment History form.

### I declare under penalty of perfury under the laws of the State of California that the above is true, complete, and correct.

| Owner's/Agent's Aut/op/260 Signature          | Print Name and Title<br>Bertha Aguirre, President & COO |
|-----------------------------------------------|---------------------------------------------------------|
| Print Name of Firm Empire Transportation Inc. | Date 03/21/2022                                         |

BIDDER: Empire Transportation. Inc.

| (25 x Hrs per wk)       RATE **         0       1000       17.68       \$         0       1000       17.68       \$         0       3000       17.68       \$         0       1012.5       17.68       \$         1012.5       17.68       \$       \$         0       987.5       17.68       \$       \$         1012.5       17.68       \$       \$       \$         0       987.5       17.68       \$       \$         1000       17.68       \$       \$       \$         0       1000       18.25       \$       \$       \$         0       2012.5       20.00       \$       \$       \$       \$         1       1000       18.25       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$ <th>POSITION/TITLE *</th> <th></th> <th></th> <th>HOURS PER DAY</th> <th>PER DA</th> <th><b>_</b></th> <th></th> <th>HOUR</th> <th>HOURS PER</th> <th>ANNUAL HOURS</th> <th>HOURLY WAGE</th> <th></th>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | POSITION/TITLE *                      |         |                 | HOURS PER DAY | PER DA       | <b>_</b> |            | HOUR           | HOURS PER   | ANNUAL HOURS       | HOURLY WAGE        |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------|-----------------|---------------|--------------|----------|------------|----------------|-------------|--------------------|--------------------|--------------|
| Image: black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black black  | (LIST EACH EMPLOYEE SEPARATELY)       | NNS     |                 |               |              |          |            |                |             | (25 x Hrs per wk)  | RATE **            | COSI         |
| Image: Network in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the | Operator 1                            | 0       | 8               | 8             | 8            | 8        | 8          | 0              | 40          | 1000               | 17.68              |              |
| 0         24         24         24         24         24         26         10         120         3000         1768           7.5         8         0         0         1         2         24         24         24         24         1012.5         1768           7.5         8         0         24         24         24         24         25         1012.5         1768           7.5         8         8         8         8         8         9         30.5         2012.5         2010           7.5         8         8         8         8         8         8         8         140         1000         18.26           7.5         16         16         16         16         9         80.5         2012.5         2010           7.5         8         8         15.5         9         80.5         2012.5         2000         31.00           7.6         8         8         15.5         9         80.5         2012.5         2000         31.00           7.6         8         8         15.5         9         80.5         2012.5         2010           7.6 <td< td=""><td>Operator 2</td><td>8</td><td>8</td><td>8</td><td>8</td><td>0</td><td>8</td><td>0</td><td>40</td><td>1000</td><td></td><td>_</td></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Operator 2                            | 8       | 8               | 8             | 8            | 0        | 8          | 0              | 40          | 1000               |                    | _            |
| 7.5         8         0         8         9         40.5         1012.5         17.88           0         24         24         24         24         24         20         3000         17.68           10         24         24         24         24         23         300         17.68           10         0         8         8         16         16         16         9         30.5         3000         17.68           10         0         8         8         16         16         16         9         30.5         2012.5         20.00           10         8         8         15         16         16         16         9         80.5         2010.5         27.50           11         12         16         16         16         9         80.5         2010.5         27.50           12         16         16         16         16         16         9         80.5         2010.5         27.50           14         17.83         17.83         17.83         17.83         24         56.5         14.00         27.50           16         16         16         16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Operator 3,4,5                        | 0       | 24              | 24            | 24           | 24       | 24         | 0              | 120         | 3000               |                    |              |
| 0         24         24         24         24         24         24         24         24         24         24         24         24         24         24         26         3000         17.68           1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Operator 6                            | 7.5     | ø               | 0             | 0            | 8        | 8          | 6              | 40.5        | 1012.5             |                    |              |
| 0         0         8         8         8         9         4         1025         17.68           6.5         8         8         0         0         9         39.55         997.5         17.68           7.5         8         8         16         16         16         9         80.5         2012.5         2010           7.5         16         16         16         16         16         9         80.5         2012.5         2010           7.5         16         16         16         16         16         9         80.5         2012.5         2010           7.5         16         16         16         16         16         9         80.5         2012.5         2010           7.5         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Operator 7,8,9                        | 0       | 24              | 24            | 24           | 24       | 24         | 0              | 120         | 3000               |                    | -            |
| 6.5         8         8         0         0         9         36.5         987.5         17.68           7.5         8         8         6         6         0         40         1000         18.25           7.5         16         16         16         16         9         80.5         2012.5         20.00           7.5         16         16         8         8         15.5         9         80         2000         13.00           1.7.61         8         8         8         8         8         56         14.00         2000         31.00           1.7.61         8         8         8         8         8         56         14.00         27.50           1.7.61         8         8         8         8         8         56         14.00         27.50           1.7.61         8         8         8         8         24         500         31.00           1.61         7.55         8         8         24         500         31.00           1.61         7.50         8         8         8         24         500         27.45           1.61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Operator 10                           | 0       | 0               | 8             | 8            | 80       | 8          | 6              | 41          | 1025               |                    |              |
| 0         8         8         8         6         40         1000         18.25           7.5         16         16         16         15         9         80.5         2012.5         20.00           7.5         16         16         16         15         9         80.5         2012.5         20.00           15         16         16         16         16         16         9         80.5         2012.5         20.00           15         1         16         16         16         16         16         19         20         20.00         27.50           16         1         1         1         1         1         24         20         21.00         21.00           16         10         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Operator 11                           | 6.5     | 8               | 8             | 8            | 0        | 0          | 6              | 39.5        | 987.5              |                    |              |
| 7.5         8         16         16         16         16         16         15         20.00           7.5         16         16         16         15         9         80.5         2012.5         20.00           7.5         16         16         16         15         9         80.5         2000         19.00           7.50         8         8         8         8         8         56         1400         27.50           7.10         8         8         8         8         8         8         51.00         31.00           7.11         7.11         8         8         8         8         8         56         1400         27.50           7.11         7.11         8         8         8         8         8         56         56         1400         27.50           7.11         7.11         7.101         7.50         7.50         7.50         7.50           7.11         7.11         7.11         7.51         7.51         7.51         7.51           7.11         7.11         7.51         7.51         7.51         7.51         7.51           8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Road Supervisor                       | 0       | 8               | 8             | 8            | 8        | 8          | 0              | 40          | 1000               |                    |              |
| 7.5         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Dispatchers (2)                       | 7.5     | 8               | 8             | 16           | 16       | 16         | 6              | 80.5        | 2012.5             | 20.00              |              |
| 8       8       8       8       8       56       1400       27.50         VRLY RATE LISTED ON LW-8S MUST BE EITHER THE<br>THE TWO LIVING WAGE RATE SIN THE LW       24       600       31.00         HE TWO LIVING WAGE RATE YON UNST<br>THE TWO DIFFERENT LIVING WAGE RATE SIN THE LW       (1) Vacations, Sick Leave, Holiday       Total Salaries         8       (1) Vacations, Sick Leave, Holiday       100       31.00       31.00         9       PHOUTIVING WAGE RATE NITHE LW       (2) Health Insurance **       100       100         8       Novelers' Compensation       100       27.50       100       100         8       Novelers' Compensation       100       100       100       100         9       Novelers' Compensation       100       100       100       100 <td>Reservationists (2)</td> <td>7.5</td> <td>16</td> <td>16</td> <td>8</td> <td></td> <td>15.5</td> <td>6</td> <td>80</td> <td>2000</td> <td></td> <td></td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Reservationists (2)                   | 7.5     | 16              | 16            | 8            |          | 15.5       | 6              | 80          | 2000               |                    |              |
| Image: Section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the section in the sect of the sect of the sect of the sect of the sect of th         | Mechanic A                            | 8       | 8               | 8             | 8            | 8        | 8          | 8              | 56          | 1400               | 27.50              |              |
| Total Salaries         URLY RATE LISTED ON LW-SS MUST BE EITHER THE       Total Salaries         THE TWO LIVING WAGE RATE YEARS <u>OR</u> YOU MUST         THE TWO LIVING WAGE RATE YEARS <u>OR</u> YOU MUST         THE TWO LIVING WAGE RATE YEARS <u>OR</u> YOU MUST         THE TWO LIVING WAGE RATE YEARS <u>OR</u> YOU MUST         THE TWO LIVING WAGE RATE YEARS <u>OR</u> YOU MUST         THE TWO LIVING WAGE RATE YEARS <u>OR</u> YOU MUST         MECHACH YEARS OR YOU MUST         Mechanc(s) Hourly Wage Rate         Mechanc(s) Hourly Rate         Mechanc(s) Hourly Rate         S31.00         Mechanc(s) Hourly Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mechanic B                            | 8       |                 |               |              |          | 8          | 8              | 24          | 600                | 31,00              |              |
| <ol> <li>(1) Vacations, Sick Leave, Holiday</li> <li>(2) Health Insurance ***</li> <li>(3) Payroll Taxes &amp; Workers' Compensation</li> <li>(3) Payroll Taxes &amp; Workers' Compensation</li> <li>(4) Welfare and Pension</li> <li>(5) Equipment Costs( Includes Fuel and the Cost of Parts)</li> <li>(6) Service and Supply Costs</li> <li>(7) General and Administrative Costs (Insurace Cost Included)</li> <li>(8) Profit</li> <li>(9) Profit</li> <li>(7) Caneral and Administrative Costs (Insurace Cost Included)</li> <li>(9) Profit</li> <li>(10) Total Other Costs (5+6+7+8)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Comments/Notes:                       |         |                 |               |              |          |            |                |             |                    | Total Salarles     |              |
| <ul> <li>(2) Health Insurance ***</li> <li>(3) Payroll Taxes &amp; Workers' Compensation <ul> <li>(4) Welfare and Pension</li> <li>(5) Equipment Costs</li> <li>(6) Service and Supply Costs</li> <li>(7) General and Administrative Costs (Insurace Cost Included)</li> <li>(8) Profit</li> <li>(9) Profit</li> <li>(9) Profit</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | **Important:HOURLY RATE LISTED ON LW- | -8S MUS |                 | HER TH        |              | Vacation | ns, Sick I | -eave, Holid   | ay          |                    |                    | \$ 13,341.06 |
| <ul> <li>(3) Payroll Taxes &amp; Workers' Compensation <ul> <li>(4) Welfare and Pension <ul> <li>Total Employee Benefits (1+2+3+4)</li> </ul> </li> <li>(5) Equipment Costs( Includes Fuel and the Cost of Parts) </li> <li>(6) Service and Supply Costs <ul> <li>(7) General and Administrative Costs (Insurace Cost Included)</li> <li>(8) Profit</li> <li>Total Other Costs (5+6+7+8)</li> </ul> </li> </ul></li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | HIGHER OF THE TWO LIVING WAGE RAT     | LE YEAR | IS <u>OR</u> YO | U MUSI        | ( <u>3</u> ) | Health I | nsurance   | *** (          |             |                    |                    | ÷            |
| Hourly Wage Rate       (4) Welfare and Pension         anc(s) Hourly Rate       \$31.00       Total Employee Benefits (1+2+3+4)         anc(s) Hourly Rate       \$27.50       (5) Equipment Costs (Includes Fuel and the Cost of Parts)         anc(s) Hourly Rate       \$27.50       (6) Service and Supply Costs         anc(s) Hourly Rate       \$       (7) General and Administrative Costs (Insurace Cost Included)         anc(s) Hourly Rate       \$       (7) General and Administrative Costs (Insurace Cost Included)         anc(s) Hourly Rate       \$       (8) Profit       Total Other Costs (5+6+7+8)         anc(s) Hourly Rate       Total Other Costs (5+6+7+8)       Total Other Costs (5+6+7+8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | BS PER EACH YEAR'S                    | RATE    |                 |               |              | Payroll  | Taxes &    | Workers' Co    | mpensatic   | uc                 |                    | \$ 73,820.06 |
| \$31.00     Total Employee Benefits (1+2+3+4)       \$27.50     (5) Equipment Costs( Includes Fuel and the Cost of Parts)       (6) Service and Supply Costs     (7) General and Administrative Costs (Insurace Cost Included)       (7) General and Administrative Costs (Insurace Cost Included)     (8) Profit       (11) Total Other Costs (Insurace Cost Included)     (5) Forfit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Mechanic(s)                           | Ť       | ourly Wag       | e Rate        | (4)          | Welfare  | and Pen    | ision          |             |                    |                    | \$           |
| \$27,50     (5) Equipment Costs( Includes Fuel and the Cost of Parts)       (6) Service and Supply Costs     (7) General and Administrative Costs (Insurace Cost Included)       (8) Profit     Total Other Costs (5+6+7+8)       Total Other Costs     (5+6+7+8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mechanc(s) Hourly Rate                |         | \$31.00         |               |              |          |            |                |             | Total Employee     | Benefits (1+2+3+4) | _            |
| (6) Service and Supply Costs         (7) General and Administrative Costs (Insurace Cost Included)         (8) Profit         Total Other Costs (5+6+7+8)         Total Other Costs (5+6+7+8)         Total Other Costs (5+6+7+8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Mechanc(s) Hourly Rate                |         | \$27.50         |               | (2)          | Equipm   | ent Costs  | ( Includes F   | Fuel and 1  | the Cost of Parts) |                    | \$ 64,421.36 |
| rral and Administrative Costs (Insurace Cost Included)<br>Total Other Costs (5+6+7+8)<br>Total Other Costs (5+6+7+8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Mechanc(s) Hourly Rate :              | \$      |                 |               | (9)          | Service  | and Sup    | ply Costs      |             |                    |                    | \$ 3,517.50  |
| Total Other Costs (5+6+7+8)<br>Total Other Costs (5+6+7+8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |         |                 |               | 6            | General  | and Adr    | ninistrative C | Costs (Ins. | urace Cost Includ  | ed)                | \$ 28,470.52 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |         |                 |               | (8)          | Profit   |            |                |             |                    |                    | \$           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |         |                 |               |              |          |            |                |             | Total Oth          | er Costs (5+6+7+8) |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |         |                 |               |              |          |            |                |             |                    |                    |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |         |                 |               |              |          |            |                |             |                    | TOTAL PRICE        |              |

All employees shown must be FULL-TIME employees of the bidder, unless exemption to use Part-Time employees has been granted by the County.

\* Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program. Hourly rates that are not in compliance may subject your proposal to rejection.

laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated Note: This cost methodology is to show, in detail, how the Bidder arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance requested. These costs, plus the gross labor costs and projected profit, must match the total to the Bidder's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, and this cost methodology, Form LW-8, the correctly calculated price indicated in Form PW-2, Schedule of Prices, and this revail. annual allowances for vacation, sick, holiday, health and welfare, and pension. Bidder's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the Bid.

Empire Transportation, Inc. Name of Proposer

gnatu

BIDDER: Empire Transportation, Inc.

| LOVEE SEPARATELY)         SUN         MON         TUE         WE         THU         FRI         SAT         WEEK         (52 kHrs per Wh)           0         8         8         8         8         0         40         2030           1         0         8         8         8         8         0         40         2030           1         0         24         24         24         0         120         6240           1         0         24         24         24         20         120         6240           1         0         24         24         24         0         120         6240           1         0         24         24         24         0         120         6240           1         0         24         24         24         0         120         6240           1         1         1         1         1<1         1<1         1<1         1<1           1         1         1         1         1         1<1         1<1         1<1           1         1         1         1         1         1         1<1         1<1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | POSITION/TITLE *                      |         |           | HOUR    | HOURS PER DAY | YAY        |           | F        | HOURS PER        | ANNUAL HOURS         | HOURLY WAGE         |      | Γ    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------|-----------|---------|---------------|------------|-----------|----------|------------------|----------------------|---------------------|------|------|
| 1         0         8         8         0         40         2080         17.37         5           7.5         8         8         0         40         2080         17.97         5           7.5         8         2         2         2         2         2         2         17.97         5           7.5         8         2         2         2         2         2         2         2         17.97         5           6.5         8         8         0         120         120         120         17.97         5           6.5         8         8         16         16         16         16         120         2000         13.76         5           7.5         8         8         16         16         9         80.5         4160         17.97         5           17.5         8         8         16         16         16         9         20.50         13.76         5           17.5         8         8         16         16         16         9         20.50         13.76         5           17.5         8         2.5         2.00         <                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (LIST EACH EMPLOYEE SEPARATELY)       | SUN     | NOM       | TUE     | WED           | 표          | FR        | SAT      | WEEK             | (52 x Hrs per wk)    | RATE **             | COSI |      |
| Image: Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sectin of the section of the section | Operator 1                            | 0       | 8         | 8       | 80            | 8          | 8         | 0        | 40               |                      |                     |      | 7.60 |
| 1         0         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24 <td>Operator 2</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> <td>0</td> <td>8</td> <td>0</td> <td>40</td> <td></td> <td></td> <td></td> <td>7.60</td>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Operator 2                            | 8       | 8         | 8       | 8             | 0          | 8         | 0        | 40               |                      |                     |      | 7.60 |
| 7.5         8         0         6         8         8         4         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13         1.13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Operator 3,4,5                        | 0       | 24        | 24      | 24            | 24         | 24        | 0        | 120              |                      |                     |      | 2.80 |
| 0         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         24         233         173         5           1         7.5         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8         8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Operator 6                            | 7.5     | 8         | 0       | 0             | 8          | 8         | 6        | 40.5             |                      |                     |      | 4.82 |
| 1         0         0         8         8         6         4         1         2132         17.97         5           1         0         8         8         0         0         9         39.5         2034         17.97         5           1         0         8         8         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16         16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Operator 7,8,9                        | 0       | 24        | 24      | 24            | 24         | 24        | 0        | 120              |                      |                     |      | 2.80 |
| 6.5         8         0         0         36.5         2056         17.91         \$           7.5         6         8         8         6         0         40         2080         16.75         \$           7.5         16         16         16         16         16         16         9         80.5         4186         16.55         \$           7.5         16         16         8         8         15.5         9         2012         26.00         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$         \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Operator 10                           | 0       | 0         | 8       | 8             | 8          | 8         | 6        | 41               |                      |                     |      | 2.04 |
| 0         6         8         8         6         6         40         2080         18.75         5           7.5         16         16         9         80.5         4166         2050         5           7.5         16         16         8         8         15.5         9         80.5         4166         19.50         5           7.5         16         16         8         8         8         8         231.50         5         5           18.75         8         8         8         8         8         8         8         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5         5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Operator 11                           | 6.5     | 8         | 80      | 8             | 0          | 0         | 6        | 39.5             |                      |                     |      | 0.38 |
| 7.5       8       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16       16 <td< td=""><td>Road Supervisor</td><td>0</td><td>8</td><td>80</td><td>8</td><td>8</td><td>8</td><td>0</td><td>40</td><td></td><td></td><td></td><td>0.00</td></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Road Supervisor                       | 0       | 8         | 80      | 8             | 8          | 8         | 0        | 40               |                      |                     |      | 0.00 |
| $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Dispatchers (2)                       | 7.5     | 8         | 8       | 16            | 16         | 9         | 6        | 80.5             |                      |                     |      | 3.00 |
| 8       8       8       8       8       8       5       5240       5       28.00       5         NELY RATE LISTED ON LW-Rs MUST       1       1       7041 Salaries       5       5       5         HE TWO LIVING WAGE RATE YEARS OR YOU MUST       1       1       7041 Salaries       5       5         HE TWO LIVING WAGE RATE YEARS OR YOU MUST       1       1       7041 Salaries       5       5         10 THE TWO LIVING WAGE RATE YEARS OR YOU MUST       1       1       1       1       5       5         11 THE TWO DIFFERENT LIVING WAGE RATES IN THE LIVING WAGE RATE STATE       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Reservationists (2)                   | 7.5     | 16        | 16      | 8             | 8          | 15.5      | 6        | 80               |                      |                     |      | 0.00 |
| B         B         24         1248         31.50         \$           URLY RATE LISTED ON LW-8s MUST BE EITHER THE<br>THE TWO LIVING WAGE RATE YEARS OR YOU MUST<br>THE TWO DIFFERENT LIVING WAGE RATE SIN THE LW<br>8s PER EACH YEAR'S RATE         (1) Vacations, Sick Leave, Holiday         5         5           HE TWO LIVING WAGE RATE YEARS OR YOU MUST<br>THE TWO DIFFERENT LIVING WAGE RATES IN THE LW<br>8s PER EACH YEAR'S RATE         (1) Vacations, Sick Leave, Holiday         5         5           Rechanic(s)         Hourly Wage Rate         (3) Payroll Taxes & Workers' Compensation         5         5         5           Mechanic(s)         Hourly Rate         \$31.50         (4) Welfare and Pension         Total Employee Benefits (1+2+3+4)         5         5           Mechanic(s) Hourly Rate         \$31.50         (5) Equipment Costs (Includes Fuel and the Cost of Parts)         5         5           Mechanc(s) Hourly Rate         \$28.00         (5) Equipment Costs (Includes Fuel and the Cost of Parts)         5         5           Mechanc(s) Hourly Rate         \$28.00         (5) Equipment Costs (Includes Cost Included)         5         5           Mechanc(s) Hourly Rate         \$28.00         (5) Equipment Costs (Insurace Cost Included)         5         5           Mechanc(s) Hourly Rate         \$28.00         (6) Service and Supply Costs         7         6         6 <tr< td=""><td>Mechanic A</td><td>8</td><td>8</td><td>8</td><td>80</td><td>8</td><td>8</td><td>8</td><td>56</td><td>-</td><td></td><td></td><td>6.00</td></tr<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mechanic A                            | 8       | 8         | 8       | 80            | 8          | 8         | 8        | 56               | -                    |                     |      | 6.00 |
| URLY RATE LISTED ON LW-3s MUST BE EITHER THE       Total Salaries       5         HE TWO LIVING WAGE RATE YEARS OR YOU MUST       (1) Vacations, Sick Leave, Holiday       5         THE TWO LIVING WAGE RATE YEARS OR YOU MUST       (2) Health Insurance ***       5         THE TWO LIVING WAGE RATES IN THE LW       (2) Health Insurance ***       5         8 PER EACH YEAR'S RATE       (3) Payroll Taxes & Workers' Compensation       5         8 PER EACH YEAR'S RATE       (3) Payroll Taxes & Workers' Compensation       5         Mechanc(s)       Hourly Wage Rate       (4) Welfare and Pension       5         Mechanc(s) Hourly Rate       \$31.50       (5) Equipment Costs (Includes Fuel and the Cost of Parts)       5         Mechanc(s) Hourly Rate       \$28.00       (5) Equipment Costs (Includes Fuel and the Cost of Parts)       5         Mechanc(s) Hourly Rate       \$28.00       (5) Equipment Costs (Includes Cost Included)       5         Mechanc(s) Hourly Rate       \$28.00       (5) Equipment Costs (Insurace Cost Included)       5         Mechanc(s) Hourly Rate       \$(7) General and Administrative Costs (Insurace Cost Included)       5         Mechanc(s) Hourly Rate       \$(7) General and Administrative Costs (Insurace Cost Included)       5         Mechanc(s) Hourly Rate       \$(7) General and Administrative Costs (Insurace Cost Included)       5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Mechanic B                            | 8       |           |         |               |            | 8         | 8        | 24               |                      |                     |      | 2.00 |
| ve, Holiday       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$ <td< td=""><td>Comments/Notes:</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Total Salaries</td><td></td><td>9.04</td></td<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Comments/Notes:                       |         |           |         |               |            |           |          |                  |                      | Total Salaries      |      | 9.04 |
| h       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$       \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | **Important:HOURLY RATE LISTED ON LW- | -8s MUS | 3T BE EI' |         |               | 1) Vacat   | ions, Sic | * Leave  | , Holiday        |                      |                     |      | 2.13 |
| kers' Compensation       \$         Total Employee Benefits (1+2+3+4)       \$         Total Employee Benefits (1+2+3+4)       \$         Cutdes Fuel and the Cost of Parts)       \$         Costs       \$         Costs       \$         Costs       \$         Costs       \$         Costs (Insurace Cost Included)       \$         Strative Costs (Insurace Cost Included)       \$         Total Other Costs (5+6+7+8)       \$         TOTAL PRICE       \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | HIGHER OF THE TWO LIVING WAGE RAT     | E YEAF  | RS OR Y   |         | ST<br>FIN     | 2) Healt   | h Insurai | Tce ***  |                  |                      |                     | •    | •    |
| Hourty Wage Rate       (4) Wetfare and Pension       \$         anc(s) Hourty Rate       \$31.50       (5) Equipment Costs( Includes Fuel and the Cost of Parts)       \$         anc(s) Hourty Rate       \$28.00       (5) Equipment Costs( Includes Fuel and the Cost of Parts)       \$         anc(s) Hourty Rate       \$28.00       (5) Equipment Costs( Includes Fuel and the Cost of Parts)       \$         anc(s) Hourty Rate       \$       (6) Service and Supply Costs       \$       \$         anc(s) Hourty Rate       \$       (7) General and Administrative Costs (Insurace Cost Included)       \$       \$         anc(s) Hourty Rate       \$       Total Other Costs (5+6+7+8)       \$       \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BEREARE STOW THE AVE OF FICTURE OF    | RATE    |           |         | <br>!         | 3) Payro   | II Taxes  | & Work   | ers' Compensa    | tion                 |                     |      | 0.44 |
| \$31.50       Total Employee Benefits (1+2+3+4)       \$         \$28.00       (5) Equipment Costs( Includes Fuel and the Cost of Parts)       \$       \$         \$28.00       (5) Equipment Costs( Includes Fuel and the Cost of Parts)       \$       \$         (6) Service and Supply Costs       \$       \$       \$         (7) General and Administrative Costs (Insurace Cost Included)       \$       \$         (8) Profit       Total Other Costs (5+6+7+8)       \$         (10)       Total Other Costs (5+6+7+8)       \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mechanic(s)                           | Ĩ       | ourly Wa  | ge Rate |               | 4) Welfa   | Ire and F | ension   |                  |                      |                     | •    | ,    |
| \$28.00       (5) Equipment Costs (Includes Fuel and the Cost of Parts)       \$         (6) Service and Supply Costs       \$       \$         (7) General and Administrative Costs (Insurace Cost Included)       \$       \$         (8) Profit       Total Other Costs (5+6+7+8)       \$         (9) Profit       Total Other Costs (5+6+7+8)       \$         (10)       Total Other Costs (5+6+7+8)       \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mechanc(s) Hourly Rate                |         | \$31.50   |         |               |            |           |          |                  | Total Employee       | Benefits (1+2+3+4)  |      | 2.57 |
| (6) Service and Supply Costs     \$       (7) General and Administrative Costs (Insurace Cost Included)     \$       (8) Profit     Total Other Costs (5+6+7+8)       (8) Profit     Total Other Costs (5+6+7+8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Mechanc(s) Hourly Rate                |         | \$28.00   |         | Ĩ             | 5) Equip   | ment Cc   | sts( Inc | ludes Fuel and   | I the Cost of Parts) |                     |      | 2.72 |
| \$         \$           Costs (5+6+7+8)         \$         `           TOTAL PRICE         \$         1,0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Mechanc(s) Hourly Rate                | ь<br>С  |           |         |               | 6) Servi   | ce and S  | upply C  | osts             |                      |                     |      | 8.5  |
| \$     Total Other Costs (5+6+7+8)     \$       TOTAL PRICE     \$     1,1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |         |           |         |               | 7) Gene    | rai and / | Administ | rative Costs (In | surace Cost Incluc   | fed)                |      | 4.67 |
| Other Costs (5+6+7+8) \$ Cother Costs (5+6+7+8) \$ TOTAL PRICE \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |         |           |         |               | (8) Profit |           |          |                  |                      |                     | \$   | ŀ    |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |         |           |         |               |            |           |          |                  | Total Oth            | ler Costs (5+6+7+8) |      | 8.39 |
| \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |         |           |         |               |            |           |          |                  |                      |                     |      |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |         |           |         |               |            |           |          |                  |                      | TOTAL PRICE         |      | 0,00 |

All employees shown must be FULL-TIME employees of the bidder, unless exemption to use Part-Time employees has been granted by the County.

\*\* Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program. Hourly rates that are not in compliance may subject your proposal to rejection.

(aborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated Note: This cost methodology is to show, in detail, how the Bidder arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance annual allowances for vacation, sick, holiday, health and welfare, and pension. Bidders's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Bidder's annual price as quoted in Form PW-2. Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, and this cost methodology, Form LW-8, the correctly calculated price indicated in Form PW-2, Schedule of Prices, shall prevait.

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the Bid.

Empire Transportation, Inc. Name of Proposer

BIDDER: Empire Transportation. Inc.

| Position/TitLe *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |        |                  | HOUR    | HOURS PER DAY | λΥ                       |           |                              | HOURS PER                                 | ANNUAL HOURS                                                  | HOURLY WAGE                       |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------|---------|---------------|--------------------------|-----------|------------------------------|-------------------------------------------|---------------------------------------------------------------|-----------------------------------|-----------------|
| (LIST EACH EMPLOYEE SEPARATELY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SUN    | NOM              | TUE     | WED           | H                        | <u></u>   | SAT                          | WEEK                                      | (52 x Hrs per wk)                                             | RATE **                           | 1000            |
| Operator 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 0      | 8                | 8       | 80            | 8                        | 8         | 0                            | 40                                        | 2080                                                          | 18,55                             | \$ 38,584.00    |
| Operator 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | æ      | 8                | 8       | 89            | 0                        | 8         | 0                            | 40                                        | 2080                                                          | 18.55                             | \$ 38,584.00    |
| Operator 3,4,5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0      | 24               | 24      | 24            | 24                       | 24        | 0                            | 120                                       | 6240                                                          | 18.55                             | \$ 115,752.00   |
| Operator 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7.5    | 8                | 0       | 0             | 80                       | 8         | 6                            | 40.5                                      | 2106                                                          | 18.55                             | \$ 39,066.30    |
| Operator 7,8,9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0      | 24               | 24      | 24            | 24                       | 24        | 0                            | 120                                       | 6240                                                          | 18.55                             | \$ 115,752.00   |
| Operator 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0      | 0                | 80      | 80            | 8                        | 80        | 6                            | 41                                        | 2132                                                          | 18.55                             | \$ 39,548.60    |
| Operator 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6.5    | 8                | 80      | 80            | 0                        | 0         | 6                            | 39.5                                      | 2054                                                          | 18.55                             | \$ 38,101.70    |
| Road Supervisor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0      | 8                | 80      | 8             | 80                       | 8         | 0                            | 40                                        | 2080                                                          | 19.25                             | \$ 40,040.00    |
| Dispatchers (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7.5    | 8                | 8       | 19            | 16                       | 9         | 6                            | 80.5                                      | 4186                                                          | 21.00                             | \$7,906.00      |
| Reservationists (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7.5    | 16               | 16      | 8             | 8                        | 15.5      | 6                            | 80                                        | 4160                                                          | 20.00                             | \$ 83,200.00    |
| Mechanic A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8      | 80               | 8       | 8             | 8                        | 8         | 8                            | 56                                        | 2912                                                          | 28.50                             | \$ 82,992.00    |
| Mechanic B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 8      |                  |         |               |                          | 8         | 8                            | 24                                        | 1248                                                          | 32.00                             | \$ 39,936.00    |
| Comments/Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                  |         |               |                          |           |                              |                                           |                                                               | Total Salaries                    | \$ 759,462.60   |
| **Important:HOURLY RATE LISTED ON LW-8s MUST BE EIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8s MUS | T BE EIT         | HER THE |               | (1) Vacal                | tions, Si | ck Leave                     | (1) Vacations, Sick Leave, Holiday        |                                                               |                                   | \$ 25,102.60    |
| HIGHER OF THE TWO LIVING WAGE RATE YEARS OR YOU MUST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | E YEAR | IS <u>OR</u> YC  |         |               | (2) Health Insurance *** | h Insura  | nce ***                      |                                           |                                                               |                                   | •               |
| BER EACH VERY STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STORE STOR | RATE   |                  |         | ł             | 3) Payro                 | di Taxes  | & Work                       | (3) Payroll Taxes & Workers' Compensation | lion                                                          |                                   | \$ 160,051.30   |
| Mechanic(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Ť      | Hourly Wage Rate | le Rate |               | (4) Welfare and Pension  | Ire and   | Pension                      |                                           |                                                               |                                   | •               |
| Mechanc(s) Hourly Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        | \$32.00          |         |               |                          |           |                              |                                           | Total Employee                                                | Total Employee Benefits (1+2+3+4) | \$ 153.90       |
| Mechanc(s) Hourly Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        | \$28.50          |         |               | (5) Equip                | ment C    | osts( Inc                    | ludes Fuel and                            | (5) Equipment Costs( Includes Fuel and the Cost of Parts)     |                                   | \$ 108,842.72   |
| Mechanc(s) Hourly Rate \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |                  |         |               | (6) Servi                | ce and    | (6) Service and Supply Costs | osts                                      |                                                               |                                   | \$ 5,251.00     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                  |         |               | 7) Gene                  | ral and   | Administ                     | rative Costs (In:                         | (7) General and Administrative Costs (Insurace Cost Included) | ed)                               | \$ 33,344.78    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                  |         |               | (8) Profit               |           |                              |                                           |                                                               |                                   | •               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                  |         |               |                          |           |                              |                                           | Total Oth                                                     | Total Other Costs (5+6+7+8)       | \$ 147,438.50   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                  |         |               |                          |           |                              |                                           |                                                               |                                   |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |        |                  |         |               |                          |           |                              |                                           |                                                               | TOTAL PRICE                       | \$ 1,092,055.00 |

All employees shown must be FULL-TIME employees of the bidder, unless exemption to use Part-Time employees has been granted by the County.

\*\* Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program. Hourly rates that are not in compliance may subject your proposal to rejection

laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated Note: This cost methodology is to show, in detail, how the Bidder arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance annual allowances for vacation, sick, holiday, health and welfare, and pension. Bidders's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Bidder's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, shall prevail.

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the Bid.

Empire Transportation, Inc. Name of Proposer

STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT:

WHITTIER, ET AL., DIAL-A-RIDE SERVICE BRC000274)

BIDDER: Empire Transportation, Inc.

| (LIST EACH EMPLOYEE SEPARATELY)         SUN         MON           Operator 1         0         6         0         6           Operator 2         8         6         6         6         6           Operator 3,4,5         0         7.5         6         6         6           Operator 6         7.5         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0         24         0 |           | E         WED           8         8           8         8           24         24           24         24           24         24           24         24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>王</b>                 | FRI       | SAT                          | WEEK                                      | (52 x Hrs per wk)                                             | RATE **                           |                 |             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|------------------------------|-------------------------------------------|---------------------------------------------------------------|-----------------------------------|-----------------|-------------|
| 0<br>8<br>7.5<br>7.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | 7 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          | a         |                              |                                           |                                                               |                                   |                 | 1           |
| 8<br>0<br>7.5<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5 5       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | 2         | 0                            | 40                                        | 2080                                                          | 19.14                             | 39,81           | 39,811.20   |
| 0<br>7.5<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 5         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | œ         | 0                            | 40                                        | 2080                                                          | 19.14                             | 39,81           | 39,811.20   |
| 7.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2                        | 24        | 0                            | 120                                       | 6240                                                          | 19.14                             | \$ 119,43       | 119,433.60  |
| 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ~         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8                        | 8         | 6                            | 40.5                                      | 2106                                                          | 19.14                             | \$ 40,3(        | 40,308.84   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           | and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon | 24                       | 24        | 0                            | 120                                       | 6240                                                          | 19.14                             | \$ 119,43       | 119,433.60  |
| Operator 10 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | 8 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8                        | 80        | 6                            | 41                                        | 2132                                                          | 19.14                             | \$ 40,80        | 40,806.48   |
| 6.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           | 8 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                        | 0         | 6                            | 39.5                                      |                                                               | 19.14                             | 39,31           | 39,313.56   |
| visor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 80        | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8                        | 80        | 0                            | 40                                        | 2080                                                          | 19.75                             | \$              | 41,080.00   |
| 7.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8         | 8 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16                       | 16        | 6                            | 80.5                                      | 4186                                                          | 21.00                             | \$              | 87,906.00   |
| \$ (2) 7.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 16 1      | 16 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8                        | 15.5      | 6                            | 80                                        | 4160                                                          | 20.00                             | 69              | 83,200.00   |
| Mechanic A 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 8         | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8                        | 8         | 8                            | 56                                        | 2912                                                          | 28.50                             | \$ 82,90        | 82,992.00   |
| Mechanic B 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | 8         | 8                            | 24                                        | 1248                                                          | 32.00                             | 39,90           | 39,936.00   |
| Comments/Notes:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |           |                              |                                           |                                                               | Total Salaries                    | \$ 774,032.48   | 32.48       |
| **Important:HOURLY RATE LISTED ON LW-8s MUST BE EIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EITHEF    | HER THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (1) Vaca                 | tions, Si | ck Leave                     | 1) Vacations, Sick Leave, Holiday         |                                                               |                                   | \$ 25,1(        | 25,101.60   |
| HIGHER OF THE TWO LIVING WAGE RATE YEARS OR YOU MUST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Z YOU N   | U MUST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (2) Health Insurance *** | h Insura  | nce ***                      |                                           |                                                               |                                   | 69              | 1           |
| CLEMILI STOW THE TWO DIT FILEN EVING THE BACK YEARS RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          | oll Taxes | s & Work                     | (3) Payroll Taxes & Workers' Compensation | tion                                                          |                                   | \$ 163,02       | 63,023.35   |
| Mechanic(s) Hourly Wag                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Wage Rate | ate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (4) Welfare and Pension  | are and   | Pension                      |                                           |                                                               |                                   | \$              | ŀ           |
| Mechanc(s) Hourly Rate \$32.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |           |                              |                                           | Total Employee                                                | Total Employee Benefits (1+2+3+4) | 67              | 188, 124.95 |
| Mechanc(s) Hourly Rate \$28.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (5) Equit                | oment C   | osts( Inc                    | ludes Fuel and                            | (5) Equipment Costs( Includes Fuel and the Cost of Parts)     |                                   | \$ 108,84       | 108,842.72  |
| Mechanc(s) Hourly Rate \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (6) Servi                | ce and    | (6) Service and Supply Costs | osts                                      |                                                               |                                   | 3,21            | 3,251.00    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (7) Gene                 | eral and  | Administ                     | rative Costs (In                          | (7) General and Administrative Costs (Insurace Cost Included) | ed)                               | 31,83           | 31,833.85   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (8) Profil               |           |                              |                                           |                                                               |                                   | \$              | 1           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |           |                              |                                           | Total Oth                                                     | Other Costs (5+6+7+8)             | G               | 43,927.57   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |           |                              |                                           |                                                               |                                   | -               |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |           |                              |                                           |                                                               | TOTAL PRICE                       | \$ 1,106,085.00 | 85.00       |

All employees shown must be FULL-TIME employees of the bidder, unless exemption to use Part-Time employees has been granted by the County.

\*\* Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program. Hourly rates that are not in compliance may subject your proposal to rejection.

laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated Note: This cost methodology is to show, in detail, how the Bidder arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance annual allowances for vacation, sick, holiday, health and welfare, and pension. Bidders's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Bidder's annual price as quoted in Form PW-2. Schedule of Prices. When there is a discrepancy

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the Bid.

between the price quoted in Form PW-2, Schedule of Prices, and this cost methodology, Form LW-8, the correctly calculated price indicated in Form PW-2, Schedule of Prices, shall prevail

Empire Transportation, Inc. Name of Proposer

3/21/2022 Date

4 of 6

STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT:

WHITTIER, ET AL., DIAL-A-RIDE SERVICE BRC0000274)

BIDDER: Empire Transportation, Inc.

| POSITION/TITLE *                                      |         |                  | HOUR    | HOURS PER DAY | AY                           |          |           | HOURS PER                                 | ANNUAL HOURS                                                  | HOURLY WAGE                       | F.G.C.C         |
|-------------------------------------------------------|---------|------------------|---------|---------------|------------------------------|----------|-----------|-------------------------------------------|---------------------------------------------------------------|-----------------------------------|-----------------|
| (LIST EACH EMPLOYEE SEPARATELY)                       | NNS     | NOW              | TUE     | WED           | THU                          | R        | SAT       | WEEK                                      | (52 × Hrs per wk)                                             | RATE **                           | 1000            |
| Oberator 1                                            | 0       | 8                | 8       | 8             | 8                            | œ        | 0         | 40                                        | 2080                                                          | 19.75                             | \$ 41,080.00    |
| Operator 2                                            | 8       | 8                | 8       | 8             | o                            | 8        | 0         | 40                                        | 2080                                                          | 19.75                             | \$ 41,080.00    |
| Operator 3.4.5                                        | 0       | 24               | 24      | 24            | 24                           | 24       | 0         | 120                                       | 6240                                                          | 19.75                             | \$ 123,240.00   |
| Operator 6                                            | 7.5     | 8                | 0       | 0             | 8                            | 8        | 6         | 40.5                                      | 2106                                                          | 19.75                             | \$ 41,593.50    |
| Operator 7,8,9                                        | 0       | 24               | 24      | 24            | 24                           | 24       | 0         | 120                                       | 6240                                                          | 19.75                             | \$ 123,240.00   |
| Operator 10                                           | 0       | 0                | 8       | 80            | 8                            | 8        | 6         | 41                                        | 2132                                                          | 19.75                             | \$ 42,107.00    |
| Operator 11                                           | 6.5     | 8                | 80      | 8             | 0                            | 0        | 6         | 39.5                                      | 2054                                                          | 19.75                             | \$ 40,566.50    |
| Road Supervisor                                       | 0       | 8                | 8       | 8             | 8                            | 8        | 0         | 40                                        | 2080                                                          | 20,25                             | \$ 42,120.00    |
| Dispatchers (2)                                       | 7.5     | 8                | 80      | 16            | 16                           | 16       | 6         | 80.5                                      | 4186                                                          | 21.50                             | \$ 999-00       |
| Reservationists (2)                                   | 7.5     | 16               | 16      | 8             | 8                            | 15.5     | 6         | 80                                        | 4160                                                          | 20.50                             | \$ 85,280.00    |
| Mechanic A                                            | 80      | 80               | 80      | 8             | 80                           | 8        | æ         | 56                                        | 2912                                                          | 29.00                             | \$ 84,448.00    |
| Mechanic B                                            | 8       |                  |         |               |                              | 8        | 8         | 24                                        | 1248                                                          | 32.50                             | \$ 40,560.00    |
| Comments/Notes:                                       |         |                  |         |               |                              |          |           |                                           |                                                               | Total Salaries                    | \$ 795,314.00   |
| ** important: HOURLY RATE LISTED ON LW-8s MUST BE EIT | -8s MUS | T BE EIT         | HER THE |               | 1) Vacati                    | ions, Si | sk Leav   | (1) Vacations, Sick Leave, Holiday        |                                                               |                                   | \$ 28,012.85    |
| HIGHER OF THE TWO LIVING WAGE RATE YEARS OR YOU MUST  | E YEAR  | S <u>OR</u> YO   |         | 1 W           | (2) Health Insurance ***     | i Insura | nce ***   |                                           |                                                               |                                   | \$              |
| BER EACH SHOW THE TWO DET ENCLY EVENTS                | RATE    |                  |         |               | 3) Payro                     | ll Taxes | & Work    | (3) Payroll Taxes & Workers' Compensation | tion                                                          |                                   | \$ 167,958.68   |
| Mechanic(s)                                           | Ť       | Hourly Wage Rate | le Rate |               | (4) Welfare and Pension      | re and F | ension    |                                           |                                                               |                                   | ¢               |
| Mechanc(s) Hourly Rate                                |         | \$32.50          |         |               |                              |          |           | · · · ·                                   | Total Employee                                                | Total Employee Benefits (1+2+3+4) | \$ 195,971.53   |
| Mechanc(s) Hourly Rate                                |         | \$29.00          |         | Ĩ             | 5) Equip                     | ment Ct  | osts( Inc | sludes Fuel and                           | (5) Equipment Costs( Includes Fuel and the Cost of Parts)     |                                   | \$ 93,751.03    |
| Mechanc(s) Hourly Rate \$                             | 6       |                  | ļ       | Ē             | (6) Service and Supply Costs | s and S  | Supply C  | osts                                      |                                                               |                                   | \$ 3,251.00     |
|                                                       |         |                  |         | ľ             | 7) Gener                     | al and / | Administ  | trative Costs (In                         | (7) General and Administrative Costs (Insurace Cost Included) | (pa)                              | \$ 31,792.44    |
|                                                       |         |                  |         | Ť             | (8) Profit                   |          |           |                                           |                                                               |                                   | \$              |
|                                                       |         |                  |         |               |                              |          |           |                                           | Total Oth                                                     | Total Other Costs (5+6+7+8)       | \$ 128,794.47   |
|                                                       |         |                  |         |               |                              |          |           |                                           |                                                               |                                   |                 |
|                                                       |         |                  |         | Н             |                              |          |           |                                           |                                                               | TOTAL PRICE                       | \$ 1,120,080.00 |

All employees shown must be FULL-TIME employees of the bidder, unless exemption to use Part-Time employees has been granted by the County.

\*\* Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program. Hourly rates that are not in compliance may subject your proposal to rejection.

laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated Note: This cost methodology is to show, in detail, how the Bidder arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance requested. These costs, plus the gross labor costs and projected profit, must match the total to the Bidder's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, shall prevail. annual allowances for vacation, sick, holiday, health and welfare, and pension. Bidders's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the Bid.

Empire Transportation, Inc. Name of Proposer

3/21/2022 Date

5 of 6

STAFFING PLAN AND COST METHODOLOGY FOR CONTRACT:

WHITTIER, ET AL., DIAL-A-RIDE SERVICE BRC0000274)

BIDDER: Empire Transportation. Inc.

| POSITION/TITLE *                                     |         |            | Н<br>Н<br>Н<br>Н | HOURS PER DAY | λΥ                           |           |           | HOURS PER                                 | ANNUAL HOURS                                                  | HOURLY WAGE                       | TSCC            |          |
|------------------------------------------------------|---------|------------|------------------|---------------|------------------------------|-----------|-----------|-------------------------------------------|---------------------------------------------------------------|-----------------------------------|-----------------|----------|
| (LIST EACH EMPLOYEE SEPARATELY)                      | NNS     | NOM        | TUE              | WED           | THU                          | FRI       | SAT       | WEEK                                      | (52 x Hrs per wk)                                             | RATE **                           | 1000            |          |
| Operator 1                                           | 0       | 8          | 8                | 8             | 8                            | 8         | 0         | 40                                        | 2080                                                          | 20.38                             | \$ 42,390.40    | 0.40     |
| Operator 2                                           | 8       | 8          | 8                | 8             | 0                            | 80        | 0         | 40                                        | 2080                                                          | 20.38                             | \$ 42,390.40    | 0.40     |
| Operator 3,4,5                                       | 0       | 24         | 24               | 24            | 24                           | 24        | 0         | 120                                       | 6240                                                          | 20.38                             | \$ 127,171.20   | 1.20     |
| Operator 6                                           | 7.5     | 8          | 0                | 0             | 8                            | 8         | 6         | 40.5                                      | 2106                                                          | 20.38                             | \$ 42,920.28    | 0.28     |
| Operator 7,8,9                                       | 0       | 24         | 24               | 24            | 24                           | 24        | 0         | 120                                       | 6240                                                          | 20.38                             | \$ 127,171.20   | 1.20     |
| Operator 10                                          | 0       | 0          | 8                | 8             | 80                           | 8         | 6         | 41                                        | 2132                                                          | 20.38                             | \$ 450.16       | 0.16     |
| Operator 11                                          | 6.5     | 8          | 8                | 8             | 0                            | 0         | 6         | 39.5                                      | 2054                                                          | 20.38                             | \$ 41,860.52    | 0.52     |
| Road Supervisor                                      | 0       | 8          | 8                | 8             | 8                            | 8         | 0         | 40                                        | 2080                                                          | 20.75                             | \$ 43,160.00    | 0.00     |
| Dispatchers (2)                                      | 7.5     | 8          | 80               | 16            | 9                            | 16        | 6         | 80.5                                      | 4186                                                          | 22.00                             | \$ 92,092.00    | 2.00     |
| Reservationists (2)                                  | 7.5     | 16         | 16               | 80            | 80                           | 15.5      | 6         | 80                                        | 4160                                                          | 21.00                             | \$ 87,360.00    | 0.0<br>0 |
| Mechanic A                                           | 8       | 80         | 8                | 8             | 8                            | 80        | 8         | 56                                        | 2912                                                          | 29.50                             | \$ 85,904.00    | 4.00     |
| Mechanic B                                           | 8       |            | ĺ                | 1             |                              | 80        | 8         | 24                                        | 1248                                                          | 33.00                             | \$ 41,184.00    | 4.00     |
| Comments/Notes:                                      |         |            |                  |               |                              |           |           |                                           |                                                               | Total Salaries                    | \$ 817,054.16   | 4.16     |
| **Important:HOURLY RATE LISTED ON LW-8s MUST BE EIT  | -8s MUS | ST BE EIT  | HER THE          |               | (1) Vaca                     | tions, Si | ck Leav   | (1) Vacations, Sick Leave, Holiday        |                                                               |                                   | \$ 30,251.36    | 1.36     |
| HIGHER OF THE TWO LIVING WAGE RATE YEARS OR YOU MUST | IE YEAF | RS OR YC   |                  | ST<br>T       | (2) Health Insurance ***     | h Insura  | nce ***   |                                           |                                                               |                                   | \$              |          |
| CLEARLY STOW THE TWO DIT CLEARLY LIVING W            | RATE    |            |                  |               | (3) Payro                    | II Taxes  | & Work    | (3) Payroll Taxes & Workers' Compensation | tion                                                          |                                   | \$ 158,785.05   | 5.05     |
| Mechanic(s)                                          | T       | Hourly Wag | ge Rate          |               | (4) Welfare and Pension      | are and 1 | Pension   |                                           |                                                               |                                   | \$              | •        |
| Mechanc(s) Hourly Rate                               |         | \$33.00    |                  |               |                              |           |           |                                           | Total Employee                                                | Total Employee Benefits (1+2+3+4) | \$ 189,036.41   | 6.41     |
| Mechanc(s) Hourly Rate                               |         | \$29.50    |                  |               | (5) Equip                    | ment C    | osts( Inc | sludes Fuel and                           | (5) Equipment Costs( Includes Fuel and the Cost of Parts)     |                                   | \$ 91,151.03    | 1.03     |
| Mechanc(s) Hourly Rate \$                            | \$      |            |                  |               | (6) Service and Supply Costs | ce and S  | Supply C  | osts                                      |                                                               |                                   | \$ 3,251.00     | 11.00    |
|                                                      |         |            |                  |               | (7) Gene                     | ral and , | Adminis   | trative Costs (In                         | (7) General and Administrative Costs (Insurace Cost Included) | ted)                              | \$ 33,587.40    | 17.40    |
|                                                      |         |            |                  |               | (8) Profit                   |           |           |                                           |                                                               |                                   | \$              | ۴        |
|                                                      |         |            |                  |               |                              |           |           |                                           | Total Oth                                                     | Other Costs (5+6+7+8)             | \$ 127,989.43   | 9.43     |
|                                                      |         |            |                  |               |                              |           |           |                                           |                                                               |                                   |                 |          |
|                                                      |         |            |                  |               |                              |           |           |                                           |                                                               | TOTAL PRICE                       | \$ 1,134,080.00 | 0.00     |
|                                                      |         |            |                  |               |                              |           |           |                                           |                                                               |                                   |                 |          |

All employees shown must be FULL-TIME employees of the bidder, unless exemption to use Part-Time employees has been granted by the County.

\*\* Living wage rate shall be at the wage rate as set forth in Form LW-1, Los Angeles County Code Chapter 2.201 - Living Wage Program. Hourly rates that are not in compliance may subject your proposal to rejection.

laborer, working supervisor, etc.); hours to be worked daily, weekly, and annually by each classification; hourly and annual wages to be paid to each classification; estimated annual payroll taxes; estimated Note: This cost methodology is to show, in detail, how the Bidder arrived at the proposed contract price. This methodology is to reflect employee classifications to be used (e.g., landscape maintenance annual allowances for vacation, sick, holiday, health and welfare, and pension. Bidders's costs for insurance, supplies, equipment, overhead, and any other miscellaneous costs are to be shown as requested. These costs, plus the gross labor costs and projected profit, must match the total to the Bidder's annual price as quoted in Form PW-2, Schedule of Prices. When there is a discrepancy between the price quoted in Form PW-2, Schedule of Prices, shall prevail.

The above information was complied from records that are available to me at this time and I declare under penalty of perjury that the information is true and accurate within the requirements of the Bid.

Empire Transportation, Inc.

Name of Proposer

### APPENDIX

### **2022 CHP TERMINAL INSPECTION**

| t                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        |                                        |               | Page 1        | of p          | ages                                   |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|------------------------------------------|----------|----------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|----------------------------------------|----------------------------------------|---------------|---------------|---------------|----------------------------------------|
| STATE OF CALIFORN<br>DEPARTMENT OF CA | IIA<br>ILIFORNIA HIGH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | WAY PATRO                             | L                                        | L.       | IEW TERM                               | INAL INF         | ORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Ī                                       | CA NUMBER                              | FILE                                   | CODE NUMBER                            | COUNTY        |               | BED           |                                        |
| SAFETY CC                             | MPLIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | CE REF                                | PORT/                                    | Ι.       | Yes                                    |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | 326910                                 |                                        | 245940                                 |               | 19            | SUBAREA       |                                        |
| TERMINAL                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          | F        | ERMINAL                                |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (                                       | CODE                                   | отн                                    | ER PROORAM(                            |               | N CODE<br>550 | SUBAREA<br>S4 |                                        |
| CHP 343 (Rev. 1                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          | Truck                                  |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | <u> </u>                               |                                        | <u>B</u>                               |               |               | <b>_</b>      |                                        |
| CARRIER LEGAL NAM                     | and a start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the start of the |                                       |                                          |          | TER                                    | VINAL N          | AME (IF DIFFEI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RENT                                    |                                        |                                        | l.                                     | (562) 529-2   |               | AREA LUDE)    |                                        |
| Empire Transp                         | ortation Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        | <u> </u>                               | (302) 329-    |               |               |                                        |
| TERMINAL STREET                       | ADDRESS (NUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | BER, STREET                           |                                          | CODÉ)    |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        |                                        |               |               |               |                                        |
| 8800 Park SL,<br>MAILING ADDRESS (    | Bellflower,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CA 9070                               | JO<br>CODEN (IE I                        | NEFERE   | NT FROM                                | ABOVEJ           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | SPECTION                                | LOCATION                               | (NUMBER,                               | STREET, CITY                           | OR COUNTY)    |               |               |                                        |
| MAILING ADDRESS (                     | NUMBER, SIRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ¢1, 017, 2#                           | 0000071"                                 |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ame                                     |                                        |                                        |                                        |               |               |               |                                        |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          | L        | CENSE                                  | FLEE             | T AND TER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MINAL                                   | INFORMA                                | TION                                   | ······································ | DRIVERS       |               | BITFLEE       | TSIZE                                  |
| HM LKC, NO.                           | HWT REG. NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MAS LI                                | C. NO.                                   | TRUC     | KS AND T                               | YPES             | TRAILERS AN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ID TYPES                                | PASS VEH                               | say iyee<br>11 19                      | Mod                                    | DATACIA       | 50            |               |                                        |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          | REG.     | 07                                     |                  | HW VEH.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         | HW CONT.                               |                                        | PPB/CSAT                               |               |               | Powere        | 90                                     |
| EXP. DATE                             | EXP. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EXP. (                                | JATE                                     | ľ        |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        | Yes                                    | No            | <b>N/A</b>    | Towed         | AN                                     |
| TERMINALS IDENTIF                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4 34515(b) C)                         | /C                                       | FILE     | CODE NUI                               | BERS C           | )<br>)F TERMINALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | INCLUDE                                 | D IN INSPEC                            | TION AS A                              | RESULT OF SE                           | CTION 34515(b | CVC           |               |                                        |
| TERMINALS IDENTIF                     | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | • • • • • • • •                       |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        |                                        |               |               |               |                                        |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          | EMER     | GENCY                                  | CONT             | ACTS (In C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Calling C                               | Order of P                             | referenc                               | :e)                                    | MIGHT TELEPI  | IONE NO. (    | W AREA COD    | E)                                     |
| EMERGENCY CONT                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          |                                        |                  | DAY TELEPHO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         | (2) 529-20                             |                                        |                                        |               |               |               | _                                      |
| Bertha Aguirr                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          | ·····                                  |                  | DAY TELEPH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •                                       | •                                      | 1                                      |                                        | NIGHT TELEP   |               |               | E)                                     |
| EMERGENCY CONT                        | ACT (NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (56                                     | 2) 529-2                               | 676                                    |                                        |               | (310) 34      | 5-2159        |                                        |
| Ulises Serpas                         | Danization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ESTIMAT                               | ED CAL                                   | FORN     | A MILE                                 | AGE F            | OR THIS TE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                        |                                        | R[ 20                                  | <u>)21 1</u>  |               | <u> </u>      |                                        |
| A                                     | В                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | ;                                        |          | D                                      |                  | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ,001                                    | ۴                                      | .001                                   | G<br>2,000,00                          |               | 000.001       |               | RE THAN                                |
| UNDER<br>15,000                       | 15,0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       | 50,001                                   |          |                                        | 0,001 —<br>0,000 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 00,000                                  | 2,000                                  |                                        | 5,000.00                               |               | 0,000,000     | 10,0          | 00,000                                 |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          | OPE                                    | RATIN            | G AUTHOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ITIES O                                 | R PERMI                                | TS                                     |                                        | IMS FITNESS   | FVALLIATIO    |               |                                        |
| PUC                                   | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       | S TCP                                    | 21507    | 7                                      |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | N/A                                    |                                        |                                        |               | <b>No</b>     |               |                                        |
|                                       | DOT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | · · · · · · · · · · · · · · · · · · · |                                          |          | ·                                      | Ċ                | MC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         | REA                                    | SON FOR I                              | NSPECTION                              |               |               |               |                                        |
| USDOI                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | feetan                                  | C = Cond                               |                                        | UR = Unrate                            | d N/A = No    | t Applicab    | le            |                                        |
| INSPECTION FIN                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INSPECTI                              | ON RATIN                                 |          | = Satisfi<br>DR                        | IVER RE          | Annual Annual Advances of the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s |                                         | G, EOUIPME                             |                                        |                                        | IS MATERIALS  |               | TERMINAL      |                                        |
| REQUIREMENTS                          | s viol                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                          |          | L                                      |                  | C . S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         | 2535                                   | A S                                    | 1 N/A 2 N/                             | A 3 N/A 4 N   | /A 1 S        | 2535          | <u>3 4 5</u>                           |
| PROGRAM                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1_ <u>S_2_</u>                        | <u>S 3 S</u>                             | 4_5_     | 1_2                                    | 233              | <u>S 4 S</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                        | ······································ | TIME                                   |               | TOTAL         | TIME          |                                        |
| DRIVER                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | No. 14                                | Time                                     | 3,0      | No. 2                                  | г 25             | Time 4.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No. 1                                   | 4 Time                                 | 9.5                                    |                                        |               |               | 16.5          |                                        |
| DRIVER                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | HAZARDOL                              | IS MATERIA                               |          | ·                                      |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CONTAIN<br>No.                          | IERS/TANKS<br>Time                     |                                        | VEHICLES PL<br>Vehicles                | ACED OUT-OF-  | Units         |               |                                        |
| HOURS                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       | <b>V Transpor</b>                        | led      | U No ŀ                                 | M viola          | ations noted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 140.                                    |                                        |                                        | Lander                                 |               |               |               |                                        |
| BRAKES                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | REMARKS                               |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        |                                        |               |               |               |                                        |
| LAMPS &                               | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        |                                        |               |               |               |                                        |
| SIGNALS                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        |                                        |               |               |               |                                        |
| DEVICES                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -                                     |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        |                                        |               |               |               |                                        |
| STEERING &<br>SUSPENSION              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        |                                        |               |               |               |                                        |
| TIRES &<br>WHEELS                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        |                                        |               |               |               |                                        |
| EQUIPMENT                             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                     |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        |                                        |               |               |               |                                        |
| REQUIREMENTS                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        |                                        |               |               |               |                                        |
| TANKS                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                                        |                                        |                                        |               |               |               |                                        |
| MATERIALS                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          | ·····                                  | ······           | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Interio and                             | INH PETER                              | ······································ |                                        | TIME          | in -          | TIME OU       | T                                      |
| INSPECTION TYP                        | E NON-BIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CPSS                                  |                                          | HP 345   | CHP 10                                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INSPECT                                 | ION DATE(S)                            | /09,10/2                               | 022                                    |               | 06:00         |               | 6:30                                   |
|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes                                   | No [[                                    |          |                                        | 7                | Me- 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID NUMB                                 | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                                        | <b></b>                                | SUSF          | ENSE DATE     |               |                                        |
| INSPECTED BY (A                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          |                                        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | • •                                    | A1673:                                 | 5                                      | $\boxtimes$   | Auto 🗌        | None          |                                        |
| K. Hardison                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |                                          |          |                                        | MOTO             | RCARRIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | R CERTI                                 |                                        | J                                      |                                        |               |               |               |                                        |
| I hereby certify                      | u that all viola                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | tions deer                            | cribed her                               | eon an   |                                        |                  | A4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                         | 2 through                              | ۱.                                     | will be corre                          | cted in acco  | rdance w      | th applicab   | le<br>/                                |
| provisions of t                       | he California                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Vehicle C                             | ode and t                                | he Cal   | tornia Ci                              | ode or i         | rtedmona                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | . I unde                                |                                        |                                        | equest a rev<br>ss days of th          | e rating.     | sausiacio     | iy ianing by  | ſ                                      |
| contacting the                        | Motor Carrie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | er Safety U                           | Init Super                               | visor al |                                        | (323)            | 044-95.47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | 7-                                     | o pusine:                              | sa uaya ui (ii                         | DAT           |               |               | ······································ |
| CURRENT TERM                          | INAL RATING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |                                          |          | CARRI                                  | ER REPR          | SENTALINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S-SIGNAR                                | JRC                                    |                                        |                                        | DAI           |               | /10/2022      |                                        |
| SATISFAC                              | TORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |                                          |          |                                        |                  | 1000 M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TIFLE                                   |                                        |                                        |                                        | DRI           | /ER LICENS    |               | STATE                                  |
| CARRIER REFRE                         | SENTATIVE'S PI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | RINTED NAM                            | ie – – – – – – – – – – – – – – – – – – – |          |                                        |                  | /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         | portation                              | Manap                                  | er                                     |               |               |               | CA                                     |
| Ulises Serpa                          | 35                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |                                          |          | ······································ |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 114118                                  | Portation                              | *******                                |                                        | l             |               | ~~~~          | 443 1017                               |

| r         | •             |             |                 | California High                       | way Patrol       |                                               |                                                  |
|-----------|---------------|-------------|-----------------|---------------------------------------|------------------|-----------------------------------------------|--------------------------------------------------|
|           | US DOT #      | Lega        | I: EMPIRE       | TRANSPORTATION IN                     | C                |                                               |                                                  |
|           | 2731988       |             | ating (DB/      | A):                                   |                  |                                               |                                                  |
| MC/MX #:  | 0000          |             | : 326916        | Federal Tax                           | ID:27-0121666 (  | EIN)                                          |                                                  |
|           |               | atable Rev  | view - Spec     | ial Study                             |                  |                                               |                                                  |
| Scope:    | Termi         |             | ,               | Location of Review/Au                 | dit: Company fac | ility in the U.S.                             | Territory: C                                     |
| Operation |               |             | Intrastate      |                                       |                  |                                               |                                                  |
|           |               | N/A         |                 | Business: Corporation                 |                  | <b>. .</b>                                    |                                                  |
|           |               | N/A         | N/A             | Gross Revenue:                        |                  | for year ending:                              |                                                  |
|           | o Tank:       | N/A         |                 |                                       |                  |                                               |                                                  |
| Company   | Physical      | Address:    |                 |                                       |                  |                                               |                                                  |
| 8800 PA   |               |             |                 |                                       |                  |                                               |                                                  |
|           | DWER, CA      | 90706       |                 |                                       |                  |                                               |                                                  |
|           |               | e - e       | ····            | · · · · · · · · · · · · · · · · · · · |                  |                                               |                                                  |
| Contact   | umbers: (     | 1) 562- 5   | 29-2676         | (2)                                   | Fax              |                                               |                                                  |
| E-Mail A  |               | 1,002 0     |                 | (-)                                   |                  |                                               |                                                  |
|           | y Mailing A   | ddress:     |                 |                                       |                  |                                               |                                                  |
| 8800 PA   |               |             |                 |                                       |                  |                                               |                                                  |
|           | OWER, CA      | 90706       |                 |                                       |                  |                                               |                                                  |
| l         |               |             |                 |                                       |                  |                                               |                                                  |
|           | lassification |             |                 |                                       |                  |                                               |                                                  |
|           |               |             |                 | · · · · · · · · · · · · · · · · · · · |                  |                                               |                                                  |
|           | assificatio   |             |                 |                                       |                  | ·····                                         |                                                  |
| Equipme   |               |             |                 |                                       |                  |                                               | erm Leased Trip Leased                           |
|           |               | 0           |                 | m Leased Trip Leased                  |                  | Owned Te                                      | Int Leased Trip Loused                           |
|           | bus, 16+      |             | 63              | 0 0                                   | 3                |                                               |                                                  |
| Power un  | its used in   | the U.S.: ( | 33<br>NUS - 100 |                                       |                  |                                               | والمعادية والمعاملة والمراجع والمعادية والمعادية |
| Percenta  | ge of time i  | isea in the | e U.S.: 100     | uantities of HM? No                   |                  | n a saana ka ka sa sa sa ka ka sa sa sa sa sa |                                                  |
| Does c    | arrier trans  | sport pla   | caruante di     | uantities of HM? No<br>N/A            |                  |                                               |                                                  |
|           | M Permit I    |             |                 |                                       |                  |                                               |                                                  |
| Driver    | nformatio     |             |                 |                                       |                  |                                               |                                                  |
|           |               | Inter       | Intra           | Average trip leased                   | Total Drivers:   | 50                                            |                                                  |
|           | 100 Miles     |             | 50              |                                       | CDL Drivers:     |                                               |                                                  |
| >=        | : 100 Miles   | :           |                 |                                       |                  | ~~~ ·····                                     |                                                  |

B

R72UA1CA6KFAA

| EMPIRE | <b>TRANSPORTATION INC - Terminal</b> |
|--------|--------------------------------------|
|--------|--------------------------------------|

U.S. DOT #: 2731988

State #: 326916

Part A

QUESTIONS regarding this report may be directed to the Southern Division Motor Carrier Safety Unit at;

437 N. Vermont Ave. Los Angeles, CA 90004

### This TERMINAL REVIEW deals only with safety compliance at this terminal.

### Person(s) Interviewed

Name: Ulises Serpas Name: Title: Transportation Manager Title:

R72UA1CA6KFAA

|                                                                                                 | EMPIRE TRANSPORTATION INC - Terminal<br>U.S. DOT #: 2731988 |              | State #: 326916                                                                                                                  | Review Date:<br>02/10/2022 |  |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|
|                                                                                                 |                                                             | Part B V     | olations                                                                                                                         |                            |  |
| Safety Fitness Rating Information:<br>Total Miles Operated 500,001<br>Recordable Accidents 0 No |                                                             |              | OOS Vehicle (CR): 0<br>Number of Vehicle Inspected (CR): 14<br>OOS Vehicle (MCMIS): 0<br>Number of Vehicles Inspected (MCMIS): 0 |                            |  |
| Your prop                                                                                       | osed safety rating is :<br>This                             | Review is no | ot Rated.                                                                                                                        |                            |  |

R72UA1CA6KFAA



### 02/10/2022

### Part B Requirements and/or Recommendations

 13CCR 1233.5 Carrier is required to notify the Department, in writing, of any change of address or cessation of regulated activity at any of the carrier's terminal. Such notification shall be made within 15 days of the change and shall be forwarded to: CALIFORNIA HIGHWAY PATROL COMMERCIAL RECORDS UNIT P.O. BOX 942898 SACRAMENTO, CA 94298-0001



| EMPIRE TRANSPORTATION INC - Terminal<br>U.S. DOT #: 2731988                                                                                                                                                                                          |                                                    | Sta                        | ate #: 326 | 916      |                             |         | view Date<br>10/2022 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------|------------|----------|-----------------------------|---------|----------------------|
|                                                                                                                                                                                                                                                      | Part C                                             |                            |            |          |                             |         |                      |
| Reason for Review:OtherPPlanned Action:Compliance Monitoring                                                                                                                                                                                         | L664                                               |                            |            |          |                             |         |                      |
| Parts Reviewed Certification:           325         382         383         387         390         391         392         393         395                                                                                                          | 396 397 3                                          | 98 399                     | 171 17     | 2 173    | 177                         | 178     | 180                  |
| Prior Reviews         Prior Prosecutions         Rea           6/30/2021         3/16/2021         7/14/2020                                                                                                                                         | son not Rated:                                     | Special Str                | udy        | Study    | Code:                       | CA      |                      |
| Unsat/Unfit Information<br>Is the motor carrier of passengers subject to the saf<br>procedures contained in 49 CFR part 385 subpart A,<br>transport passengers in a commercial motor vehicle<br>Does carrier transport placardable quantities of has | AND 0008 11                                        | No<br><b>iis?</b><br>Not A | pplicable  |          |                             |         |                      |
| Unsat/Unfit rule:<br>Corporate Contact: Ulises Serpas<br>Corporate Contact Title: Transportation Manager                                                                                                                                             |                                                    |                            | pecial Stu | dy Infoi | matior                      | n:      |                      |
| Remarks:<br>Terminal Name: Empire Transportation Inc CA # -<br>Terminal Address: 8800 Park St., Bellflower, CA 90706                                                                                                                                 | 326916<br>FCN - 245940                             |                            |            |          |                             |         |                      |
| Rating Information:<br>In accordance with 13 CCR 1233, this terminal has bee                                                                                                                                                                         | n rated Satisfact                                  | ory at this                | time.      |          |                             |         |                      |
| On-highway inspections were used to fulfill 0 of 14 requ                                                                                                                                                                                             | ired vehicle insp                                  | ections.                   |            |          |                             |         |                      |
| MAINTENANCE PROGRAM VIOLATIONS:<br>None at this time.                                                                                                                                                                                                |                                                    |                            |            |          |                             |         |                      |
| DRIVER RECORDS VIOLATIONS:<br>None at this time.                                                                                                                                                                                                     |                                                    |                            |            |          |                             |         |                      |
| HOURS OF SERVICE VIOLATIONS:<br>None at this time.                                                                                                                                                                                                   |                                                    |                            |            |          |                             |         |                      |
| HAZARDOUS MATERIALS VIOLATIONS:<br>N/A                                                                                                                                                                                                               |                                                    |                            |            |          |                             |         |                      |
|                                                                                                                                                                                                                                                      | Upload Au<br>Authorized<br>Uploaded<br>Verified by | diby:<br>: Y               | Yes<br>(es | No       | No<br>Date<br>Failu<br>Date | ire Cod | le:                  |

|                                                                                                                                                | DRIVERIVEHICI                                              | E EXAMINATION REPO                                                                                | RT                                                                     | Inspect 1.107.7282                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Glendale, CA<br>Bhone: (323)                                                                                                                   | hway Patrol<br>htral Avenue, #410<br>91203                 |                                                                                                   | Report Number:                                                         | T End: 7:35 AM P1<br>I: V - Terminal                                                     |
| EMPIRE TRANSPORTATION<br>3800 PARK ST<br>BELLFLOWER, CA, 90706                                                                                 |                                                            | Driver:<br>License#:<br>Date of Birth:                                                            |                                                                        | State:                                                                                   |
| USDOT: 2731988 PI                                                                                                                              | n <b>one#:</b> (562)529-2676<br>ax <b>#:</b> (562)529-2220 | CoDriver:<br>License#:<br>Date of Birth:                                                          | Ĩ۸                                                                     | State:                                                                                   |
| Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES                                                                                        | Milep<br>Origi<br>Desti                                    |                                                                                                   | Bill of Lad<br>Cargo:                                                  | ng: N/A                                                                                  |
| VEHICLE IDENTIFICATION                                                                                                                         | Plate Equipment ID<br>0099H2 316 1                         | <u>VIN GVW</u><br>FD4E45S28DA88375 1450                                                           | B <u>CVSA Existing</u>                                                 | CVSA#                                                                                    |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR<br>VIOLATIONS<br>Section Type Unit OOS<br>24252(a) S 1 N | <u>Cliation # VerifyCrash Vi</u> N N Tu                    | olations Discovered<br>Irn signal lamp inoperative393.                                            | 9TSSpecify: Left fro                                                   | nt turn signal inoperative                                                               |
| HazMat: No HM transported                                                                                                                      |                                                            | Placa                                                                                             | rd:                                                                    | Cargo Tank:                                                                              |
| Special Checks: No data for                                                                                                                    | special checks                                             |                                                                                                   |                                                                        |                                                                                          |
| State Information:<br>Odometer: 422110; File Code                                                                                              | Number: 245940; PUC<br>at/Sub Area: S44; Regul             | aled Activity 17110 close                                                                         |                                                                        |                                                                                          |
| Notes: Hydro boost has sign<br>aware of the issue.                                                                                             | s of seepage but is not a                                  | ictively leaking. No leakag                                                                       |                                                                        |                                                                                          |
| Pursuant to Section 24004 CVC, vio<br>service must be corrected before the<br>UNTIL ALL VIOLATIONS ARE CLE.<br>TO THE CALIFORNIA HIGHWAY P     | ARED. This document should                                 | Net Inspection Report must be<br>hway. For your convenience, K<br>NOT be forwarded to the court f | corrected prior to redis<br>EEP THIS REPORT C<br>or clearance procedur | patch. Violations marked out of<br>R A COPY IN THE VEHICLE<br>es. DO NOT RETURN THIS FOR |
| TO THE CALIFORNIA HIGHWAT P                                                                                                                    | ATTOL.                                                     |                                                                                                   |                                                                        |                                                                                          |
|                                                                                                                                                |                                                            |                                                                                                   |                                                                        |                                                                                          |
|                                                                                                                                                |                                                            |                                                                                                   |                                                                        |                                                                                          |
|                                                                                                                                                |                                                            |                                                                                                   |                                                                        |                                                                                          |

| Report Prepared By: |  |
|---------------------|--|
| K. Hardison         |  |

<u>ID/Badge #:</u> A16735 Copy Received By:

 $X_{-}$ 

.

.



X

|                                                                          |                                                               | DOWEDAN                                                                              | EHICLE EXAMINA                                                             | TION REPORT                                                                                                      | *                                                              | Inspect 1.107.7282                                                                        |
|--------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------|
|                                                                          | lifornia High<br>1 North Cent<br>endale, CA 9<br>one: (323) 6 | hway Patrol<br>Itral Avenue, #410<br>91203                                           | )                                                                          | R<br>In<br>S<br>Ir                                                                                               | eport Number:                                                  | T End: 8:13 AM P1<br>I: V - Terminal                                                      |
| MPIRE TRANSP<br>300 PARK ST<br>ELLFLOWER, CA<br>SDOT: 2731988            | ORTATION I                                                    |                                                                                      | Driver:<br>License#:<br>Date of B<br>676 CoDriver:                         | irth:                                                                                                            |                                                                | State:<br>State:                                                                          |
| C/MX#:<br>tate#: 326916<br>ocation: BELLFL<br>ighway:<br>county: LOS ANG | Fa<br>_OWER                                                   | 1x#: (562)529-222                                                                    | 0 License#<br>Date of B<br>Milepost:<br>Origin: N/A<br>Destination: N/A    |                                                                                                                  | Bill of Lad<br>Cargo: N/A                                      | ng: N/A                                                                                   |
| EHICLE IDENTIA<br>nit Type Make Yo<br>1 BU FORD 20                       | FICATION<br>ear State F                                       | Plate Equipment<br>931L1 308                                                         | ID <u>VIN</u><br>1FDXE45S27D                                               | GVWR<br>B32340 14500                                                                                             | CVSA Existing                                                  | CVSA #                                                                                    |
| RAKE ADJUSTI<br>xle # 1<br>Right N/A<br>.eft N/A<br>Chamber HYDR         | MENTS<br>2<br>N/A<br>N/A<br>R HYDR                            |                                                                                      |                                                                            | and the second second second second second second second second second second second second second second second |                                                                |                                                                                           |
|                                                                          | v <u>pe Unit OOS</u><br>S 1 N                                 | <u>Citation # VerifyC</u><br>N                                                       | rash Violations Discov<br>N Motor carrier fall<br>steps stanchion b        | to ensure general n                                                                                              | naintenance of vehi                                            | cle396.3A1Specify: Entry                                                                  |
| HazMat: No HM t                                                          | ransported                                                    |                                                                                      |                                                                            | Placard                                                                                                          |                                                                | Cargo Tank:                                                                               |
| Special Checks:                                                          | No data for                                                   | special checks                                                                       |                                                                            |                                                                                                                  |                                                                |                                                                                           |
| בי אינים, איני בי בי בי בי בי בי בי בי בי בי בי בי בי                    | Tubo 1 1 100                                                  | 17/5101 ATEA 544.                                                                    | Vednicred Actuals                                                          | •••••                                                                                                            |                                                                | r: 18; WC Passenger<br>h #1 Type: 10                                                      |
| Notes: Hydro boo<br>aware of the issu                                    | ost has signs                                                 | s of seepage but is                                                                  | s not actively leaki                                                       | ng. No leakage                                                                                                   | on applied pres                                                | sure. Carrier was made                                                                    |
| Pursuant to Section 2                                                    | 24004 CVC, viol                                               | lations recorded on thi<br>e vehicle is operated or<br>ARED. This document<br>ATROL. | s SafetyNet Inspection<br>1 the highway. For your<br>should NOT be forward | Report must be con<br>r convenience, KEE<br>ded to the court for                                                 | rected prior to redis<br>P THIS REPORT C<br>clearance procedur | spatch. Violations marked out of<br>DR A COPY IN THE VEHICLE<br>es. DO NOT RETURN THIS FO |

<u>Report Prepared By:</u> K. Hardison

<u>ID/Badge #:</u> A16735

Copy Received By:

Х

.

.



|                                                                 | - CT                                     |                                  |                                                                                                                | FHICL      | E EXAMINAT                            | ION REPOR   | रा                             | Inspect 1.107.7282                     |
|-----------------------------------------------------------------|------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------|------------|---------------------------------------|-------------|--------------------------------|----------------------------------------|
|                                                                 | alifornia H<br>11 North C<br>ilendale, C | ighway F<br>entral Av<br>A 91203 | atrol<br>venue, #41                                                                                            | 0          | HP407F/343A                           |             | Report Number                  | PT End: 8:55 AM PT<br>bl: V - Terminal |
| EMPIRE TRANSI<br>8800 PARK ST                                   | PORTATIO                                 |                                  |                                                                                                                |            | Driver:<br>License#:<br>Date of Bir   |             |                                | State:                                 |
| BELLFLOWER, (<br>USDOT: 273198<br>MC/MX#:                       | SA, 90706<br>8                           | Phone#:<br>Fax#: (56             | (562)529-)<br>32)529-222                                                                                       | 2676<br>20 | CoDriver:<br>License#:<br>Date of Bir |             |                                | State:                                 |
| State#: 326916<br>Location: LONG<br>Highway:<br>County: LOS AN  |                                          |                                  | and a second second second second second second second second second second second second second second second |            |                                       | Shipper: N/ | A<br>Bill of Lad<br>Cargo: N// |                                        |
| VEHICLE IDENT                                                   | Year State                               | N<br><u>Plate</u><br>74943R2     | Equipmen<br>342                                                                                                | LID<br>1F  | <u>VIN</u><br>DFE4FS0FDA              |             | R CVSA Existing                | CVSA #                                 |
| BRAKE ADJUS<br>Axie # 1<br>Right N/A<br>Left N/A<br>Chamber HYD | 2<br>\ N/A                               |                                  |                                                                                                                |            |                                       |             |                                |                                        |
| VIOLATIONS:N                                                    |                                          |                                  | covered                                                                                                        |            |                                       | Placar      | ·d:                            | Cargo Tank:                            |
| HazMat: No HM                                                   |                                          |                                  |                                                                                                                |            |                                       | Fidçai      |                                |                                        |
| Special Checks                                                  | s: No data f                             | or special                       | checks                                                                                                         |            |                                       |             |                                |                                        |
| Connection Dr. Dur                                              | 4; File Coo                              | leat/Sun /                       | Area: 5441                                                                                                     | Requi      | ALCU VOINNO.                          | 1110 01000  |                                | 16; WC Passenger<br>eh #1 Type: 10     |
| Notes: Catalytic                                                | converter                                | is covere                        | d by a she                                                                                                     | et meta    | al box. There i                       | s no way to | see if the conver              | ter is leaking exhaust. Ca             |

Notes: Catalytic conve was told to remove.

•

| <u>Report Prepared By:</u><br>K. Hardison | I <u>D/Badge #:</u><br>A16735 |  |
|-------------------------------------------|-------------------------------|--|
|-------------------------------------------|-------------------------------|--|

Copy Received By:

X



| CHP407F/343A-in                                           | SPECT                                                                                                                      |                              | DRIVER/VEHI                  | CLE EXAMINA                                        | TION REPOR                  | RT                                                                                                                                                 | Inspect 1.107.7282                   |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|----------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
|                                                           | California Highway Pat<br>411 North Central Aven<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accredi |                              | Patrol<br>Venue, #410        |                                                    |                             | Report Number: CANCWV00<br>Inspection Date: 02/09/2022<br>Start: 9:04 AM PT End: 9:45<br>Inspection Level: V - Termina<br>HM Inspection Type: None |                                      |
| EMPIRE TRAM<br>8800 PARK ST                               | VSPORTATIO                                                                                                                 |                              |                              | Driver:<br>License#:                               |                             |                                                                                                                                                    | State:                               |
| BELLFLOWEF<br>USDOT: 2731<br>MC/MX#:                      | 988                                                                                                                        | Phone#:<br>Fax#: (5          | (562)529-267€<br>62)529-2220 | Date of Bi<br>CoDriver:<br>License#:<br>Date of Bi |                             |                                                                                                                                                    | State:                               |
| State#: 32691<br>Location: BEI<br>Highway:<br>County: LOS | LLFLOWER                                                                                                                   |                              | Ori                          | epost:<br>gin: N/A<br>stination: N/A               | Shipper: N/                 | A<br>Bill of Lad<br>Cargo: N//                                                                                                                     |                                      |
| VEHICLE IDE<br>Unit Type Make<br>1 BU FOR                 | NTIFICATIO                                                                                                                 | N<br><u>Plate</u><br>09399Y1 | Equipment ID<br>303          | VIN<br>1FDXE45S07DI                                | <u>GVWF</u><br>332305 14500 | CVSA Existing                                                                                                                                      | <u>CVSA#</u>                         |
| Left 1                                                    | JSTMENTS<br>1 2<br>N/A N/A<br>N/A N/A<br>YDR HYDR                                                                          |                              |                              |                                                    |                             |                                                                                                                                                    |                                      |
| VIOLATIONS                                                | No violations                                                                                                              | s were dis                   | covered                      |                                                    |                             |                                                                                                                                                    |                                      |
| HazMat: No H                                              | -IM transporte                                                                                                             | ed                           |                              |                                                    | Placar                      | d:                                                                                                                                                 | Cargo Tank:                          |
| Special Chec                                              | c <b>ks:</b> No data                                                                                                       | for specia                   | l checks                     |                                                    |                             |                                                                                                                                                    |                                      |
| Consolity 2. F                                            | 24717; File Co<br>Bus Type: 2: f                                                                                           | 3eat/Sub /                   | area: S44' Keg               | ulated vehicle.                                    | I, FIG"ORDIN                |                                                                                                                                                    | r: 14; WC Passenger<br>h #1 Type: 10 |
| Notes: Cataly<br>was told to re                           | ytic converter                                                                                                             | is covere                    | d by a sheet m               | etal box. There                                    | is no way to s              | see if the convert                                                                                                                                 | er is leaking exhaust. Car           |

•

,

| <u>Report Prepared By:</u><br>K. Hardison | I <u>D/Badge #:</u><br>A16735                                                                                    | Copy Received By:                                                                         |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <u>X</u>                                  | and the second second second second second second second second second second second second second second second | X                                                                                         |
|                                           |                                                                                                                  | an a tha an an an an an an an ann an that anns tha an an an an an an an an an an an an an |

| 411 N<br>Glenn<br>Phon<br>Intern<br>EMPIRE TRANSPOR<br>3800 PARK ST            | ornia Highway Patrol<br>Iorth Central Avenue, #41<br>dale, CA 91203<br>ie: (323) 644-9557<br>nationally Accredited Age | ency CHP407F/343A<br>Driver:                        | Report Number                                       | PT End: 10:26 AM PT<br>el: V - Terminal |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|-----------------------------------------|
| EMPIRE TRANSPOR<br>8800 PARK ST<br>BELLFLOWER, CA,                             | and the second second second second second second second second second second second second second second second       | Driver:                                             |                                                     |                                         |
| USDOT: 2731988                                                                 | Phone#: (562)529-                                                                                                      | License#:<br>Date of Birth:<br>2676 CoDriver:       |                                                     | State:<br>State:                        |
| MC/MX#:<br>State#: 326916<br>Location: BELLFLO<br>Highway:<br>County: LOS ANGE |                                                                                                                        | Date of Birth:                                      | oper: N/A<br>Bill of Lac<br>Cargo: N/               | ling: N/A                               |
| VEHICLE IDENTIFIC<br>Unil Type Make Year<br>1 BU CHEV 2008                     | ATION<br>State Plate Equipmen                                                                                          | LID <u>VIN</u><br>1GBE5V1GX8F41030                  | GVWR CVSA Existing<br>03 19500                      | <u>CVSA</u> #                           |
| 1.49.4                                                                         | 2<br>N/A<br>N/A                                                                                                        |                                                     |                                                     |                                         |
| VIOLATIONS:No vic                                                              | plations were discovered                                                                                               |                                                     |                                                     | Cargo Tank:                             |
| HazMat: No HM trar                                                             | nsported                                                                                                               |                                                     | Placard:                                            | Cargo Talik.                            |
| Special Checks: No                                                             | o data for special checks                                                                                              |                                                     |                                                     |                                         |
| State Information:<br>Odometer: 333235;<br>Capacity: 2; Bus Ty                 | File Code Number: 245940<br>pe: 1; Beat/Sub Area: S44;                                                                 | ); PUC: 21507; Fuel Type<br>Regulated Vehicle: Y; P | e: G; Passenger Capacit<br>re-Cleared Vehicle: N; V | y: 26; WC Passenger<br>eh #1 Type: 10   |

¥

.

| <u>Report Prepared By:</u><br>K. Hardison | I <u>D/Badge #:</u><br>A16735 | Copy Received By: |
|-------------------------------------------|-------------------------------|-------------------|
| X                                         |                               | <u>X</u>          |



| CHP407F/343A-inSPECT DRIVER                                                                                                             | RIVEHICLE EXAMINATION REP                                             | ORT                                         | Inspect 1.107.7282                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| California Highway Patrol<br>411 North Central Avenue, #<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accredited A | #410                                                                  | Report Number:                              | PT End: 11:10 AM PT<br>I: V - Terminal                                                                           |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST                                                                                               | Driver:<br>License#:<br>Date of Birth:                                |                                             | State:                                                                                                           |
| BELLFLOWER, CA, 90706<br>USDOT: 2731988<br>MC/MX#:<br>Fax#: (562)529-3                                                                  | 29-2676 CoDriver:                                                     |                                             | State:                                                                                                           |
| State#: 326916<br>Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES                                                               | Milepost: Shipper:<br>Origin: N/A<br>Destination: N/A                 | N/A<br>Bill of Ladi<br>Cargo: N/A           |                                                                                                                  |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate Equipm<br>1 BU FORD 2008 CA 50101H2 31                                        |                                                                       | WR CVSA Existing                            | CVSA#                                                                                                            |
| BRAKE ADJUSTMENTSAxle #12RightN/AN/ALeftN/AN/AChamberHYDRHYDR                                                                           |                                                                       |                                             |                                                                                                                  |
| VIOLATIONS:No violations were discovered                                                                                                |                                                                       |                                             | A                                                                                                                |
| HazMat: No HM transported                                                                                                               | Plac                                                                  | ard:                                        | Cargo Tank:                                                                                                      |
| Special Checks: No data for special checks                                                                                              |                                                                       |                                             | and the second second second second second second second second second second second second second second second |
| State Information:<br>Odometer: 373590; File Code Number: 2459<br>Capacity: 1; Bus Type: 2; Beat/Sub Area: S4                           | 940; PUC: 21507; Fuel Type: G; F<br>14; Regulated Vehicle: Y; Pre-Cle | 'assenger Capacity:<br>ared Vehicle: N; Vel | : 13; WC Passenger<br>h #1 Type: 10                                                                              |

| Report Prepared By: | <u>ID/Badge #:</u> |
|---------------------|--------------------|
| K. Hardison         | A16735             |

Copy Received By:

X



Х

| HP407F/343A-inSP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                     |                            |                                         | HICLE EXAMI                                 | NATION REFO                               | Report Number                         | Inspect 1.107.7282<br>: CANCWV001152 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------|-----------------------------------------|---------------------------------------------|-------------------------------------------|---------------------------------------|--------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | California H<br>411 North C<br>Glendale, C<br>Phone: (323<br>Infernation)           | entral Av<br>A 91203       | enue, #410<br>57                        | icy CHP407F/3                               | 43A                                       | Inenection Date                       | el: V - Terminal                     |
| MPIRE TRANS<br>800 PARK ST<br>ELLFLOWER,<br>ISDOT: 273198<br>IC/MX#:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 6PORTATIC<br>CA, 90706<br>38                                                        | Phone#:                    | (562)529-20<br>52)529-2220              | Driver:<br>License<br>Date of<br>676 CoDriv | e#:<br>* Birth:<br>er:<br>e#:<br>f Birth: |                                       | State:<br>State:                     |
| itate#: 326916<br>.ocation: BELL<br>lighway:<br>:ounty: LOS Al                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FLOWER                                                                              |                            | (                                       | Milepost:<br>Origin: N/A<br>Destination: N  | Shipper: N                                | /A<br>Bill of Lad<br>Cargo: N/        |                                      |
| /EHICLE IDEN<br>Init Type Make<br>1 BU FORD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TIFICATION<br>Year State<br>2011 CA                                                 | N<br><u>Plate</u><br>100FL | Equipment<br>258                        | D <u>VII</u><br>1FDFE4FS5                   | <u>N</u> <u>GVW</u><br>BDA43090 1450      | R CVSA Existing                       | <u>CVSA#</u>                         |
| BRAKE ADJUS<br><u>xxle #</u> 1<br>Right N/A<br>.eft N/A<br>Chamber HYI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | . <u>2</u><br>A N/A                                                                 |                            |                                         |                                             |                                           |                                       |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                     |                            |                                         |                                             |                                           |                                       |                                      |
| hard the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s | vo violations                                                                       | s were dis                 | covered                                 |                                             | Dian                                      |                                       | Cargo Tank:                          |
| VIOLATIONS:N<br>HazMat: No HM<br>Special Check                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | // transporte<br>(s: No data )                                                      | d<br>for specia            | I checks                                |                                             | Placa                                     |                                       | Cargo Tank:                          |
| VIOLATIONS:N<br>HazMat: No HM<br>Special Check<br>State Informat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | M transporte<br>(s: No data )<br>(ion:                                              | d<br>for specia            | I checks                                | PUC: 21507; F<br>Regulated Vehic            |                                           |                                       | v: 20: WC Passenger                  |
| VIOLATIONS:N<br>HazMat: No HM<br>Special Check<br>State Informat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | M transporte<br>(s: No data )<br>(ion:                                              | d<br>for specia            | I checks                                | PUC: 21507; F<br>Regulated Vehic            |                                           | assenger Canacil                      | v: 20: WC Passenger                  |
| VIOLATIONS:N<br>HazMat: No HM<br>Special Check<br>State Informat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | M transporte<br>(s: No data )<br>(ion:                                              | d<br>for specia            | I checks                                | PUC: 21507; F<br>Regulated Vehic            |                                           | assenger Canacil                      | v: 20: WC Passenger                  |
| VIOLATIONS:N<br>HazMat: No HM<br>Special Check<br>State Informat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | M transporte<br>(s: No data )<br>(ion:                                              | d<br>for specia            | I checks                                | PUC: 21507; F<br>Regulated Vehic            |                                           | assenger Canacil                      | v: 20: WC Passenger                  |
| VIOLATIONS:N<br>HazMat: No HM<br>Special Check<br>State Informat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | M transporte<br>(s: No data )<br>(ion:                                              | d<br>for specia            | I checks                                | PUC: 21507; F<br>Regulated Vehic            |                                           | assenger Canacil                      | v: 20: WC Passenger                  |
| VIOLATIONS:N<br>HazMat: No HM<br>Special Check<br>State Informat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | d transporte<br>is: No data f<br>tion:<br>1088; File Co<br>is Type: 1; E<br>red Bv: | d<br>for specia            | I checks<br>er: 245940;<br>Area: S44; F | PUC: 21507; F<br>Regulated Vehic            |                                           | assenger Capacit<br>red Vehicle: N; V | v: 20: WC Passenger                  |



| CHP407F/343A-inS                                             | DECT                                                      |                                                   |                              |                                        | ON REPO                  | RT                             | Inspect 1.107.7282                      |
|--------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------|------------------------------|----------------------------------------|--------------------------|--------------------------------|-----------------------------------------|
|                                                              | California H<br>411 North C<br>Glendale, C<br>Phone: (32) | lighway F<br>Central Av<br>CA 91203<br>3) 644-955 | Patrol<br>venue, #410<br>57  | CHP407F/343A                           |                          | Report Number                  | PT End: 12:48 PM PT<br>al: V - Terminal |
| EMPIRE TRAN<br>8800 PARK ST                                  | SPORTATIC                                                 |                                                   |                              | Driver:<br>License#:<br>Date of Birt   |                          |                                | State:                                  |
| BELLFLOWER<br>USDOT: 27319<br>MC/MX#:                        | 88                                                        | Phone#:<br>Fax#: (50                              | (562)529-2676<br>62)529-2220 | CoDriver:<br>License#:<br>Date of Birt |                          |                                | State:                                  |
| State#: 326916<br>Location: BEL<br>Highway:<br>County: LOS / | LFLOWER                                                   |                                                   | Orig                         |                                        | Shipper: N/              | A<br>Bill of Lad<br>Cargo: N// |                                         |
| VEHICLE IDEI<br>Unit Type Make<br>1 BU FOR                   | NTIFICATION<br><u>e Year State</u><br>D 2011 CA           | N<br><u>Plate</u><br>917HN                        | Equipment ID<br>261          | VIN<br>1FDFE4FS0BDA4                   | <u>GVW</u><br>13093 1450 | 3 <u>CVSA Existing</u>         | CVSA#                                   |
| Right N<br>Left N<br>Chamber HY                              | 1 2<br>I/A N/A<br>I/A N/A<br>(DR HYDR                     |                                                   |                              |                                        |                          |                                |                                         |
| VIOLATIONS                                                   | No violations                                             | ; were dis                                        | covered                      |                                        | Placa                    |                                | Cargo Tank:                             |
| HazMat: No H                                                 |                                                           |                                                   |                              |                                        | Placa                    | ia:                            |                                         |
| Special Chec                                                 | ks: No data l                                             | or special                                        | l checks                     |                                        |                          |                                | 997                                     |
|                                                              | tion:                                                     | lated Veh                                         | icle: Y: Pre-Clea            | ared Vehicle: N;                       | Veh #1 Typ               | e: 10                          |                                         |

|  | <u>/Badge #:</u><br>16735 |
|--|---------------------------|
|--|---------------------------|

X

Copy Received By:



|                                                                                                                                                                                   | HICLE EXAMINATION REPO                                                          | RT Inspect 1.107.7282                                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CHP407F/343A-inSPECT DRIVER/VEI<br>California Highway Patrol<br>411 North Central Avenue, #410<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accredited Agenu |                                                                                 | Report Number: CANCWV001154<br>Inspection Date: 02/09/2022<br>Start: 12:56 PM PT End: 1:28 PM PT<br>Inspection Level: V - Terminal<br>HM Inspection Type: None |
| EMPIRE TRANSPORTATION INC<br>3800 PARK ST<br>3ELLFLOWER, CA, 90706                                                                                                                | Driver:<br>License#:<br>Date of Birth:                                          | State:                                                                                                                                                         |
| JSDOT: 2731988 Phone#: (562)529-26<br>MC/MX#: Fax#: (562)529-2220<br>State#: 326916                                                                                               | License#:<br>Date of Birth:                                                     | State:                                                                                                                                                         |
| Location: BELLFLOWER                                                                                                                                                              | lilepost: Shipper: N<br>Drigin: N/A<br>Destination: N/A                         | /A<br>Bill of Lading: N/A<br>Cargo: N/A                                                                                                                        |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate Equipment II<br>1 BU FORD 2011 CA 8Z58596 262                                                                           | 2 <u>VIN</u> <u>GVW</u><br>1FDFE4FS9BDA46235 1450                               | R CVSA Existing CVSA #<br>0                                                                                                                                    |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                                                                             |                                                                                 |                                                                                                                                                                |
| VIOLATIONS: No violations were discovered                                                                                                                                         |                                                                                 | Correo Tanki                                                                                                                                                   |
| HazMat: No HM transported                                                                                                                                                         | Placa                                                                           | rd: Cargo Tank:                                                                                                                                                |
| Special Checks: No data for special checks                                                                                                                                        |                                                                                 |                                                                                                                                                                |
| Special Checks. No data for special effective                                                                                                                                     |                                                                                 | an ana ang ini ana ang ang ang ang ang ang ang ang ang                                                                                                         |
|                                                                                                                                                                                   | PUC: 21507; Fuel Type: G; Pa<br>egulated Vehicle: Y; Pre-Clea                   | ssenger Capacity: 20; WC Passenger<br>ed Vehicle: N; Veh #1 Type: 10                                                                                           |
| State Information:                                                                                                                                                                | PUC: 21507; Fuel Type: G; Pa<br>egulated Vehicle: Y; Pre-Clea                   | ssenger Capacity: 20; WC Passenger<br>ed Vehicle: N; Veh #1 Type: 10                                                                                           |
| State Information:                                                                                                                                                                | PUC: 21507; Fuel Type: G; Pa<br>egulated Vehicle: Y; Pre-Clea                   | issenger Capacity: 20; WC Passenger<br>red Vehicle: N; Veh #1 Type: 10                                                                                         |
| State Information:                                                                                                                                                                | PUC: 21507; Fuel Type: G; Pa<br>egulated Vehicle: Y; Pre-Clea                   | issenger Capacity: 20; WC Passenger<br>red Vehicle: N; Veh #1 Type: 10                                                                                         |
| State Information:                                                                                                                                                                | PUC: 21507; Fuel Type: G; Pa<br>egulated Vehicle: Y; Pre-Clea                   | issenger Capacity: 20; WC Passenger<br>red Vehicle: N; Veh #1 Type: 10                                                                                         |
| State Information:                                                                                                                                                                | PUC: 21507; Fuel Type: G; Pa<br>egulated Vehicle: Y; Pre-Clea                   | ssenger Capacity: 20; WC Passenger<br>ed Vehicle: N; Veh #1 Type: 10                                                                                           |
| State Information:                                                                                                                                                                | PUC: 21507; Fuel Type: G; Pa<br>egulated Vehicle: Y; Pre-Clea                   | ssenger Capacity: 20; WC Passenger<br>ed Vehicle: N; Veh #1 Type: 10                                                                                           |
| State Information:                                                                                                                                                                | PUC: 21507; Fuel Type: G; Pa<br>egulated Vehicle: Y; Pre-Clea                   | ssenger Capacity: 20; WC Passenger<br>ed Vehicle: N; Veh #1 Type: 10                                                                                           |
| State Information:                                                                                                                                                                | PUC: 21507; Fuel Type: G; Pa<br>egulated Vehicle: Y; Pre-Clea                   | ssenger Capacity: 20; WC Passenger<br>ed Vehicle: N; Veh #1 Type: 10                                                                                           |
| State Information:                                                                                                                                                                | PUC: 21507; Fuel Type: G; Pa<br>egulated Vehicle: Y; Pre-Clea                   | ssenger Capacity: 20; WC Passenger<br>ed Vehicle: N; Veh #1 Type: 10                                                                                           |
| State Information:                                                                                                                                                                | PUC: 21507; Fuel Type: G; Pa<br>egulated Vehicle: Y; Pre-Clea                   | ssenger Capacity: 20; WC Passenger<br>ed Vehicle: N; Veh #1 Type: 10                                                                                           |
| State Information:                                                                                                                                                                | PUC: 21507; Fuel Type: G; Pa<br>egulated Vehicle: Y; Pre-Clear<br>Copy Received |                                                                                                                                                                |
| State Information:<br>Odometer: 221757; File Code Number: 245940; f<br>Capacity: 2; Bus Type: 1; Beat/Sub Area: S44; R                                                            |                                                                                 |                                                                                                                                                                |

-



| CHP407F/343A-inSPECT DRIVE                                                                                                          | R/VEHICLE EXAMINATION REPO                                   | RT Inspect 1.107.7282                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| California Highway Patrol<br>411 North Central Avenue,<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accredited | #410                                                         | Report Number: CANCWV001155<br>Inspection Date: 02/09/2022<br>Start: 1:33 PM PT End: 2:04 PM PT<br>Inspection Level: V - Terminal<br>HM Inspection Type: None |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br>USDOT: 2731988<br>MC/MX#: Fax#: (562)529                      | Driver:<br>License#:<br>Date of Birth:<br>529-2676 CoDriver: | State:<br>State:                                                                                                                                              |
| State#: 326916<br>Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES                                                           | Milepost: Shipper: N/<br>Origin: N/A<br>Destination: N/A     | A<br>Bill of Lading: N/A<br>Cargo: N/A                                                                                                                        |
|                                                                                                                                     | ment ID <u>VIN</u> <u>GVWI</u><br>02 1FDXE45S67DB29909 14500 | R CVSA Existing CVSA #                                                                                                                                        |
| BRAKE ADJUSTMENTSAxle #12RightN/AN/ALeftN/AN/AChamberHYDRHYDR                                                                       | ,                                                            |                                                                                                                                                               |
| VIOLATIONS:No violations were discovered                                                                                            |                                                              |                                                                                                                                                               |
| HazMat: No HM transported                                                                                                           | Placa                                                        | rd: Cargo Tank:                                                                                                                                               |
| Special Checks: No data for special check                                                                                           | S                                                            |                                                                                                                                                               |
| State Information:<br>Odometer: 395115; File Code Number: 245                                                                       | 040; PUC: 21507; Fuel Type: G; Pa                            | ssenger Capacity: 14; WC Passenger<br>ed Vehicle: N; Veh #1 Type: 10                                                                                          |

Capacity: 2; Bus Type: 2; Beat/Sub Area: S44; Regulated Vehicle: Y;

٠

| <u>Report Prepared By:</u><br>K. Hardison | <u>ID/Badge #:</u><br>A16735                                                                                    | Copy Received By: |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------|
| Х                                         | na na ana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin'ny fisiana amin' | <u>X</u>          |



|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E EXAMINATION RE                                                 | PORT                                       | Inspect 1.107.7282                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------|------------------------------------------|
| HP407F/343A-inSPECT<br>California Highwa<br>411 North Central<br>Glendale, CA 912<br>Phone: (323) 644-<br>Internationally Ac                                              | ay Patrol<br>I Avenue, #410<br>03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                  | Report Number:                             | PT End: 2:33 PM P1                       |
| MPIRE TRANSPORTATION INC<br>800 PARK ST<br>BELLFLOWER, CA, 90706<br>ISDOT: 2731988 Phon                                                                                   | Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contraction Contra | Driver:<br>License#:<br>Date of Birth:<br>CoDriver:<br>License#: |                                            | State:<br>State:                         |
| itate#: 326916<br>.ocation: BELLFLOWER<br>lighway:<br>county: LOS ANGELES                                                                                                 | Milep<br>Origi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date of Birth:<br>ost: Shipper<br>n: N/A<br>ination: N/A         | : N/A<br>Bill of Lad<br>Cargo: N/A         |                                          |
| VEHICLE IDENTIFICATION           Init         Type         Make         Year         State         Plate           1         BU         FORD 2011         CA         070W |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>VIN G</u><br>FDFE4FS2BDA46240 14                              | /WR CVSA Existing                          | <u>CVSA#</u>                             |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                            |                                          |
| /IOLATIONS:No violations were                                                                                                                                             | discovered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                            | Cargo Tank:                              |
| HazMat: No HM transported                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Pla                                                              | icard:                                     | Cargo rank.                              |
| Special Checks: No data for spe                                                                                                                                           | cial checks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                            | ى يې يې يې يې يې يې يې يې يې يې يې يې يې |
| State Information:<br>Odometer: 281148; File Code Nu<br>Capacity: 1; Bus Type: 1; Beat/St                                                                                 | mber: 245940; PUC<br>ub Area: S44; Regul                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | : 21507; Fuel Type: G;<br>ated Vehicle: Y; Pre-Cl                | Passenger Capacity<br>eared Vehicle: N; Ve | r: 21; WC Passenger<br>h #1 Type: 10     |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                            |                                          |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                            |                                          |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                            |                                          |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                            |                                          |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                            |                                          |
|                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                            |                                          |

| Re | port Prepared | <u>By:</u> |
|----|---------------|------------|
| K. | Hardison      |            |

<u>ID/Badge #:</u> A16735 Copy Received By:

X



,

| California Highway Patrol<br>411 North Central Avenue, #410<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Inspection Level: V - Terminal<br>Internationally Accredited Agency CHP407F/343A       Report Number: CANCWV001157<br>Inspection Date: 02/09/2022<br>Start: 2:40 PM PT End: 3:03 PM PT<br>Inspection Level: V - Terminal<br>HM Inspection Type: None         EMPIRE TRANSPORTATION INC       Driver:<br>License#:       State:         3800 PARK ST       License#:       State:         BELLFLOWER, CA, 90706       Date of Birth:       State:         USDOT: 2731988       Phone#: (562)529-2676       CoDriver:         MC/MX#:       Fax#: (562)529-2220       License#:       State:         Date of Birth:       Date of Birth:       State:         USDOT: 2731988       Phone#: (562)529-2220       License#:       State:         MC/MX#:       Fax#: (562)529-2220       License#:       State:         County: LOS ANGELES       Date of Birth:       County: LOS ANGELES       Destination: N/A         VEHICLE IDENTIFICATION<br>Unit Type Make Year State       Plate       Equipment ID       VIN       GVWR       CVSA Existing       CVSA.#         1       BU FORD 2011       CA       AB904       265       1FDFE44S4BDA46238       14500       EVENCH         BRAKE ADJUSTMENTS       Axle #       1       2       Right       N/A       Cargo Tank:       Special | California Highway Patrol<br>411 North Central Avenue, #410<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accredited Agency CHP407F/343A       Report Number: CANCWV001157<br>Inspection Date: 02/09/2022<br>Start: 2:40 PM PT End: 3:03 PM PT<br>Inspection Level: V - Terminal<br>Inspection Level: V - Terminal<br>HM Inspection Type: None         EMPIRE TRANSPORTATION INC       Driver:<br>License#:       State:         B800 PARK ST       License#:       State:         USDOT: 2731988       Phone#: (562)529-2676<br>CoDriver:       State:         USDOT: 2731988       Phone#: (562)529-2676<br>CoDriver:       State:         MCIMX#:       Fax#: (562)529-2220       License#:       State:         State#: 326916       Date of Birth:       State:         Location: BELLFLOWER       Milepost:       Shipper: N/A         County: LOS ANGELES       Destination: N/A       Cargo: N/A         VEHICLE IDENTIFICATION<br>Unit Type Make Year State       Plate       Equipment ID       VIN       GYWR       CVSA Existing       CVSA#         1       BU FORD 2011       CA       AB904       265       1FDFE4454BDA46238       14500         VIOLATIONS:No violations were discovered         Haze         AB904       265         FIPFE4454BDA46238       14500         Haze       Cargo Tank:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CHP407F/343A-inSPECT                                                                                                                                                    | DRIVER/VEHICL                                                      | E EXAMINATION REPO                                                                                    | DRT                                                                     | Inspect 1.107.7282                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------|
| EMPIRE TRANSPORTATION INC       License#:       State:         3800 PARK ST       Date of Birth:       Bate of Birth:         3800 PARK ST       Date of Birth:       Bate of Birth:         USDOT: 2731988       Phone#: (562)529-2676       CoDriver:       State:         USDOT: 2731988       Phone#: (562)529-2676       CoDriver:       State:         State#: 326916       Date of Birth:       State:       State:         Location: BELLFLOWER       Milepost:       Shipper: N/A       Bill of Lading: N/A         County: LOS ANGELES       Destination: N/A       Cargo: N/A       Corgo: N/A         VEHICLE IDENTIFICATION       VIN       GVWR       CVSA Existing       CVSA #         1       BU FORD 2011       CA       AB904       265       1FDFE44S4BDA46238       14500         BRAKE ADJUSTMENTS       Axle #       1       2       Right       N/A       N/A         Left       N/A       N/A       Cargo Tank:       Special Checks: No data for special checks       State Information:       Cargo Tank:         State Information:       State Information:       State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of State of                                                     | MPIRE TRANSPORTATION INC       License#:       State:         BBOU PARK ST       Date of Birth:       Date:         BELLFLOWER, CA, 90706       Date of Birth:       State:         DSD07: 2731988       Phone#: (562)529-2270       License#:       State:         DSD07: 2731988       Fax#: (562)529-2270       License#:       State:         DSD07: 2731988       Phone#: (562)529-2270       License#:       State:         Date of Birth:       Date of Birth:       Cargo: N/A         County: LOS ANGELES       Destination: N/A       Cargo: N/A         VEHICLE IDENTIFICATION       VIN       GVWR CVSA Existing       CVSA #         Unit Type Make Yea: State       Plate Equipment ID       VIN       GVWR CVSA Existing       CVSA #         I BU FORD 2011 CA       AB904       285       1FDFE4454BDA46238       14500       E         BRAKE ADJUSTMENTS       Ade#       1       2       Right       NA       N/A       Cargo Tank:         Special Checks: No data for special checks       State Information:       Cargo Tank:       Special Checks: No data for special checks       State Information:       Cargo Tank:       Cargo Tank:       Special Checks: Ny data for special checks       State Information:       Cargo Tank:       Cargo Tank:       Cargo Tank:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | California H<br>411 North (<br>Glendale, C<br>Phone: (32)                                                                                                               | Highway Patrol<br>Central Avenue, #410<br>CA 91203<br>(3) 644-9557 |                                                                                                       | Report Number<br>Inspection Date<br>Start: 2:40 PM F<br>Inspection Leve | e: 02/09/2022<br>PT <b>End:</b> 3:03 PM PT<br>el: V - Terminal |
| Unit       Type Make Year State       Plate       Equipment ID       VIN       GVWR       GWWR                                                                                                                                                                                                                                         | Unit Type Marke Year State Plate Equipment ID YIN GYAR COSA Labeling Origin And State of the text of the text of the text of the text of the text of the text of the text of the text of the text of the text of the text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of text of t | EMPIRE TRANSPORTATIO<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br>USDOT: 2731988<br>MC/MX#:<br>State#: 326916<br>Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES | Phone#: (562)529-2676<br>Fax#: (562)529-2220<br>Milep<br>Origit    | License#:<br>Date of Birth:<br>CoDriver:<br>License#:<br>Date of Birth:<br>iost: Shipper: N<br>n: N/A | Bill of Lad                                                             | State:<br>ling: N/A                                            |
| Axie #       1       2         Right       N/A       N/A         Left       N/A       N/A         Chamber       HYDR HYDR         VIOLATIONS:No violations were discovered         HazMat: No HM transported       Placard:         Cargo Tank:         Special Checks: No data for special checks         State Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Axle #       1       2         Right       N/A       N/A         Left       N/A       N/A         Chamber       HYDR HYDR       YIOLATIONS:No violations were discovered         HazMat:       No HM transported       Placard:       Cargo Tank:         Special Checks:       No data for special checks       State Information:         Odometer:       221262; File Code Number:       245940; PUC: 21507; Fuel Type: G; Passenger Capacity: 21; WC Passenger         Capacity:       1; Bus Type:       1; Beat/Sub Area:       S44; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Unit Type Make Year State                                                                                                                                               | Plate Equipment ID                                                 |                                                                                                       |                                                                         | CVSA#                                                          |
| HazMat: No HM transported       Placard:       Cargo Tank:         Special Checks: No data for special checks         State Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | HazMat: No HM transported       Placard:       Cargo Tank:         Special Checks: No data for special checks       State Information:       Odometer: 221262; File Code Number: 245940; PUC: 21507; Fuel Type: G; Passenger Capacity: 21; WC Passenger Capacity: 1; Bus Type: 1; Beat/Sub Area: S44; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Axle# 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                                                                                         | s were discovered                                                  |                                                                                                       |                                                                         |                                                                |
| Special Checks: No data for special checks State Information: State Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Special Checks: No data for special checks<br>State Information:<br>Odometer: 221262; File Code Number: 245940; PUC: 21507; Fuel Type: G; Passenger Capacity: 21; WC Passenger<br>Capacity: 1; Bus Type: 1; Beat/Sub Area: S44; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 10<br>Capacity: 1; Bus Type: 1; Beat/Sub Area: S44; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                         |                                                                    | Place                                                                                                 | ard:                                                                    | Cargo Tank:                                                    |
| State Information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | State Information:<br>Odometer: 221262; File Code Number: 245940; PUC: 21507; Fuel Type: G; Passenger Capacity: 21; WC Passenger<br>Capacity: 1; Bus Type: 1; Beat/Sub Area: S44; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2011                                                                                                                                                                    |                                                                    |                                                                                                       |                                                                         |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         | ode Number: 245940; PUC:<br>3eat/Sub Area: S44; Regula             | : 21507; Fuel Type: G; P<br>ated Vehicle: Y; Pre-Clea                                                 | assenger Capacity<br>red Vehicle: N; Ve                                 | y: 21; WC Passenger<br>sh #1 Type: 10                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |                                                                    |                                                                                                       |                                                                         |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |                                                                    |                                                                                                       |                                                                         |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |                                                                    |                                                                                                       |                                                                         |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |                                                                    |                                                                                                       |                                                                         |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |                                                                    |                                                                                                       |                                                                         |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |                                                                    |                                                                                                       |                                                                         |                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                         |                                                                    |                                                                                                       |                                                                         |                                                                |

Report Prepared By: K. Hardison

-

<u>ID/Badge #:</u> A16735

Copy Received By:



| CHP407F/343A-inSPECT                                              |                                                                                          | DRIVER/VEHIC                         |                                          | N REPORT                       |                              | Inspect 1.107.7282                    |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------|--------------------------------|------------------------------|---------------------------------------|
| 411 N<br>Glend<br>Phon                                            | ornia Highway<br>Iorth Central A<br>dale, CA 91203<br>e: (323) 644-95<br>nationally Accr | venue, #410                          | CHP407F/343A                             | Insp<br>Star<br>Insp           | ection Date:<br>t: 3:05 PM P | T End: 3:32 PM PT<br>I: V - Terminal  |
| EMPIRE TRANSPOR<br>8800 PARK ST                                   | TATION INC                                                                               |                                      | Driver:<br>License#:<br>Date of Birth:   |                                |                              | State:                                |
| BELLFLOWER, CA,<br>USDOT: 2731988<br>MC/MX#:<br>State#: 326916    | Phone#:                                                                                  | (562)529-2676<br>62)529-2220         | CoDriver:<br>License#:<br>Date of Birth: |                                |                              | State:                                |
| Location: BELLFLOV<br>Highway:<br>County: LOS ANGEL               |                                                                                          |                                      | oost: Sh<br>in: N/A<br>ination: N/A      | ipper: N/A                     | Bill of Ladi<br>Cargo: N/A   |                                       |
| VEHICLE IDENTIFIC<br>Unit Type Make Year<br>1 BU FORD 2009        | State Plate                                                                              | Equipment ID<br>246 1                | VIN<br>FDFE45S39DA473                    | <u>GVWR CV</u><br>375 14500    | SA Existing                  | CVSA #                                |
|                                                                   | 2<br>N/A<br>N/A                                                                          |                                      |                                          |                                |                              |                                       |
| VIOLATIONS:No viol                                                | lations were dis                                                                         | covered                              |                                          |                                |                              |                                       |
| HazMat: No HM tran                                                | sported                                                                                  |                                      |                                          | Placard:                       |                              | Cargo Tank:                           |
| Special Checks: No                                                | data for special                                                                         | checks                               |                                          |                                |                              |                                       |
| State Information:<br>Odometer: 192734; F<br>Capacity: 1; Bus Typ | File Code Numb<br>e: 1; Beat/Sub /                                                       | er: 245940; PUC<br>\rea: S44; Regula | : 21507; Fuel Tyr<br>ated Vehicle: Y; F  | e: CNG; Pass<br>Pre-Cleared Ve | enger Capac<br>hicle: N; Ver | ity: 21; WC Passenger<br>1#1 Type: 10 |

÷

'n

| Report Prepared By:<br>K. Hardison | I <u>D/Badge #:</u><br>A16735                                                                                   | Copy Received By: |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------|
| <u>X</u>                           | and a first start and a second start and a second start and a second start and a second start and a second star | <u>X</u>          |



| CHP407F/343A-inSPECT                                                                      | DRIVER/VEHICLE EXAMINATION R                                                       | REPORT Inspect 1.107.7282                                                                                                                                     |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| California Highwa<br>411 North Centra<br>Glendale, CA 912<br>Phone: (323) 644             | ay Patrol<br>I Avenue, #410<br>03                                                  | Report Number: CANCWV001159<br>Inspection Date: 02/10/2022<br>Start: 6:54 AM PT End: 7:31 AM PT<br>Inspection Level: V - Terminal<br>HM Inspection Type: None |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST                                                 | Driver:<br>License#:<br>Date of Birth:                                             | State:                                                                                                                                                        |
|                                                                                           | e#: (562)529-2676 CoDriver:<br>(562)529-2220 License#:<br>Date of Birth:           | State:                                                                                                                                                        |
| Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES                                   |                                                                                    | er: N/A<br>Bill of Lading: N/A<br>Cargo:                                                                                                                      |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate<br>1 BU FORD 2009 CA 907H       |                                                                                    | GVWR CVSA Existing CVSA #<br>14500                                                                                                                            |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR     |                                                                                    |                                                                                                                                                               |
| VIOLATIONS:No violations were                                                             | discovered                                                                         |                                                                                                                                                               |
| HazMat: No HM transported                                                                 | P                                                                                  | lacard: Cargo Tank:                                                                                                                                           |
| Special Checks: No data for spe                                                           | cial checks                                                                        |                                                                                                                                                               |
| State Information:<br>Odometer: 206917; File Code Nu<br>Capacity: 1; Bus Type: 1; Beat/Su | mber: 245940; PUC: 21507; Fuel Type: G<br>b Area: S44; Regulated Vehicle: Y; Pre-C | 6; Passenger Capacity: 21; WC Passenger<br>Cleared Vehicle: N; Veh #1 Type: 10                                                                                |
|                                                                                           |                                                                                    |                                                                                                                                                               |

| <u>Report Prepared By:</u><br>K. Hardison | <u>ID/Badge #:</u><br>A16735 | Copy Received By: |
|-------------------------------------------|------------------------------|-------------------|
| <u>X</u>                                  |                              | X                 |



## **2021 CHP TERMINAL INSPECTION**

# STATE OF CALIFORNIA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | report contains CONFIDENTIAL pages.                                                                | F         | Page 1 of  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------|------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | LOC, CODE | SUBAREA    |  |
| CARRIER NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |           |            |  |
| Empire Transportation Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 326916<br>PHONE NUMBER                                                                             | DATE 550  | <u>S44</u> |  |
| STREET ADDRESS, CITY, STATE, ZIP CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PHONE NUMBER                                                                                       |           |            |  |
| 8800 Park St., Bellflower, CA 90706                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (562) 529-2676                                                                                     | /         | 06/29/2021 |  |
| carrier representative<br>Bertha Aguirre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TITLE<br>Chief Operating<br>Officer                                                                | TIME IN   | TIME OUT   |  |
| INSPECTION LOCATION (If other than the canter's principal place of business)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | U.S. DOT NUMBER                                                                                    | MC NUMBER |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2731988                                                                                            |           |            |  |
| Carrier's compliance with the following requirements:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |           |            |  |
| REMARKS<br>This Carrier has been rated SATISFACTORY at this time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |           |            |  |
| 34520 VC – Carrier is enrolled with the following Controlled Substance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | and Alconor resume riogram as see w                                                                |           |            |  |
| <ul> <li>34520 VC – Carrier is enrolled with the following Controlled Substance</li> <li>CDT</li> <li>230 Commerce STE 100</li> <li>Irvine, CA 92602</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and Alconor resung riogram as see w                                                                |           |            |  |
| CDT<br>230 Commerce STE 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | and Alconor resung riogram as see w                                                                |           |            |  |
| CDT<br>230 Commerce STE 100<br>Irvine, CA 92602                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | and Alconor resuling riogram as see w                                                              |           |            |  |
| CDT<br>230 Commerce STE 100<br>Irvine, CA 92602<br>Phone (919) 757-9010<br>See attached Carrier Review Parts A, B & C<br>As a result of the inspection noted above, this carrier was assigned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ed a compliance rating of <u>SATIS</u>                                                             |           |            |  |
| CDT<br>230 Commerce STE 100<br>Irvine, CA 92602<br>Phone (919) 757-9010<br>See attached Carrier Review Parts A, B & C<br>As a result of the inspection noted above, this carrier was assigned<br>This rating applies only to carrier requirements - Terminals are rational contents and the carrier requirements - Terminals are rational contents and the carrier requirements - Terminals are rational contents and the carrier requirements - Terminals are rational contents and the carrier requirements - Terminals are rational contents and the carrier requirements - Terminals are rational contents and the carrier requirements - Terminals are rational contents and the carrier requirements - Terminals are rational contents and the carrier requirements - Terminals are rational contents - Terminal content - Terminal content - Terminal content - Terminal content - Terminal content - Terminal content - Terminal content - Terminal content - Terminal content - Terminal content - Terminal content - Terminal content - Terminal content - Terminal content - Terminal con | ed a compliance rating of <u>SATISF</u><br>led separately.                                         |           |            |  |
| CDT<br>230 Commerce STE 100<br>Irvine, CA 92602<br>Phone (919) 757-9010<br>See attached Carrier Review Parts A, B & C<br>As a result of the inspection noted above, this carrier was assigned<br>This rating applies only to carrier requirements - Terminals are ra<br>RATING HISTORY<br>1 S 2 S 3 S 4 S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ed a compliance rating of <u>SATISF</u><br>ited separately.                                        | FACTORY   |            |  |
| CDT<br>230 Commerce STE 100<br>Irvine, CA 92602<br>Phone (919) 757-9010<br>See attached Carrier Review Parts A, B & C<br>As a result of the inspection noted above, this carrier was assigned<br>This rating applies only to carrier requirements - Terminals are ra<br>RATING HISTORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ed a compliance rating of <u>SATISF</u><br>ited separately.                                        | FACTORY   | IMN NO.    |  |
| CDT         230 Commerce STE 100         Irvine, CA 92602         Phone (919) 757-9010         See attached Carrier Review Parts A, B & C         As a result of the inspection noted above, this carrier was assigned This rating applies only to carrier requirements - Terminals are rained applies only to carrier requirements - Terminals are rained above, the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s                                                                                                                                                                                    | ed a compliance rating of <u>SATISF</u><br>ited separately.<br>HONS CHP 346<br>ISSUED AUTO<br>None | ACTORY    | IMN NO.    |  |

#### MOTOR CARRIER CERTIFICATION

|                                                                                                              | MOTOR CARRIER CERTIFICATION                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I hereby certify that all violations recorded he<br>California Vehicle Code and the California C<br>SOUTHERN | ereon and on the attached pages (2 through6) will be corrected in accordance with applicable provisions of the ode of Regulations. I understand that I may request a review of an unsatisfactory rating by contacting the |
|                                                                                                              |                                                                                                                                                                                                                           |

| CARRIER REPRESENTATIVE'S PRINTED NAME | ŢIŢĪ.Ē                  | ORIVER LICENSE NUMBER | STATE |
|---------------------------------------|-------------------------|-----------------------|-------|
| Bertha Aguirre                        | Chief Operating Officer |                       | CA    |
| CARRIER REPRESENTATIVE'S SIGNATURE    | CURRENT CARRIER RATING  | DATE                  |       |
|                                       | SATISFACTORY            | 06/30/2021            |       |
|                                       | ★ F <sup>2</sup> bf     | ~ ~ ~ ~               | ar    |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |         |        |                                        | California Highw       | ay Patrol                             |                                                                                            |                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------|--------|----------------------------------------|------------------------|---------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | US DOT      | ·#      | Lega   | I: EMPIRE                              | TRANSPORTATION INC     |                                       |                                                                                            |                                                                                                                 |
| E.K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 2731988     | 3       |        | rating (DB                             | A):                    |                                       | . <u>ataspy</u>                                                                            |                                                                                                                 |
| MC/MX #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0000        | S       | tate # | : 326916                               | Federal Tax I          | <b>):</b> 27-0121666 (                | EIN)                                                                                       |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             | -ratab  | le Re  | view - Spec                            | al Study               |                                       |                                                                                            |                                                                                                                 |
| Scope:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | ninal   |        |                                        | Location of Review/Aud | it: Company fac                       | cility in the U.S.                                                                         | Territory: C                                                                                                    |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Types       | Inter   | state  | Intrastate                             |                        |                                       |                                                                                            |                                                                                                                 |
| Concernant of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner of the owner owner of the owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owner owne | Carrier:    | N/A     |        | Non-HM                                 | Business: Corporation  |                                       |                                                                                            |                                                                                                                 |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | hipper:     | N/A     |        | N/A                                    | Gross Revenue:         |                                       | for year ending:                                                                           |                                                                                                                 |
| Carge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | o Tank:     |         | N/A    |                                        |                        |                                       |                                                                                            |                                                                                                                 |
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Physica     | I Add   | ress:  |                                        |                        |                                       | nneskenn nakana deska kereje a 2001 dan mankana ana esebaka kereja - A Pontikana akan mike |                                                                                                                 |
| 8800 PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |         |        | ************************************** |                        |                                       |                                                                                            |                                                                                                                 |
| BELLFLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | A 907   | 06     |                                        |                        |                                       |                                                                                            | ж. н. н. н. н. н. н. н. н. н. н. н. н. н.                                                                       |
| Contact                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name        |         |        | ·····                                  | ···•                   |                                       |                                                                                            |                                                                                                                 |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | umbers:     | (1) 5   | 62- 52 | 29-2676                                | (2)                    | Fax                                   |                                                                                            |                                                                                                                 |
| E-Mail A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             | (-)     |        |                                        | <b>V</b>               |                                       |                                                                                            |                                                                                                                 |
| Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | / Mailing   | Addr    | ess:   |                                        |                        |                                       |                                                                                            |                                                                                                                 |
| 8800 PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |         |        |                                        |                        |                                       |                                                                                            |                                                                                                                 |
| ĩ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | OWER, C     | A 907   | '06    |                                        |                        |                                       |                                                                                            | 4/64/30//01                                                                                                     |
| Carrier C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | lassificat  | llon    |        |                                        |                        |                                       |                                                                                            |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | orized for  |         |        |                                        |                        |                                       |                                                                                            |                                                                                                                 |
| Cargo Cl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | assificati  | ion     |        | . (2004/04/59/00                       |                        |                                       |                                                                                            |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | engers      |         |        |                                        |                        |                                       |                                                                                            |                                                                                                                 |
| Equipme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | nt          |         |        |                                        | 200920000              |                                       | Owned Te                                                                                   | rm Leased Trip Leased                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 40          |         | 01     | vned Ter<br>34                         | n Leased Trip Leased   |                                       | United is                                                                                  |                                                                                                                 |
| Minil<br>Power uni                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | bus, 16+    | a tha l | 19.3   | •                                      | ¥ 4                    | i i i i i i i i i i i i i i i i i i i |                                                                                            |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |         |        | U.S.: 100                              |                        | · · · · · · · · · · · · · · · · · · · |                                                                                            | ու արեսություններություններություններություններություններություններություններություններություններություններությ |
| Does ca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | arrier trai | nspor   | t plac | ardable qu                             | uantities of HM? No    |                                       |                                                                                            |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | M Permit    |         |        | ·                                      | N/A                    | Criticana / 10                        |                                                                                            |                                                                                                                 |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | formatio    | SW-7    |        |                                        |                        |                                       |                                                                                            |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |         | nter   | Intra                                  | Average trip leased o  | rivers/month:                         | 0                                                                                          |                                                                                                                 |
| e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100 Mile    |         |        | 143                                    | contrado unh innon a   | Total Drivers:                        | 143                                                                                        |                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 100 Mile    |         |        |                                        |                        | CDL Drivers:                          | 143                                                                                        |                                                                                                                 |

QVGVH9CA6KFAA

**EMPIRE TRANSPORTATION INC - Terminal** 

U.S. DOT #: 2731988

State #: 326916

06/29/2021

Part A

QUESTIONS regarding this report may be directed to the Southern Division Motor Carrier Safety Unit at;

> 437 N. Vermont Ave. Los Angeles, CA 90004

### This TERMINAL REVIEW deals only with safety compliance at this terminal.

#### Person(s) Interviewed

Name: Bertha Aguirre Name: Ulises Serpas Title: Chief Operating Officer Title: Safety Manager



|            | EMPIRE TRANSPORTATION<br>U.S. DOT #: 2731988                       | ON INC - Terminal | State #: 326916                                                                                                                 | Review Date:<br>06/29/2021 |  |
|------------|--------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------------------|--|
| <b>V</b> I |                                                                    | Part B            | Violations                                                                                                                      |                            |  |
| Tota       | ness Rating Information:<br>al Miles Operated<br>ordable Accidents | 1,000,000<br>0    | OOS Vehicle (CR): 0<br>Number of Vehicle Inspected (CR): 0<br>OOS Vehicle (MCMIS): 0<br>Number of Vehicles Inspected (MCMIS): 0 |                            |  |
| Your propo | osed safety rating is :                                            | Doviow io p       | ot Datad                                                                                                                        | <u></u>                    |  |
|            | inis                                                               | Review is n       | ol Raleu.                                                                                                                       |                            |  |



State #: 326916

#### Part B Requirements and/or Recommendations

1. Forms and publications are available at the CHP internet website at: http://www.chp.ca.gov/publications/index.html



Review Date: **EMPIRE TRANSPORTATION INC - Terminal** State #: 326916 06/29/2021 U.S. DOT #: 2731988 Part C Annual CSAT Reason for Review: Other **Compliance Monitoring Planned Action:** Parts Reviewed Certification: 178 180 399 171 172 173 177 382 387 390 391 392 393 395 396 397 398 325 383 Study Code: CA Reason not Rated: Special Study Prior Reviews **Prior Prosecutions** 3/16/2021 7/14/2020 6/19/2020 **Unsat/Unfit Information** Is the motor carrier of passengers subject to the safety fitness procedures contained in 49 CFR part 385 subpart A, AND does it transport passengers in a commercial motor vehicle? No Does carrier transport placardable quantities of hazardous materials? **Unsat/Unfit rule:** Not Applicable **Special Study Information:** Corporate Contact: Ulises Serpas Corporate Contact Title: Safety Manager **Remarks:** CA#-326916 CARRIER NAME: Empire Transportation Inc. Carrier Address: 8800 Park St., Bellflower, CA 90706 **RATING INFORMATION:** In accordance with 13 CCR 1233, this carrier has been rated SATISFACTORY at this time. **Drug and Alcohol Testing Violations:** None at this time.

| Upload Authorized: | Yes | No            |
|--------------------|-----|---------------|
| Authorized by:     |     | Date:         |
| Uploaded: Yes      | No  | Failure Code: |
| Verified by:       |     | Date:         |

| TATE OF CALIFORI                                                                                                   | /<br>NIA                                                                                                                  |                                                                      |                  |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         | Page 1 c    | of pa<br>16E0                                    | <u>jes</u>                             |
|--------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------|-----------------------------------------------|------------------------|-----------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------|-------------|--------------------------------------------------|----------------------------------------|
| EPARTMENT OF C                                                                                                     | ALIFORNIA HIGH                                                                                                            | WAY PATROL                                                           |                  | EW TERMINAL IN                                | FORMATION              | 1                                       | CANLAMBER                                                            | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DE NUMBER                                     | COUNTY                                  | 19          | 000                                              |                                        |
| AFETY CO                                                                                                           | OMPLIAN                                                                                                                   | CE REPOR                                                             |                  | Yes 🗍                                         | No                     |                                         | 326916                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 245940<br>(PROGRAM(S)                         | LOCATIO                                 |             | SIJDAREA                                         |                                        |
| ERMINAL                                                                                                            | RECORD                                                                                                                    | UPDATE                                                               |                  | ERMINAL TYPE                                  |                        |                                         | CODE                                                                 | OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | В                                             | ,                                       | 550         | S44                                              |                                        |
| HP 343 (Rev. 1                                                                                                     | 12-17) OPI 06                                                                                                             | 2                                                                    |                  |                                               | Bus Mod                |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | LEPHONE NL                              |             | REA CODEI                                        |                                        |
| ARRIER LEGAL NA                                                                                                    | ME                                                                                                                        |                                                                      | ******           | TERMINAL I                                    | NAME (IF DIFFER        | (ENT)                                   |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                             | 562) 529-2                              |             |                                                  |                                        |
| mpire Trans                                                                                                        | portation Inc                                                                                                             |                                                                      |                  |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u>I</u> (,                                   |                                         |             |                                                  |                                        |
|                                                                                                                    |                                                                                                                           | BER, STREET, CITY,                                                   | , ZIP CODE)      |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         |             |                                                  | <b></b>                                |
| 800 Park St.,                                                                                                      | Bellflower,                                                                                                               | CA 90706<br>ET, CITY, ZIP CODE                                       | I IF DIFFEREN    | IT FROM ABOVE                                 | ) (N                   | SPECTION                                | LOCATION (NU                                                         | MBER, SI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | REET, CITY O                                  | R COUNTY)                               |             |                                                  |                                        |
| AILING AUDRESS                                                                                                     | INOMBER, SINC                                                                                                             |                                                                      |                  |                                               | 5                      | ame                                     |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         |             |                                                  |                                        |
|                                                                                                                    |                                                                                                                           |                                                                      | LI               | CENSE, FLE                                    | ET AND TER             | MINAL                                   | INFORMATI                                                            | DN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | aly                                           | DRIVERS                                 |             | BIT FLEET                                        | SIZE                                   |
| MLIC. NO.                                                                                                          | HWT REG. NO.                                                                                                              | MAS LIC. NO.                                                         | TRUC             | KS AND TYPES                                  | TRAILERS AN            | ID TYPES                                | PASS VEHS B                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Mod                                           | Di di Ci di                             | 52          |                                                  |                                        |
|                                                                                                                    |                                                                                                                           |                                                                      |                  |                                               |                        | ······································  | HW CONT.                                                             | 1 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Limo                                          |                                         |             | Powered                                          |                                        |
| XP, DATE                                                                                                           | EXP. DATE EXP. DATE REG. CT.                                                                                              |                                                                      |                  | CT.                                           | HW VEH.                |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes                                           | No                                      | <b></b> N/A | Towed                                            |                                        |
|                                                                                                                    |                                                                                                                           |                                                                      | ERE (            | YOOF NUMBERS                                  | OF TERMINALS           | INCLUDE                                 | D IN INSPECTIO                                                       | NAS A RI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               | TION 34515(b                            | ) CVC       |                                                  |                                        |
| ERMINALS IDENT                                                                                                     |                                                                                                                           | V 34515(D) CVC                                                       | FRES             |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         |             |                                                  |                                        |
| Yes                                                                                                                | ⊠N₀                                                                                                                       |                                                                      | EMER             | GENCY CON                                     | ITACTS (In C           | Calling (                               | Order of Pref                                                        | erence,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | )                                             |                                         | VAL         | 4 1004 0005                                      |                                        |
| MERGENCY CON                                                                                                       | TACT (NAME)                                                                                                               | ·····                                                                |                  |                                               | DAY TELEPHO            | )ne no. (Y                              | N/ AREA CODE)                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4                                             | NGHT TELEPH                             | IDNE NO. [W | (AREA CODE)                                      |                                        |
| Bertha Aguiri                                                                                                      |                                                                                                                           |                                                                      |                  |                                               |                        | •                                       | 2) 529-267                                                           | b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | AGHT TELEP                              | IONE NO. M  | AREA CODE                                        |                                        |
| EMERGENCY CON                                                                                                      |                                                                                                                           |                                                                      |                  |                                               | DAY TELEPHO            |                                         | NY AREA CODE)<br>52) 529-267                                         | 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1                                             |                                         | (310) 345   |                                                  |                                        |
| Ulises Serpas                                                                                                      |                                                                                                                           |                                                                      |                  |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | r 202                                         |                                         |             |                                                  |                                        |
|                                                                                                                    |                                                                                                                           | ESTIMATED C                                                          |                  |                                               |                        |                                         | F                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | Н                                       | ann an      | 1                                                |                                        |
| A                                                                                                                  | B 15.0                                                                                                                    | 01- 5                                                                | 0.001            | D<br>100,001 ·                                |                        | ,001 —                                  | 1,000,00                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2,000,001                                     |                                         | 000,001     | MORE                                             |                                        |
| UNDER 15,000                                                                                                       | 60,0                                                                                                                      |                                                                      | 00,000           | 500,000                                       | Second Second          | 00,000                                  | 2,000,00                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5,000,000                                     |                                         | 1,000,000   |                                                  |                                        |
| ······································                                                                             | ······                                                                                                                    |                                                                      |                  |                                               | NG AUTHOR              | RITIES O                                | PERTY PERMIT                                                         | ACTIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               | MS FITNESS                              |             | 1                                                |                                        |
| PUC                                                                                                                | Т                                                                                                                         |                                                                      | TCP<br>PSC 21507 |                                               |                        |                                         | N/A                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | Ves                                     |             |                                                  |                                        |
|                                                                                                                    | DOT NUMBER                                                                                                                |                                                                      | MC               |                                               |                        | -                                       | REASO                                                                | a for ing<br>d Tour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BUS                                           |                                         |             |                                                  |                                        |
|                                                                                                                    | 731988                                                                                                                    |                                                                      |                  |                                               | □ MX<br>r U = Unsatili | efectory                                | C = Conditio                                                         | and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se | R = Unrated                                   | N/A = No                                | t Applicabl |                                                  |                                        |
| INSPECTION FI                                                                                                      |                                                                                                                           | INSPECTION RA                                                        |                  | DRIVER F                                      | ECORDS                 | RE                                      | G. EOUPMENT                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HAZARDOUS                                     | S MATERIALS                             |             | TERMINAL                                         |                                        |
| REQUIREMENT                                                                                                        |                                                                                                                           |                                                                      |                  |                                               |                        | . 5                                     | - S 3 S                                                              | A S 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N/A 2 N/A                                     | 3 N/A 4 N                               | /A 1_S      | 2 <u>535</u>                                     | 4                                      |
| PROGRAM                                                                                                            | 1                                                                                                                         | 1 <u>S 2 S</u> 3                                                     | <u>54</u> 5      | 1_2_2                                         | 3 8 4 8                |                                         |                                                                      | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | IME                                           |                                         | TOTAL T     | IME                                              | ************************************** |
| DRIVER                                                                                                             |                                                                                                                           | No. 9 Т                                                              | ime 2.0          | No. 13                                        | Time 4.0               |                                         |                                                                      | 5.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                               |                                         | (CD) BCE    | 11.5                                             |                                        |
| DRIVER                                                                                                             |                                                                                                                           | HAZARDOUS MAT                                                        |                  | ,                                             |                        | 1                                       | VERS/TANKS<br>Time                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EHICLES PLA                                   | CED OUT-OF-                             | Units       |                                                  |                                        |
| HOURS                                                                                                              |                                                                                                                           | 🛛 No H/M Tran                                                        | sported          | No H/M vic                                    | stations noted         | No.                                     | 14118                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Generation                                    |                                         |             |                                                  |                                        |
| BRAKES                                                                                                             |                                                                                                                           | REMARKS                                                              |                  |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         |             |                                                  |                                        |
| LAMPS &                                                                                                            | 2                                                                                                                         | -                                                                    |                  |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         |             |                                                  |                                        |
| SIGNALS                                                                                                            |                                                                                                                           | -                                                                    |                  |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         |             |                                                  |                                        |
| CONNECTING<br>DEVICES                                                                                              |                                                                                                                           | _                                                                    |                  |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         |             |                                                  |                                        |
| STEERING &<br>SUSPENSION                                                                                           |                                                                                                                           |                                                                      |                  |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         |             |                                                  |                                        |
| TIRES &                                                                                                            | -                                                                                                                         | 1                                                                    |                  |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         |             |                                                  |                                        |
| EQUIPMENT                                                                                                          |                                                                                                                           | -                                                                    |                  |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         |             |                                                  |                                        |
| REQUIREMENTS                                                                                                       | 2                                                                                                                         | ~                                                                    |                  |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         |             |                                                  |                                        |
| CONTAINERS &                                                                                                       |                                                                                                                           |                                                                      |                  |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         |             |                                                  |                                        |
| TANKS<br>HAZARDOUS                                                                                                 |                                                                                                                           | 1                                                                    |                  |                                               | •                      |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                               |                                         |             |                                                  |                                        |
| MATERIALS                                                                                                          | ,                                                                                                                         | 1                                                                    | CHP 345          | CHP 1000 CO                                   | L.                     | INSPECT                                 | ION DATE(S)                                                          | **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               | TIME                                    | IN          | TIME OUT                                         |                                        |
| An and a far and the second of the second                                                                          | OF MONLERT                                                                                                                | CPSS                                                                 | 1 GMP 343        |                                               |                        |                                         |                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                             |                                         |             | 1                                                |                                        |
| INSPECTION TY                                                                                                      |                                                                                                                           |                                                                      |                  |                                               | 3                      |                                         |                                                                      | .8,29/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | • •                                           |                                         |             | L                                                |                                        |
|                                                                                                                    |                                                                                                                           | CPSS                                                                 |                  |                                               | 3                      |                                         | 06/2<br>ER(S)                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ••••••••••••••••••••••••••••••••••••••        |                                         |             |                                                  |                                        |
|                                                                                                                    |                                                                                                                           |                                                                      |                  | , <b>.</b>                                    |                        |                                         | 06/2<br>ER(\$)<br>A                                                  | 16735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | •                                             |                                         |             | None                                             | angan terdenan kent                    |
| I R<br>INSPECTED BY<br>K. Hardisor                                                                                 | (NAME(S))                                                                                                                 | Yes N                                                                | 40               | MOT                                           | OR CARRIE              | RCERT                                   | 06/2<br>ER(\$)<br>A                                                  | 16735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                               | N/                                      | Auto        | None                                             |                                        |
| I R<br>NSPECTED BY<br>K. Hardison                                                                                  | (NAME(5))                                                                                                                 | Yes N                                                                | 40               | MOT                                           | OR CARRIE              | RCERT                                   | 06/2<br>ER(S)<br>A<br>IFICATION                                      | 16735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ill be correc                                 | ted in acca                             |             | None<br>h applicable                             |                                        |
| I R R<br>INSPECTED BY<br>K. Hardison                                                                               | (NAME(S))<br>1<br>Ify that all violation                                                                                  | Yes N<br>ations described                                            | to               | MOT<br>d recorded or<br>fornia Code o         | OR CARRIE              | RCERT                                   | 06/2<br>ER(\$)<br>A<br>IFICATION<br>(2 through_<br>restand that 1    | 16735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ill be correc                                 | ted in acco                             |             | None<br>h applicable                             |                                        |
| I R<br>INSPECTED BY<br>K. Hardison<br>I hereby certil<br>provisions of<br>contacting th                            | (MAME(S))<br>1<br>Ify that all viola<br>the California<br>e Motor Carrie                                                  | Yes N                                                                | to               | MOT<br>d recorded or<br>fornia Code o<br>(323 | OR CARRIE              | R CERT<br>I pages<br>I unde             | 06/2<br>A<br>IFICATION<br>(2 through<br>erstand that I<br>within 5 b | 16735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ill be correc                                 | ted in acco                             | Auto        | None<br>h applicable                             |                                        |
| I R<br>INSPECTED BY<br>K. Hardisor<br>I hereby certi<br>provisions of<br>contacting th<br>CURRENT TERM             | (MAME(S))<br>1<br>Ify that all viola<br>the California<br>e Motor Carrie<br>WINAL RATING                                  | Yes N<br>ations described                                            | to               | MOT<br>d recorded or<br>fornia Code o<br>(323 | OR CARRIE              | R CERT<br>I pages<br>I unde             | 06/2<br>A<br>IFICATION<br>(2 through<br>erstand that I<br>within 5 b | 16735                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ill be correc                                 | ted in acco<br>ew of an un<br>a rating. | Auto        | None<br>In applicable<br>y rating by<br>/30/2021 |                                        |
| I R<br>INSPECTED BY<br>K. Hardison<br>I hereby certil<br>provisions of<br>contacting th<br>CURRENT TERM<br>SATISFA | (MAME(S))<br>Ify that all violation<br>the California<br>e Motor Carrie<br>WINAL RATING<br>CTORY                          | Tes Yes N<br>ations described<br>Vehicle Code a<br>er Safety Unit St | to               | MOT<br>d recorded or<br>fornia Code o<br>(323 | OR CARRIE              | R CERT<br>I pages<br>I unde             | 06/2<br>A<br>IFICATION<br>(2 through<br>erstand that I<br>within 5 b | 16735<br>), w<br>may rec<br>usiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ill be correc                                 | ted in acco<br>ew of an un<br>a rating. | Auto        | None<br>In applicable<br>y rating by<br>/30/2021 | STATE                                  |
| I R<br>INSPECTED BY<br>K. Hardison<br>I hereby certil<br>provisions of<br>contacting th<br>CURRENT TERM<br>SATISFA | (MAME(S))<br>1<br>Ify that all violation<br>the California<br>e Motor Carrier<br>MINAL RATING<br>CTORY<br>RESENTATIVE'S P | Tes Yes N<br>ations described<br>Vehicle Code a<br>er Safety Unit St | to               | MOT<br>d recorded or<br>fornia Code o<br>(323 | OR CARRIE              | R CERT<br>I pages<br>I unde<br>SSIONATI | 06/2<br>A<br>IFICATION<br>(2 through<br>erstand that I<br>within 5 b | ), w<br>may rec<br>usiness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ill be correc<br>juest a revie<br>days of the | ted in acco<br>ew of an un<br>a rating. | Auto        | None<br>In applicable<br>y rating by<br>/30/2021 | state<br>C/                            |

Destroy Previous Editions

.

| STATE OF CALIFORN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <i>l</i> íA                            |                   |                                                                                                                |                                         |                       |                    |                           |                    |                |          |                                        |             | Page 1       |              | pages     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------|--------------------|---------------------------|--------------------|----------------|----------|----------------------------------------|-------------|--------------|--------------|-----------|
| DEPARTMENT OF CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LIFORNIA HIGH                          | way patroi        |                                                                                                                | F                                       | <b>NEW TER</b>        | IMINAL INF         | ORMATION                  |                    | CA NUMBER      | 1        | ODE NUMBER                             | COUNT       |              | BED          |           |
| SAFETY CC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | MPLIAN                                 | CE REF            | PORT/                                                                                                          |                                         | XYes                  |                    | 0                         |                    | 326916         | 1        | 245940                                 |             | 19           | SUGARE       |           |
| TERMINAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | RECORD                                 | ) UPDA            | TE                                                                                                             | F                                       | FERMINA               | L TYPE             |                           |                    | CODE           | OTHE     | R PROGRAM(8                            | s) LOCATI   | ON CODE      | SULARE.      |           |
| CHP 343 (Rev. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2-17) OPI 00                           | 32                |                                                                                                                |                                         | True                  | ck 🖾 B             | us 🔲 Mo                   | d Limó             | B              |          | T                                      |             | 550          | I            | 14        |
| CARRIER LEGAL NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ME                                     |                   |                                                                                                                |                                         | TE                    | RMINAL N           | NINE (IF DIFFI            | ERENT)             |                |          | 1                                      |             | NUMBER (W/   | AREA CODE}   |           |
| Empire Transp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        |                   |                                                                                                                |                                         |                       |                    |                           |                    |                |          | (                                      | 562) 529    | -2676        |              |           |
| TERMINAL STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ADDRESS (NUM                           | BER, STREET       | r, City, ZIP (                                                                                                 | 00 <i>E</i> )                           |                       | ······             |                           |                    |                |          |                                        |             |              |              |           |
| 8800 Park St.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Bellflower,                            | CA 9070           | )6                                                                                                             |                                         |                       |                    |                           |                    |                | ······   |                                        |             |              |              |           |
| MAILING ADDRESS (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMBER, STRE                           | ET, CITY, ZIP     | CODE) (#F E                                                                                                    | NFFERE                                  | NT FROM               | M ABOVE)           | 1                         |                    | N LOCATION (NU | imber, s | TREET, CITY L                          | JR COUNTY)  |              |              |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                   | _                                                                                                              |                                         |                       |                    |                           | Same               |                |          |                                        |             |              |              | a         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                   |                                                                                                                |                                         |                       |                    | T AND TE                  | RMINAL             | INFORMATI      |          | ······································ | ORIVER      | 25           | BIT FLE      | ET SIZE   |
| HM LIC, ND,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | HWT REG. NO.                           | IMS LI            | C. NO.                                                                                                         | TRUC                                    | CKS AND               | TYPES              | RAILERS A                 | NU TIPEO           |                | 1 2      | Mod<br>Limo                            |             | 12           |              |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                   |                                                                                                                | -                                       | -07                   |                    | HW VEH.                   |                    | HW CONT.       |          | PPB/CSAT                               |             |              | Power        | aq        |
| EXP. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | EXP. DATE                              | EXP. C            | ATE                                                                                                            | REG.                                    | . <b>С</b> Т.         |                    | 1164 AFtr                 |                    |                |          | Yes                                    | No          | □N/A         | Towed        | I         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                   |                                                                                                                | CHE                                     | CODE N                | UMRERS             | F TERMINAL                | SINCLUDE           | D IN INSPECTIO | N AS A R |                                        | CTION 34515 | (b) CVC      |              |           |
| TERMINALS IDENTIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        | N 34515(D) GV     | i,                                                                                                             | FAC                                     | 43 <b>636</b> 76, 199 | amoreto t          |                           |                    |                |          |                                        |             |              |              |           |
| Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No                                     |                   |                                                                                                                | CAACO                                   | CENC                  | V CONT             | ACTS (In                  | Calling            | Order of Pre   | erence   | )                                      |             |              |              |           |
| EMERGENCY CONT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ACT (MALAS)                            |                   |                                                                                                                | CIVIEF                                  |                       | , 3011             | DAY TELEPH                | IONE NO. (         | W/AREA CODE)   |          | -                                      | NIGHT TELE  | PHONE NO. (I | W AREA COL   | )É)       |
| Bertha Aguirre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                   |                                                                                                                |                                         |                       |                    |                           |                    | 62) 529-267    | 6        |                                        |             |              |              |           |
| EMERGENCY CONT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                   |                                                                                                                |                                         |                       |                    | DAY TELEPH                |                    | W AREA CODE)   |          | 1                                      | NIGHT TELE  | PHONE NO. (  |              | XE)       |
| Ulises Serpas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | It                                     |                   |                                                                                                                |                                         |                       |                    |                           |                    | 62) 529-267    |          |                                        |             | (310) 34     | 5-2159       |           |
| Ollava Octhas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | ESTIMAT           | ED CALI                                                                                                        | FORN                                    | A MILE                | AGE F              | OR THIS T                 | ERMINA             | L FOR LAST     | YEAR     | [ 202                                  |             |              | 1.           |           |
| A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | В                                      | C                 |                                                                                                                |                                         | D                     |                    | E                         |                    | F              |          | 3<br>2,000,001                         |             | 5,000,001    | MOI          | RE THAN   |
| UNDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 15,0                                   | 01                | 50,001                                                                                                         |                                         |                       | 00,001 —<br>00,000 |                           | 0,001<br>000,000   | 1,000,00       | 0        | 5,000,000                              |             | 10,000,000   |              | 00,000    |
| 15,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 50,0                                   |                   | 100,00                                                                                                         | 0 [[                                    |                       |                    |                           |                    | DR PERMITS     |          |                                        |             |              | ·····        |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | •••••••••••••••••••••••••••••••••••••• |                   | IST TOP                                                                                                        |                                         |                       |                    | TOR CARRIE                | er of Pro          | PERTY PERMIT   | ACTIVE   |                                        |             | S EVALUATIO  | N            |           |
| PUC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1                                      |                   |                                                                                                                | 21507                                   | 7                     |                    | Yes 🗍                     |                    | ]n/A           |          | SPECTION                               | Yes         | <u>⊠No</u>   |              |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NOT NUMBER                             |                   |                                                                                                                |                                         |                       |                    | MC<br>MX                  |                    | Annu           | l'Tour   | Bus                                    |             |              |              |           |
| 27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 31988                                  | INSPECTIO         |                                                                                                                | .e. 3                                   | a Safis               | factory            |                           | isfactory          | ¢ = Conditio   | onal L   | IR = Unrated                           |             | ot Applicab  |              |           |
| INSPECTION FIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        |                   | ANCE PROG                                                                                                      |                                         |                       | RIVER RE           |                           |                    | EG. EQUIPMENT  |          | HAZARDOUS                              | S MATERIAL  | s            | TERMINAL     |           |
| MAINTENANCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                   |                                                                                                                | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                       | 0                  | 0 . P                     |                    | 2 5 2 5        | . 5 4    | N/A 2 N/A                              | α N/Λ 🔺     | N/A 1 S      | 2 5 3        | 54 S      |
| PROGRAM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1                                      | 1 <u>5</u> 2      | <u>S 3 S</u>                                                                                                   | 4 <u>S</u>                              | 1 <u> </u>            | 2 3 3              | 543                       | 1                  | 2 <u>53</u> 5  |          | IME                                    | <u> </u>    | TOTAL        |              |           |
| DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        | No 3              | Time                                                                                                           | 1.0                                     | No.                   | 11 т               | ime 1.0                   | No.                | 3 Time         | 1.5      |                                        |             |              | 3.5          |           |
| RECORDS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        | No. J<br>Hazardou |                                                                                                                |                                         | 1                     |                    |                           | CONTAI             | NERS/TANKS     |          | ÆHICLES PLA                            | CED OUT-O   |              |              |           |
| DRIVER<br>HOURS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                   | 1 Transport                                                                                                    |                                         |                       | H/M viola          | tions noted               | No.                | Time           | <u> </u> | /ehicles                               | , <u> </u>  | Units        |              |           |
| ······                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                        |                   |                                                                                                                |                                         | •                     |                    | a dana in                 | aonium             | ction with th  | e carri  | er's Tour                              | bus opera   | ation term   | inal inspe   | ection.   |
| BRAKES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                                      | ** Basic          | bus tern                                                                                                       | nmali                                   | inspec                | tion wa            | s dolle lli<br>maat tha i | conjune<br>souisut | nents for Ba   | sic bu   | operation                              | 1. **       |              | •            |           |
| LAMPS &<br>SIGNALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                        | All mau           | itenance                                                                                                       | and d                                   | river                 | ecorus             | meet mea                  | cyanton            | nonits for 190 |          |                                        |             |              |              |           |
| CONNECTING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | -                                      |                   |                                                                                                                |                                         |                       |                    |                           |                    |                |          |                                        |             |              |              |           |
| DEVICES<br>STEERING &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | ~                 |                                                                                                                |                                         |                       |                    |                           |                    |                |          |                                        |             |              |              |           |
| SUSPENSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                   |                                                                                                                |                                         |                       |                    | •                         |                    |                |          |                                        |             |              |              |           |
| TIRES &<br>WHEELS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                        |                   |                                                                                                                |                                         |                       |                    |                           |                    |                |          |                                        |             |              |              |           |
| EQUIPMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | +                                      | 1                 |                                                                                                                |                                         |                       |                    |                           |                    |                |          |                                        |             |              |              |           |
| REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                        | -                 |                                                                                                                |                                         |                       |                    |                           |                    |                |          |                                        |             |              |              |           |
| CONTAINERS &<br>TANKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        |                   |                                                                                                                |                                         |                       |                    |                           |                    |                |          |                                        |             |              |              |           |
| HAZARDOUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -                                      | 1                 |                                                                                                                |                                         |                       |                    |                           |                    |                |          |                                        |             |              |              |           |
| MATERIALS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NON-BIT                                | CPSS              |                                                                                                                | IP 345                                  | CHP 1                 | OOD COL.           |                           | INSPECT            | ION DATE(S)    |          | ······································ | TIM         | e in         | TIME OU      | T         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        | 1                 |                                                                                                                |                                         |                       | 3                  |                           |                    | 06/2           | 8,29/2   | 1                                      |             |              |              |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        |                   |                                                                                                                |                                         | <u>i</u>              | ,                  | , est                     |                    | ier(s)         |          |                                        | 1           | PENSE DATE   |              |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | AME(3))                                |                   |                                                                                                                |                                         |                       |                    |                           |                    | А              | 16735    |                                        | $\boxtimes$ | Auto 🔲       | None         |           |
| K. Hardison                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                   |                                                                                                                |                                         |                       | MOTO               |                           | RCERT              | IFICATION      |          | -                                      |             |              |              |           |
| I hereby certify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | that all wate                          | tions date        | rihad hare                                                                                                     | 00 200                                  | i recolu              |                    |                           | 1                  | 12 through     | ), W     | ill be correc                          | ted in acc  | ordance wi   | th applicab  | le        |
| I hereby certify<br>provisions of the provisions of the provisions of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the provision of the pr | r unac all viola<br>he California      | Vehicle Co        | de and th                                                                                                      | e Cali                                  | fornia C              | 2008 OF L          | (equiations               | s. Lunde           |                | nay reo  | uest a revie                           | w of an u   | nsatisfacto  | ry rating by | 1         |
| contacting the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Motor Carrie                           | r Safety U        | nit Superv                                                                                                     | isor at                                 |                       | (323)              | 644-9557                  |                    | within 5 b     | usiness  | days of the                            | rating.     |              |              |           |
| CURRENT TERMI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | -                 | analan an is a sun ta a sun a sun a sun a sun a sun a sun a sun a sun a sun a sun a sun a sun a sun a sun a su |                                         |                       | IER REPR           | ESENTATIVE                | 'S SIGNATI         | IRE            |          |                                        | DA          |              |              |           |
| SATISFAC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                        |                   |                                                                                                                |                                         | 1                     |                    |                           |                    |                |          |                                        |             |              | /30/2021     | 1         |
| CARRIER REPRE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                        | RINTED NAME       | E.                                                                                                             | •••••                                   |                       |                    |                           | TITLE              |                |          |                                        | DR          | VERLICENSI   | ENUMBER      | STATE     |
| Bertha Agui                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                        |                   |                                                                                                                |                                         |                       |                    |                           | Chief              | Operating      | Officer  | •                                      |             |              |              | CA        |
| Donna Agun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                   |                                                                                                                |                                         |                       |                    |                           |                    | dillane        |          |                                        |             |              | Cht          | 343_1217. |

| 1          | t                       |          |                         | California Hig                                                                                                        | hway Patrol                              | ····                                                                                                            |                                                   |
|------------|-------------------------|----------|-------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
|            | US DOT #                | Leg      | al: EMPIRE              | TRANSPORTATION I                                                                                                      | IC .                                     |                                                                                                                 |                                                   |
| XX         | 2731988                 | Ope      | rating (DB              | A):                                                                                                                   |                                          |                                                                                                                 |                                                   |
| MC/MX #:   | 0000                    | State #  | #: 326916               | Federal Tax                                                                                                           | <b>(ID:</b> 27-0121666                   | (EIN)                                                                                                           |                                                   |
| Review Ty  | pe: Non-ra              | table Re | view - Spec             | ial Study                                                                                                             |                                          |                                                                                                                 |                                                   |
| Scope:     | Termin                  |          |                         | Location of Review/A                                                                                                  | udit: Company fa                         | cility in the U.S.                                                                                              | Territory: C                                      |
| Operation  | Types In                | terstate | Intrastate              |                                                                                                                       |                                          |                                                                                                                 |                                                   |
|            |                         | I/A      | Non-HM                  | Business: Corporation                                                                                                 |                                          |                                                                                                                 |                                                   |
| SI         | hipper: N               | I/A      | N/A                     | Gross Revenue:                                                                                                        |                                          | for year ending:                                                                                                |                                                   |
| Cargo      | Tank:                   | N/A      | 4                       |                                                                                                                       |                                          |                                                                                                                 |                                                   |
| Company    | Physical A              | ddress:  |                         |                                                                                                                       |                                          |                                                                                                                 | an an an an an an an an an an an an an a          |
| 8800 PAF   | RKST                    |          |                         |                                                                                                                       |                                          |                                                                                                                 |                                                   |
| BELLFLO    | WER, CA 9               | 0706     |                         |                                                                                                                       |                                          |                                                                                                                 | ×                                                 |
| Contact    | Name:                   |          |                         | · ···· • ··· •                                                                                                        |                                          | 6. m *                                                                                                          |                                                   |
| 1          | umbers: (1              | ) 562- 5 | 29-2676                 | (2)                                                                                                                   | Fax                                      |                                                                                                                 |                                                   |
| E-Mail Ac  |                         |          |                         | (*)                                                                                                                   |                                          |                                                                                                                 |                                                   |
| Company    | Mailing Ac              | Idress:  |                         |                                                                                                                       |                                          | an a file a file a file a file a file a file a file a file a file a file a file a file a file a file a file a f |                                                   |
| 8800 PAP   | RKST                    |          |                         |                                                                                                                       |                                          |                                                                                                                 |                                                   |
| BELLFLC    | WER, CA                 | 90706    |                         |                                                                                                                       |                                          |                                                                                                                 |                                                   |
| Carrier Cl | assificatio             | 1        |                         |                                                                                                                       |                                          |                                                                                                                 |                                                   |
|            | prized for H            |          |                         | алт <u>і і і і і і і і і і і і і і і і і і і</u>                                                                      |                                          |                                                                                                                 |                                                   |
| Cargo Cla  | sification              |          |                         |                                                                                                                       |                                          |                                                                                                                 |                                                   |
| Passe      | engers                  |          |                         | антикализация состанция <u>состанция состания состания состания состания состания состания состания состания сост</u> | •                                        |                                                                                                                 |                                                   |
| Equipmer   | nt                      |          |                         |                                                                                                                       |                                          |                                                                                                                 | we Leaned Trip Looped                             |
|            |                         | 0        | wned Terr<br>34         | n Leased Trip Leased                                                                                                  |                                          | Owned I                                                                                                         | rm Leased Trip Leased                             |
| 1          | us, 16+<br>s used in th |          |                         | 0 0                                                                                                                   |                                          |                                                                                                                 |                                                   |
| <b>r</b>   | e of time us            |          |                         |                                                                                                                       |                                          |                                                                                                                 | A MAR STRAND STRATE A STRATE MARKET STRATE STRATE |
|            |                         |          |                         | antities of HM? No                                                                                                    | a an an an an an an an an an an an an an |                                                                                                                 |                                                   |
|            | Permit re               |          | · · · · · · · · · · · · | N/A                                                                                                                   |                                          |                                                                                                                 | :                                                 |
|            | formation               |          |                         |                                                                                                                       | 4200                                     |                                                                                                                 | 1022042-00000000000000000000000000000000          |
|            | · · · K/200247-047747 • | Inter    | Intra                   | Average trip leased                                                                                                   | drivers/month                            | 0                                                                                                               |                                                   |
|            | 100 Miles:              | 1111-01  | 52                      | WAGIGAA tilh icasen                                                                                                   | Total Drivers:                           |                                                                                                                 |                                                   |
|            | 100 Miles:              |          |                         |                                                                                                                       | CDL Drivers:                             |                                                                                                                 |                                                   |
| · · ·      |                         |          | 1                       |                                                                                                                       |                                          |                                                                                                                 |                                                   |



**EMPIRE TRANSPORTATION INC - Terminal** 

U.S. DOT #: 2731988

State #: 326916

#### Part A

QUESTIONS regarding this report may be directed to the Southern Division Motor Carrier Safety Unit at;

> 437 N. Vermont Ave. Los Angeles, CA 90004

### This TERMINAL REVIEW deals only with safety compliance at this terminal.

#### Person(s) Interviewed

Name: Bertha Aguirre Name: Ulises Serpas Title: Chief Operating Officer Title: Safety Manager



|                                  | EMPIRE TRANSPORTATION IN<br>U.S. DOT #: 2731988                                                                  | C - Terminal                                                                                                   | State #: 326916                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |           |                          |  |  |
|----------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------|--------------------------|--|--|
|                                  |                                                                                                                  | Part B Violation                                                                                               | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |           |                          |  |  |
| 1<br>STATE                       | Primary: 34505(a)CVC<br>CFR Equivalent: 396.17( c                                                                |                                                                                                                | Discovered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Checked<br>9                  |           | Vehicles<br>Checked<br>9 |  |  |
| Example<br>The moto<br>Bus - 263 | or carrier has exceeded the 45 day<br>e<br>or carrier has exceeded the 45 day<br>3                               | tour bus inspection interval.                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |           |                          |  |  |
| Safety Fit<br>Tot                | <u>- 02/17/21 45th day was on 01/29//</u><br>ness Rating Information:<br>al Miles Operated<br>cordable Accidents | 1,000,000                                                                                                      | Number of Ve<br>C<br>nber of Vehicle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | hicle Inspect<br>OS Vehicle ( | MCMIS): 0 |                          |  |  |
| Your prop                        | osed safety rating is :                                                                                          | and a second second second second second second second second second second second second second second second | Landers and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s |                               |           |                          |  |  |

## This Review is not Rated.



#### 06/30/2021

## Part B Requirements and/or Recommendations

1. Ensure each tour bus is inspected at least every 45 days and retain records of this inspection on file for a minimum of one year.



|                                                                                      | EMPIRE TRANSPORTATION IN<br>U.S. DOT #: 2731988                                                                                                                                                                            | :                             | State #:     |                   | Review Date:<br>06/30/2021 |     |         |         |     |                                                 |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------|-------------------|----------------------------|-----|---------|---------|-----|-------------------------------------------------|
| V-                                                                                   |                                                                                                                                                                                                                            | P                             | art C        |                   |                            |     |         |         |     | <u>а с с 27 руся на Фенник (1999) на боло с</u> |
| • •                                                                                  | on for Review: Other<br>ed Action: Compliance Monitor                                                                                                                                                                      | •                             | nual Bus Te  | rminal            |                            |     |         |         |     |                                                 |
|                                                                                      | Reviewed Certification:<br>382 383 387 390 391 392                                                                                                                                                                         | 393 395                       | 396 397      | 398 399           | 171                        | 172 | 173     | 177     | 178 | 180                                             |
| Prior<br>3/16/2<br>7/14/2<br>6/19/2                                                  | 2020                                                                                                                                                                                                                       | Rease                         | on not Rate  | d:Special S       | Study                      | \$  | Study ( | Code: ( | CA  |                                                 |
| is the<br>proce<br>trans<br>Does                                                     | <u>t/Unfit Information</u><br>motor carrier of passengers sub<br>edures contained in 49 CFR part 3<br>port passengers in a commercial<br>carrier transport placardable qua                                                 | motor vehicle?                |              | rials?            | Applica                    | ble |         |         |     |                                                 |
| Corp                                                                                 | t/Unfit rule:<br>orate Contact: Ulises Serpas<br>orate Contact Title: Safety Manag                                                                                                                                         |                               |              |                   | Special                    |     | Infor   | nation  | :   |                                                 |
| <b>Rem</b> a<br>Termi                                                                | arks:<br>inal Name: Empire Transportation I<br>inal Address: 8800 Park Ave., Bellfic                                                                                                                                       | Inc. CA#-33<br>ower, CA 90706 | FCI          | <b>1 - 245940</b> | ls time.                   |     |         |         |     |                                                 |
| Termi                                                                                | g Information:<br>cordance with 13 CCR 1233, this ter                                                                                                                                                                      | minal has been                | rated Satisf | actory at th      |                            |     |         |         |     |                                                 |
| Termi<br>Ratin<br>In acc                                                             | g Information:<br>cordance with 13 CCR 1233, this ter                                                                                                                                                                      |                               |              |                   |                            |     |         |         |     |                                                 |
| Termi<br>Rating<br>In acc<br>On-hi<br>MAIN                                           | . to formation                                                                                                                                                                                                             | fill 0 of 9 required          |              |                   |                            |     |         |         |     |                                                 |
| Termi<br>Rating<br>In acc<br>On-hi<br>MAIN<br>See f                                  | g Information:<br>cordance with 13 CCR 1233, this ter<br>ighway inspections were used to full<br>ITENANCE PROGRAM VIOLATION<br>Part B.<br>/ER RECORDS VIOLATIONS:                                                          | fill 0 of 9 required          |              |                   |                            |     |         |         |     |                                                 |
| Termi<br>Rating<br>In acc<br>On-hi<br>MAIN<br>See f<br>DRIV<br>No vi<br>HOU          | g Information:<br>cordance with 13 CCR 1233, this ter<br>ighway inspections were used to full<br>ITENANCE PROGRAM VIOLATION<br>Part B.<br>/ER RECORDS VIOLATIONS:<br>iolations at this time.<br>IRS OF SERVICE VIOLATIONS: | fill 0 of 9 required          |              |                   |                            |     |         |         |     |                                                 |
| Termi<br>Rating<br>In acc<br>On-hi<br>MAIN<br>See f<br>DRIV<br>No vi<br>HOU<br>No vi | g Information:<br>cordance with 13 CCR 1233, this ter<br>ighway inspections were used to full<br>ITENANCE PROGRAM VIOLATION<br>Part B.<br>/ER RECORDS VIOLATIONS:<br>iolations at this time.                               | fill 0 of 9 required          |              |                   |                            |     |         |         |     |                                                 |

T

| CHP407F/343A-inSPECT                                                                                        | DRIVER/VEHICLE EXAMINATION REP                                          | PORT Inspect 1.107.7282                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| California Highwa<br>411 North Central<br>Glendale, CA 9120<br>Phone: (323) 644-9<br>Internationally Action | Avenue, #410<br>)3                                                      | Report Number: CANCWV000869<br>Inspection Date: 06/28/2021<br>Start: 8:30 AM PT End: 9:05 AM PT<br>Inspection Level: V - Terminal<br>HM Inspection Type: None |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA, 90706                                          | License#:<br>Date of Birth:                                             | State:                                                                                                                                                        |
|                                                                                                             | #: (562)529-2676 CoDriver:<br>(562)529-2220 License#:<br>Date of Birth: | State:                                                                                                                                                        |
| Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES                                                     | Milepost: Shipper:<br>Origin:<br>Destination:                           | N/A<br>Bill of Lading: N/A<br>Cargo:                                                                                                                          |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate<br>1 BU FORD 2011 CA 111FL                        |                                                                         | /WR CVSA Existing CVSA #<br>500                                                                                                                               |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                       |                                                                         |                                                                                                                                                               |
| VIOLATIONS:No violations were d                                                                             | iscovered                                                               |                                                                                                                                                               |
| HazMat: No HM transported                                                                                   | Plac                                                                    | card: Cargo Tank:                                                                                                                                             |
| Special Checks: No data for spec                                                                            | ial checks                                                              |                                                                                                                                                               |
| State Information:                                                                                          | ober 245940' Fuel Type: G: Passenger Ca                                 | pacity: 20; WC Passenger Capacity: 1; Bus                                                                                                                     |

Odometer: 238819; File Code Number: 245940; Fuel Type: G; Passenger Capacity. 20, WOT Type: 1; Beat/Sub Area: S44; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 10

| Report Prepared By: |  |
|---------------------|--|
| K. Hardison         |  |

<u>ID/Badge #:</u> A16735 Copy Received By:

X



| CHP407F/343A-InSPECT<br>California Highway<br>411 North Central A<br>Glendale, CA 91203<br>Phone: (323) 644-95<br>Internationally Accord |                    | [                                   | RIVER/VEHI                       | CLE EXAMINATION R                                     | EPORT                                | DRT Inspect 1.107.7282                                                                                             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------|----------------------------------|-------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                                                          |                    | entral Ave<br>A 91203<br>3) 644-955 | enue, #410<br>7                  | CHP407F/343A                                          | Inspectio<br>Start: 9:1<br>Inspectio | umber: CANCWV000870<br>n Date: 06/28/2021<br>0 AM PT End: 9:37 AM PT<br>n Level: V - Terminal<br>oction Type: None |  |  |
| EMPIRE TRANSPOF<br>8800 PARK ST<br>BELLFLOWER, CA, 1                                                                                     | RTATIC             |                                     | 6 (3)99 940 (909)                | Driver:<br>License#:<br>Date of Birth:                |                                      | State:                                                                                                             |  |  |
| USDOT: 2731988<br>MC/MX#:<br>State#: 326916                                                                                              |                    |                                     | 562)529-2676<br>2)529-2220       | License#:<br>Date of Birth:                           |                                      | State:                                                                                                             |  |  |
| Location: BELLFLO<br>Highway:<br>County: LOS ANGE                                                                                        |                    |                                     | Ori                              | epost: Shippe<br>gin: N/A<br>stination: N/A           | Bill                                 | of Lading: N/A<br>go: N/A                                                                                          |  |  |
| VEHICLE IDENTIFIC<br>Jnit Type Make Year<br>1 BU FORD 2011                                                                               | State              |                                     | Equipment ID<br>264              | VIN (<br>1FDFE4FS2BDA46237                            | GVWR CVSAEX                          | kisting CVSA #                                                                                                     |  |  |
|                                                                                                                                          | 2<br>N/A<br>N/A    |                                     |                                  |                                                       |                                      |                                                                                                                    |  |  |
| /IOLATIONS<br>Section Type<br>259(a) T-13 S                                                                                              | Unit Of<br>1 N     | OS <u>Citation</u>                  | <u># VerifyCrash</u><br>N N      | Violations Discovered<br>Bus, defroster defective-393 | i <b>,79</b>                         |                                                                                                                    |  |  |
| CCR/002<br>24252(a) S<br>CVC/001                                                                                                         | 1 1                | 4                                   | N N                              | Required lamp(s) inoperative                          | 393.9Specify: F                      | VS High beam inoperable                                                                                            |  |  |
| HazMat: No HM tran                                                                                                                       | sporte             | 1                                   |                                  | P                                                     | lacard:                              | Cargo Tank:                                                                                                        |  |  |
| Special Checks: No                                                                                                                       | data f             | or special o                        | checks                           |                                                       |                                      | unnesse                                                                                                            |  |  |
| State Information:<br>Odometer: 240872;<br>Type: 1; Beat/Sub A                                                                           | File Co<br>rea: S4 | de Number<br>4; Regulat             | r: 245940; Fue<br>ed Vehicle: Y; | el Type: G; Passenger (<br>Pre-Cleared Vehicle: N     | Capacity: 20; W<br>I; Veh #1 Type    | /C Passenger Capacity: 1; Bus<br>: 10                                                                              |  |  |

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

| <u>Report Prepared By:</u><br>K. Hardison | ID/Badge #:<br>A16735                                                                                          | Copy Received By: |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------|
| <u>X</u>                                  | and and a second second second second second second second second second second second second second second se | <u>X</u>          |
|                                           |                                                                                                                |                   |



.

| CHP407F/343A-inSPECT                                                                                                                                         | DRIVER/VEHICLE EXAMINATIO                                                                               | N REPORT                               | Inspect 1.107.7282                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------|
| California Highway Patrol<br>411 North Central Avenue, #410<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accredited Agency CHP407F/343A |                                                                                                         | Inspection Date                        | PT End: 10:15 AM PT<br>el: V - Terminal |
| MC/MX#: Fax#:<br>State#: 326916                                                                                                                              | License#:<br>Date of Birth:<br>e#: (562)529-2676 CoDriver:<br>(562)529-2220 License#:<br>Date of Birth: |                                        | State:<br>State:                        |
| _ocation: BELLFLOWER<br>-lighway:<br>County: LOS ANGELES                                                                                                     | Milepost: Sh<br>Origin: N/A<br>Destination: N/A                                                         | ipper: N/A<br>Bill of Lac<br>Cargo: N/ | —                                       |
| VEHICLE IDENTIFICATION<br><u>Juit Type Make Year State Plate</u><br>1 BU ELDO 2008 CA 50100                                                                  |                                                                                                         | GVWR CVSA Existing<br>83 14500         | CVSA#                                   |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                                                        | -                                                                                                       |                                        |                                         |
| VIOLATIONS:No violations were of                                                                                                                             | liscovered                                                                                              |                                        |                                         |
| HazMat: No HM transported                                                                                                                                    |                                                                                                         | Placard:                               | Cargo Tank:                             |
| Special Checks: No data for spec                                                                                                                             | cial checks                                                                                             |                                        |                                         |
| State Information:                                                                                                                                           | 2. JAN 6000                                                                                             |                                        |                                         |

File Code Number: 245940; Fuel Type: G; Passenger Capacity: 14; WC Passenger Capacity: 1; Bus Type: 2; Beat/Sub Area: S44; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 10

<u>Report Prepared By:</u> K. Hardison

ID/Badge #: A16735 Copy Received By:

X



| CHP407F/343A-inSPECT                                                                          | DRIVER/VEHICLE EXAMI                                                                                                                                         | NATION REPORT                                     | Inspect 1.107.7282                                                                                                               |  |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--|
| 411 North Central A<br>Glendale, CA 91203<br>Phone: (323) 644-95                              | California Highway Patrol<br>411 North Central Avenue, #410<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accredited Agency CHP407F/343A |                                                   | Number: CANCWV000872<br>tion Date: 06/28/2021<br>10:17 AM PT End: 10:46 AM PT<br>tion Level: V - Terminal<br>spection Type: None |  |
| EMPIRE TRANSPORTATION INC 8800 PARK ST                                                        | Driver:<br>Licenso<br>Date of                                                                                                                                | ə#:                                               | State:                                                                                                                           |  |
|                                                                                               | : (562)529-2676 CoDriv<br>62)529-2220 License<br>Date of                                                                                                     | er:<br>e#:                                        | State:                                                                                                                           |  |
| Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES                                       | Milepost:<br>Origin: N/A<br>Destination: N                                                                                                                   | Shipper: N/A<br>B                                 | ill of Lading: N/A<br>argo: N/A                                                                                                  |  |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate<br>1 BU FORD 2011 CA 274NA          | Equipment ID VIN<br>263 1FDFE4FS0I                                                                                                                           | GVWR CVSA<br>3DA46236 14500                       | Existing CVSA #                                                                                                                  |  |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR         |                                                                                                                                                              |                                                   |                                                                                                                                  |  |
| VIOLATIONS:No violations were dis                                                             | covered                                                                                                                                                      | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~            |                                                                                                                                  |  |
| HazMat: No HM transported                                                                     |                                                                                                                                                              | Placard:                                          | Cargo Tank:                                                                                                                      |  |
| Special Checks: No data for specia                                                            | l checks                                                                                                                                                     |                                                   |                                                                                                                                  |  |
| State Information:<br>Odometer: 271456; File Code Numb<br>Type: 1; Beat/Sub Area: S44; Regula | er: 245940; Fuel Type: G; P<br>ated Vehicle: Y; Pre-Cleared                                                                                                  | Passenger Capacity: 20<br>I Vehicle: N; Veh #1 Ty | WC Passenger Capacity: 1; Bus<br>pe: 10                                                                                          |  |

| Report Prepared By: | ID/Badge #: |
|---------------------|-------------|
| K. Hardison         | A16735      |

Copy Received By:



| CHP407F/343A-inSPECT                                                                                                                                                                                                                                                | DRIVER/VEHICLE EXAMINATION REPO                                                               | RT Inspect 1.107.7282                                                                                                                                                       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| California Highway<br>411 North Central A<br>Glendale, CA 91203<br>Phone: (323) 644-95<br>Internationally Acce                                                                                                                                                      | venue, #410                                                                                   | Report Number: CANCWV000873<br>Inspection Date: 06/28/2021<br>Start: 10:50 AM PT End: 11:22 AM P <sup>-</sup><br>Inspection Level: V - Terminal<br>HM Inspection Type: None |  |
|                                                                                                                                                                                                                                                                     | Driver:<br>License#:<br>Date of Birth:<br>: (562)529-2676 CoDriver:<br>:62)529-2220 License#: | State:<br>State:                                                                                                                                                            |  |
| MC/MX#: Fax#: (5<br>State#: 326916<br>Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES                                                                                                                                                                       | Date of Birth:<br>Milepost: Shipper: N/<br>Origin:<br>Destination:                            | A<br>Bill of Lading: N/A<br>Cargo:                                                                                                                                          |  |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate<br>1 BU ELDO 2008 CA 92797G2                                                                                                                                                                              |                                                                                               | CVSA Existing CVSA #                                                                                                                                                        |  |
| BRAKE ADJUSTMENTSAxle #12RightN/AN/ALeftN/AN/AChamberHYDRHYDR                                                                                                                                                                                                       |                                                                                               |                                                                                                                                                                             |  |
| VIOLATIONS           Section         Type         Unit         OOS         Citation           1232(a) T-13         S         1         N         N           CCR/001         24252(a)         S         1         N           CVC/001         S         1         N | N N Motor carrier fail to ensure general<br>blades are toro                                   | maintenance of vehicle396.3A1Specify: Wiper<br>9Specify: R/S front marker lamp is inoperative                                                                               |  |
| HazMat: No HM transported                                                                                                                                                                                                                                           | Placar                                                                                        | d: Cargo Tank:                                                                                                                                                              |  |
| Special Checks: No data for specia                                                                                                                                                                                                                                  | I checks                                                                                      |                                                                                                                                                                             |  |
| State Information:                                                                                                                                                                                                                                                  |                                                                                               | La Mo Bassan Consolitur 2: Buo                                                                                                                                              |  |

Odometer: 289927; File Code Number: 245940; Fuel Type: G; Passenger Capacity: 16; WC Passenger Capacity: 2; Bus Type: 1; Beat/Sub Area: S44; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 10

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

| <u>Report Prepared By:</u><br>K. Hardison | <u>ID/Badge #:</u><br>A16735 | Copy Received By: |  |
|-------------------------------------------|------------------------------|-------------------|--|
| <u>X</u>                                  |                              | X                 |  |
|                                           |                              |                   |  |

| CHP407F/343A-inSPECT DRIVER/VEHICLE EXAMINATION REPO                                       |                                                                                                                                                              | E EXAMINATION REPOR                                 | Т                                                                                                                                                               | Inspect 1.107.7282       |  |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| 411 North Central<br>Glendale, CA 912<br>Phone: (323) 644-                                 | California Highway Patrol<br>411 North Central Avenue, #410<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accredited Agency CHP407F/343A |                                                     | Report Number: CANCWV000874<br>Inspection Date: 06/28/2021<br>Start: 11:28 AM PT End: 11:57 AM PT<br>Inspection Level: V - Terminal<br>HM Inspection Type: None |                          |  |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br>USDOT: 2731988 Phone | #: (562)529-2676                                                                                                                                             | Driver:<br>License#:<br>Date of Birth:<br>CoDriver: |                                                                                                                                                                 | State:                   |  |
| MC/MX#: Fax#:<br>State#: 326916                                                            | (562)529-2220                                                                                                                                                | License#:<br>Date of Birth:                         |                                                                                                                                                                 | State:                   |  |
| Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES                                    | Milepo<br>Origin<br>Destin                                                                                                                                   |                                                     | Bill of Lad<br>Cargo: N/A                                                                                                                                       | -                        |  |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate<br>1 BU GLAV 2019 CA 158428      | Equipment ID<br>36 L215 1FI                                                                                                                                  | VIN GVWR<br>DFE4FS4KDC56886 14500                   | CVSA Existing                                                                                                                                                   | CVSA#                    |  |
| BRAKE ADJUSTMENTS<br>Axie # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR      |                                                                                                                                                              |                                                     | 1609-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1                                                                                                                      |                          |  |
| VIOLATIONS:No violations were of                                                           | liscovered                                                                                                                                                   |                                                     |                                                                                                                                                                 |                          |  |
| HazMat: No HM transported                                                                  |                                                                                                                                                              | Placard                                             | 1<br>1                                                                                                                                                          | Cargo Tank:              |  |
| Special Checks: No data for spec                                                           | ial checks                                                                                                                                                   |                                                     |                                                                                                                                                                 |                          |  |
| State Information:<br>Odometer: 6585: Elle Code Numbr                                      | ar: 245940° Fuel Tvn                                                                                                                                         | e: P: Passenger Capacity:                           | 12: WC Passen                                                                                                                                                   | ger Capacity: 2; Bus Tyr |  |

Odometer: 6585; File Code Number: 245940; Fuel Type: P; Passenger Capacity: 12; W 2; Beat/Sub Area: S44; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 11

| <u>Report Prepared By:</u><br>K. Hardison | <u>ID/Badge #:</u><br>A16735 | <u>Co</u> |
|-------------------------------------------|------------------------------|-----------|
| X                                         |                              | X         |

Copy Received By:



| CHP407F/343A-inSPECT                                                                  | DRIVER/VEHICLE EXAMINATION REPO                    |                                   | REPORT                               | Inspect 1.107.7282                               |
|---------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------|--------------------------------------|--------------------------------------------------|
| 411 North Co<br>Glendale, CA<br>Phone: (323)                                          | ) 644-9557                                         | 0<br>ncy CHP407F/343A             | Inspection Date                      | PT End: 12:34 PM PT<br>el: V - Terminal          |
| MC/MX#:                                                                               | N INC<br>Phone#: (562)529-2<br>Fax#: (562)529-2220 |                                   |                                      | State:<br>State:                                 |
| State#: 326916<br>Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES             |                                                    |                                   | ber: N/A<br>Bill of Lad<br>Cargo: N/ |                                                  |
| <b>/EHICLE IDENTIFICATION</b><br>Jnit Type Make Year State<br>1 BU GLAV 2019 CA 1     | <u>Plate Equipment</u><br>1584281 L216             | D <u>VIN</u><br>1FDFE4FS9KDC56883 | GVWR CVSA Existing 14500             | CVSA#                                            |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR |                                                    |                                   |                                      |                                                  |
| VIOLATIONS:No violations v                                                            | were discovered                                    |                                   |                                      |                                                  |
| HazMat: No HM transported                                                             | , , , , , , , , , , , , , , , , , , ,              |                                   | Placard:                             | Cargo Tank:                                      |
| Special Checks: No data for                                                           | r special checks                                   |                                   |                                      | an sa she an an an an an an an an an an an an an |
| State Information:                                                                    |                                                    |                                   |                                      | nor Canacity: 2: Bus Typ                         |

Odometer: 6140; File Code Number: 245940; Fuel Type: P; Passenger Capacity: 12; WC Passenger Capacity: 2; Bus Type: 2; Beat/Sub Area: S44; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 11

Report Prepared By:ID/Badge #:CoK. HardisonA16735

Copy Received By:

X



| CHP407F/343A-in | SPECT DRIVER/VEHICLE EXAMINATION F             | REPORT   |
|-----------------|------------------------------------------------|----------|
|                 | California Highway Patrol                      | Report   |
|                 | 411 North Central Avenue, #410                 | Inspec   |
|                 | Glendale, CA 91203                             | Start: 1 |
|                 | Phone: (323) 644-9557                          | Inspec   |
|                 | Internationally Accredited Agency CHP407F/343A | HM Ins   |

Inspect 1.107.7282

| 411<br>Gler<br>Pho                                                    | North C<br>ndale, C<br>ne: (323 | A 91203<br>) 644-95 | /enue, #410                 |       | 1P407F/3434                           |          |        | Inspection Date           | PT End: 1:10 PM PT<br>el: V - Terminal |
|-----------------------------------------------------------------------|---------------------------------|---------------------|-----------------------------|-------|---------------------------------------|----------|--------|---------------------------|----------------------------------------|
| EMPIRE TRANSPO<br>8800 PARK ST<br>BELLFLOWER, CA,                     |                                 | N INC               |                             |       | Driver:<br>License#:<br>Date of Bir   | th:      |        |                           | State:                                 |
| USDOT: 2731988<br>MC/MX#:<br>State#: 326916                           |                                 |                     | (562)529-263<br>52)529-2220 |       | CoDriver:<br>License#:<br>Date of Bir |          | (/     |                           | State:                                 |
| Location: BELLFLC<br>Highway:<br>County: LOS ANGE                     |                                 |                     | 0                           | -     | st:<br>: N/A<br>ation: N/A            | Shipper  | : 11// | Bill of Lad<br>Cargo: N/A | -                                      |
| VEHICLE IDENTIFI<br>Unit Type Make Yea<br>1 BU STARC201               | r State                         | Plate<br>74854R2    | Equipment ID<br>339         |       | VIN<br>DFE4FS6CDB                     |          |        | CVSA Existing             | CVSA#                                  |
| BRAKE ADJUSTMI<br>Axle # 1<br>Right N/A<br>Left N/A<br>Chamber HYDR I | 2<br>N/A<br>N/A                 |                     |                             |       |                                       |          |        |                           |                                        |
| VIOLATIONS:No vie                                                     | olations                        | were disc           | overed                      |       |                                       |          |        |                           |                                        |
| HazMat: No HM trai                                                    | nsported                        |                     |                             |       |                                       | Pla      | carc   | I:                        | Cargo Tank:                            |
| Special Checks: No                                                    | o data fo                       | r special           | checks                      |       | -                                     |          |        |                           |                                        |
| State Information:                                                    |                                 | le Numbe            | er: 245940; Fu              | iel T | ype: G; Pass                          | enger Ca | pac    | ity: 16; WC Pass          | senger Capacity: 1; Bu                 |

Type: 1; Beat/Sub Area: S44; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 10

Report Prepared By: K. Hardison

<u>ID/Badge #:</u> A16735

Copy Received By:

 $\boldsymbol{X}$ 

. .





| CHP407F/343A-InSPECT DRIVER/VEHICLE                                                               |                                      | E EXAMINATION REPO                       | RT                               | Inspect 1.107.7282                  |
|---------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------------|----------------------------------|-------------------------------------|
| California Highw<br>411 North Centra<br>Glendale, CA 912<br>Phone: (323) 644<br>Internationally A | 11 Avenue, #410<br>203               | IP407F/343A                              | Inspection Dat<br>Start: 1:12 PM | PT End: 1:36 PM PT el: V - Terminal |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA, 90706                                | >                                    | Driver:<br>License#:<br>Date of Birth:   |                                  | State:                              |
| USDOT: 2731988 Phon                                                                               | e#: (562)529-2676<br>: (562)529-2220 | CoDriver:<br>License#:<br>Date of Birth: |                                  | State:                              |
| Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES                                           | Milepo<br>Origin<br>Destin           |                                          | /A<br>Bill of Lac<br>Cargo: N/   |                                     |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate<br>1 BU ELDO 2019 CA 89040              | e Equipment ID<br>Z2 347 1FD         | <u>VIN GVW</u><br>DFE4FS6KDC74953 1450   | R CVSA Existing                  | CVSA#                               |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR             |                                      |                                          |                                  |                                     |
| VIOLATIONS:No violations were                                                                     | discovered                           |                                          |                                  |                                     |
| HazMat: No HM transported                                                                         |                                      | Placa                                    | d:                               | Cargo Tank:                         |
| Special Checks: No data for spe                                                                   | cial checks                          |                                          |                                  |                                     |
| State Information:<br>Odometer: 3618; File Code Numb<br>Cleared Vehicle: N; Veh #1 Type:          |                                      | e: G; Bus Type: 1; Beat/S                | Sub Area: S44; R                 | egulated Vehicle: Y; Pre-           |

Report Prepared By: K. Hardison

<u>ID/Badge #:</u> A16735

·····

Copy Received By:

X

. .



# **2020 CHP TERMINAL INSPECTION**

| STATE OF CALIFO                                                                                                                          | RNIA                                                                                                                  |                                          |                                                                                 | _                            |                                             |                            |                                                 |                                                                       |                                                                  |                                   |                     |                                             |              |                                                         | age 1                                                 |                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------|------------------------------|---------------------------------------------|----------------------------|-------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------|---------------------|---------------------------------------------|--------------|---------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------|
| DEPARTMENT OF                                                                                                                            | -                                                                                                                     |                                          |                                                                                 | ſ                            | NEW TERMINAL                                | _                          |                                                 |                                                                       |                                                                  | MBER                              | FLE                 | CODE NUMB                                   |              | COUNTY CO                                               |                                                       | 8ED                                                           |
| SAFETY C                                                                                                                                 |                                                                                                                       |                                          |                                                                                 |                              | Yes<br>TERMINAL TYP                         | _                          | No                                              |                                                                       | 3.<br>CODE                                                       | 26916                             | OTH                 | 245940                                      |              | LOCATION C                                              | - 7.0                                                 | ŚUBAREA                                                       |
| TERMINAL                                                                                                                                 |                                                                                                                       |                                          | (IE                                                                             |                              |                                             |                            | us 🗐 Mo                                         |                                                                       | ψ <b>υ</b> υη;                                                   | т                                 |                     | B                                           | 1(0)         | 55                                                      |                                                       | S44                                                           |
| CHP 343 (Rev<br>CARRIER LEGAL N                                                                                                          |                                                                                                                       | 02                                       |                                                                                 |                              |                                             |                            |                                                 |                                                                       |                                                                  |                                   |                     |                                             | TELEP        | HONE NUME                                               |                                                       |                                                               |
| Empire Trar                                                                                                                              |                                                                                                                       | n Inc.                                   |                                                                                 |                              |                                             |                            |                                                 |                                                                       |                                                                  |                                   |                     |                                             |              | 2) 529-20                                               |                                                       |                                                               |
| TERMINAL STREE<br>8800 Park S                                                                                                            |                                                                                                                       |                                          |                                                                                 | P CODE                       | )                                           |                            |                                                 |                                                                       |                                                                  |                                   |                     |                                             |              |                                                         | <u> </u>                                              |                                                               |
| MAILING ADDRESS                                                                                                                          | •                                                                                                                     |                                          |                                                                                 | ODE) (IF                     | DIFFERENT FR                                | OMA                        |                                                 |                                                                       |                                                                  |                                   |                     | STREET, CIT                                 |              |                                                         |                                                       |                                                               |
| 8800 Park 8                                                                                                                              | at., Beimor                                                                                                           | wer, CA                                  | 90706                                                                           |                              | JCENSE, FL                                  | FEI                        |                                                 |                                                                       |                                                                  |                                   |                     | er, CA 9                                    | 1700         |                                                         |                                                       | ·····                                                         |
| HM LIC. NO.                                                                                                                              | HWT. REG. NO                                                                                                          | ). IMS LIC                               | . NO.                                                                           |                              | AND TYPES                                   | -                          | TRAILERS A                                      |                                                                       |                                                                  | ISS VEHS O                        | Y TYPI              | Mod                                         |              | DRIVERS                                                 |                                                       | BIT FLEET 912E                                                |
| N/A                                                                                                                                      | N/A                                                                                                                   | _ · · · · ·                              | N/A                                                                             |                              |                                             |                            |                                                 |                                                                       | <u>  </u>                                                        | <u>36 II</u>                      | 26                  | Umo                                         |              | 2                                                       | 9                                                     | Powered                                                       |
| EXP. DATE<br>N/A                                                                                                                         | EXP. DATE<br>N/A                                                                                                      | EXP, D                                   | ate<br>N/A                                                                      | REG. C1                      | N/A                                         |                            | HW VEH.                                         | /A                                                                    | H <sup>N</sup>                                                   | V CONT.<br>N/A                    |                     | PP8/CSAT                                    | Г            | No                                                      |                                                       | Towed                                                         |
| TERMINAL6 IDENT                                                                                                                          |                                                                                                                       |                                          |                                                                                 | FILE CO                      | DE NUMBERS (                                | <del>yf</del> te           |                                                 |                                                                       | l INSP                                                           |                                   | ARE                 |                                             |              |                                                         | ····                                                  | Towed                                                         |
|                                                                                                                                          | No                                                                                                                    |                                          |                                                                                 |                              |                                             |                            |                                                 |                                                                       |                                                                  | N                                 | /A                  |                                             |              |                                                         |                                                       |                                                               |
| EMERGENCY CON                                                                                                                            | TACT (NAME)                                                                                                           |                                          |                                                                                 | EME                          | RGENCY CO                                   |                            | ACTS (In C<br>AY TELEPHO                        | Caliing C<br>NE ND 1W                                                 | Inder<br>VAREZ                                                   | CODE                              | rence               | •)                                          | NIGHT        | TELEPHON                                                | E NO, (M                                              | AREA CODE )                                                   |
| Bertha Agui                                                                                                                              | • •                                                                                                                   |                                          |                                                                                 |                              |                                             | ľ                          |                                                 |                                                                       |                                                                  | 29-2676                           | ;                   |                                             |              |                                                         |                                                       |                                                               |
| EMERGENCY CON                                                                                                                            |                                                                                                                       |                                          |                                                                                 |                              | - tart to composite to                      | 기교                         | AY TELEPHO                                      |                                                                       |                                                                  | •                                 |                     |                                             | NIGHT        |                                                         |                                                       | AREA CODE )                                                   |
| Ulises Serpi                                                                                                                             | as                                                                                                                    |                                          |                                                                                 |                              |                                             |                            |                                                 | •                                                                     |                                                                  | 29-2676                           |                     |                                             |              |                                                         | )) 345                                                | -2159                                                         |
|                                                                                                                                          |                                                                                                                       | <br>  C                                  | ESTIMAT                                                                         | ED CAL                       | IFORNIA M                                   |                            | AGE FOR                                         | This te                                                               |                                                                  | NAL LAS                           | TYE                 |                                             | 201          | <u>9]</u><br>Н                                          |                                                       | 1                                                             |
|                                                                                                                                          | B<br>15,00                                                                                                            | n – 1 – 1                                | 50,001-                                                                         |                              | 100,001-                                    |                            | <b>500,0</b>                                    | 01   <sub>[</sub> -                                                   | -1 1                                                             | ,000,001-                         |                     | 2,000,001                                   |              | <b>5,000</b>                                            | .001                                                  | MORE THAN                                                     |
| 15,000                                                                                                                                   | 50,00                                                                                                                 | <u>0 [L_</u>                             | 100,000                                                                         |                              |                                             | 114/3                      |                                                 | i                                                                     |                                                                  | 2,000,000                         |                     | 5,000,000                                   | 2            | 10,00                                                   | 0,000                                                 | 10,000,000                                                    |
|                                                                                                                                          | т                                                                                                                     |                                          | TCP                                                                             |                              |                                             |                            | DR CARRIER                                      |                                                                       |                                                                  |                                   | TIVE                |                                             | IMS FI       | TNESS EVAL                                              | UATION                                                |                                                               |
| PUC                                                                                                                                      |                                                                                                                       | VA                                       | D PSC                                                                           | 2                            | 1507                                        |                            | Yes 🔽                                           | No                                                                    | E                                                                | ] N/A                             |                     |                                             |              | Yes 🗸                                                   | No                                                    |                                                               |
|                                                                                                                                          | OT NUMBER                                                                                                             |                                          | МС                                                                              |                              | N/A                                         |                            | MC                                              | N/A                                                                   |                                                                  | REASON F                          |                     |                                             |              |                                                         |                                                       |                                                               |
|                                                                                                                                          | 27319                                                                                                                 |                                          | MX                                                                              |                              |                                             |                            | МХ                                              |                                                                       | ·                                                                | Annual                            |                     |                                             |              |                                                         |                                                       |                                                               |
| INSPECTION FINE<br>REQUIREMENTS                                                                                                          | VIOL                                                                                                                  |                                          | IN RATINGS                                                                      |                              | DRIVER                                      | _                          |                                                 |                                                                       |                                                                  | HALLIR = 11<br>JIPMENT            | nratec              | HAZARDOU                                    |              |                                                         |                                                       | TERMINAL                                                      |
| MAINTENANCE                                                                                                                              | 1                                                                                                                     |                                          | <u>S 3 S</u>                                                                    |                              |                                             | 3_{                        |                                                 |                                                                       |                                                                  | 3 <u>S</u> 4                      | <u>5</u> 1          | N/A 2 N/A                                   | 3 <u>N//</u> |                                                         |                                                       | S <sub>3</sub> S <sub>4</sub> S                               |
| DRIVER<br>RECORDS                                                                                                                        | 0                                                                                                                     | No. 14                                   | Time                                                                            | 3.0                          | No. 22                                      | Time                       | 4.5                                             | No. 14                                                                | 7                                                                | lime 13.                          |                     | WE                                          | N/A          |                                                         | DTAL TH                                               | <sup>⊯</sup> 21.0                                             |
| DRIVER                                                                                                                                   | 0                                                                                                                     | HAZARDOU                                 | S MATERIAL                                                                      | s                            |                                             |                            | C                                               | CONTAINE                                                              | RSITA                                                            | JNKS                              | V                   | EHICLES PLA                                 |              | JT-OF-6ERV                                              |                                                       |                                                               |
| HOURS                                                                                                                                    |                                                                                                                       |                                          | A Transport                                                                     | ed L.                        | No H/M vio                                  | MUDr                       | HE DOMENT   P                                   | <sub>¥o.</sub> n/a                                                    |                                                                  | <u>me_n/a_</u>                    | V                   | ehicles                                     |              | U                                                       | nis                                                   |                                                               |
| BRAKES                                                                                                                                   | 0                                                                                                                     |                                          |                                                                                 | 33(a                         | )(1) Cari                                   | rier                       | s Term                                          | ninal I                                                               | nsp                                                              | pectior                           | ı is                | rated "                                     | SAT          | ISFAC                                                   | TOF                                                   | (Y" at this                                                   |
| SIGNAL8                                                                                                                                  | 2                                                                                                                     | time.                                    |                                                                                 |                              |                                             |                            |                                                 |                                                                       |                                                                  |                                   |                     |                                             |              |                                                         |                                                       |                                                               |
| CONNECTING<br>DEVICES                                                                                                                    | N/A                                                                                                                   |                                          |                                                                                 |                              |                                             |                            |                                                 |                                                                       |                                                                  |                                   |                     |                                             |              |                                                         |                                                       |                                                               |
| STEERING & SUSPENSION                                                                                                                    | 0                                                                                                                     | See                                      | attach                                                                          | ed C                         | HP 343,                                     | Те                         | erminal                                         | Inspe                                                                 | ecti                                                             | on Re                             | por                 | l Parts                                     | A, E         | 3 & C, (                                                | СНР                                                   |                                                               |
| TIRES &<br>WHEELS                                                                                                                        | 0                                                                                                                     | 407F                                     | -/343A                                                                          | Veh                          | icle Insp                                   | ec                         | tion Re                                         | ports                                                                 | •                                                                |                                   |                     |                                             |              |                                                         |                                                       |                                                               |
| EQUIPMENT<br>REQUIREMENTS                                                                                                                | 5                                                                                                                     | ** Ba                                    | asic Bu                                                                         | s ter                        | minal ha                                    | ıs t                       | been do                                         | one in                                                                |                                                                  | onjunc                            | tion                | with th                                     | e T          | our Bu                                                  | s teri                                                | minal                                                         |
| CONTAINERS &<br>TANKS                                                                                                                    | N/A                                                                                                                   | inspe                                    | ection                                                                          | and a                        | all the re                                  | qui                        | iremen                                          | ts hav                                                                | ve l                                                             | been r                            | nee                 | t. **                                       |              |                                                         |                                                       |                                                               |
| HAZARDOUS                                                                                                                                | N/A                                                                                                                   |                                          |                                                                                 |                              |                                             |                            |                                                 |                                                                       |                                                                  |                                   |                     |                                             |              |                                                         |                                                       |                                                               |
| MATERIALS                                                                                                                                | ,                                                                                                                     |                                          |                                                                                 |                              |                                             |                            |                                                 |                                                                       |                                                                  |                                   |                     |                                             |              |                                                         |                                                       | TIME OUT                                                      |
| INSPECTION TYPE                                                                                                                          | NON-BIT                                                                                                               | CPSS                                     |                                                                                 | CHP 345                      |                                             |                            |                                                 | INSPEC                                                                |                                                                  | DATE(S)                           | . 40/               | 2020                                        |              |                                                         | ^                                                     |                                                               |
|                                                                                                                                          | NON-BIT                                                                                                               | CPSS<br>Ves                              |                                                                                 | CHP 345                      |                                             | ઝા.<br>3,4,                | 7                                               |                                                                       | 0                                                                | 6/17,18                           | , <b>1</b> 9/       | 2020                                        |              | 073                                                     |                                                       | 1200                                                          |
|                                                                                                                                          | NON-BIT                                                                                                               |                                          |                                                                                 | CHP 345                      |                                             |                            | ,7                                              |                                                                       | O<br>BER(S                                                       | 6/17,18                           | i,19/               | 2020                                        |              |                                                         | DATE                                                  | 1200                                                          |
|                                                                                                                                          | NON-BIT                                                                                                               |                                          |                                                                                 | CH# 345                      |                                             | 3,4,                       | 7                                               | ю ним<br>А167                                                         | 0<br>BER(\$<br>'35                                               | 6/17,18<br>1                      | 19/                 | 2020                                        |              | 073<br>SUSPENSE                                         | DATE                                                  | 1200                                                          |
|                                                                                                                                          | NON-BIT                                                                                                               | tions descr<br>Vehicle Co                | Ibed here                                                                       | un and<br>e Califo           | MOT<br>recorded on<br>mia Code of           | 3,4,<br>DR (<br>the<br>Reg | CARRIER (<br>attached p                         | ID NUM<br>A167<br>CERTIFI<br>eges (21<br>I underst                    | 0<br>BER(\$<br>'35<br>CAT<br>throu                               | 10N<br>19h <u>2</u><br>19het Imay | 0),<br>/ Геди       | will be cor                                 | w of a       | 073<br>SUSPENSE I<br>Auto                               |                                                       | 1200<br>ne<br>Ith applicable                                  |
| INSPECTION TYPE<br>I R<br>INSPECTED BY (M<br>Keith Hardis<br>I hereby certify<br>provisions of th<br>contacting the I<br>CURRENT TERMIN  | NON-BIT<br>WE(S))<br>ON<br>that all viola<br>e California<br>Notor Carrie                                             | Ilons descr<br>Vehicle Co<br>r Salety Ur | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>N | on and<br>control<br>control | MOT<br>recorded on<br>mia Code of<br>(323)  | 3,4,<br>DR (<br>the<br>Reg | CARRIER<br>attached p<br>julations. 1<br>1-9557 | ID NUM<br>A167<br>CERTIFI<br>eges (21<br>I underst                    | 0<br>BER(\$<br>'35<br>CAT<br>throu                               | 10N<br>19h <u>2</u><br>19het Imay | 0),<br>/ Геди       | will be cor<br>rest a revie                 | w of a<br>g. | 073<br>SUSPENSE I<br>Auto                               | ATE No                                                | 1200<br>ne<br>Ith applicable<br>alling by                     |
| INSPECTION TYPE<br>I R<br>INSPECTED BY (M/<br>Keith Hardis<br>I hereby certify<br>provisions of th<br>contacting the I<br>CURRENT TERMIN | NON-BIT<br>WE(S))<br>ON<br>that all violation<br>of California 1<br>Aotor Carrie<br>ALRATING                          | Lions descr<br>Vehicle Co<br>r Safety Ur | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>N | on and<br>control<br>control | MOTO<br>recorded on<br>mia Code of<br>(323) | 3,4,<br>DR (<br>the<br>Reg | CARRIER<br>attached p<br>julations. 1<br>1-9557 | ID NUM<br>A 167<br>CERTIFI<br>ages (2 I<br>Underst<br>with<br>GNATBRE | 0<br>BER(\$<br>735<br>CAT<br>throu<br>and<br>and<br>and<br>bin 5 | 10N<br>19h <u>2</u><br>19het Imay | 0),<br>/ Геди       | will be cor<br>rest a revie                 | w of a<br>g. | 073<br>SUSPENSE  <br>Auto<br>1 in accord<br>in unsatisf | ATE<br>No<br>ance w<br>actory (<br>6/19/              | 1200<br>ne<br>th applicable<br>aling by<br>22020              |
| INSPECTION TYPE<br>I R<br>INSPECTED BY (M<br>Keith Hardis<br>I hereby certify<br>provisions of th<br>contacting the I<br>CURRENT TERMIN  | NON-BIT<br>We(S))<br>con<br>that all violat<br>e California 1<br>Motor Carries<br>AL RATING<br>ATISFA<br>ENTATIVES PF | Lions descr<br>Vehicle Co<br>r Safety Ur | No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>No<br>N | on and<br>control<br>control | MOTO<br>recorded on<br>mia Code of<br>(323) | 3,4,<br>DR (<br>the<br>Reg | CARRIER<br>attached p<br>julations. 1<br>1-9557 | ID NUM<br>A167<br>CERTIFI<br>ages (21)<br>Junderst<br>With            | 0<br>BER(\$<br>735<br>ICAT<br>throu<br>and<br>ain 5              | 10N<br>19h <u>2</u><br>19het Imay | 0),<br>requ<br>days | will be cor<br>lest a revie<br>of the ratin | w of a<br>g. | 073<br>SUSPENSE  <br>Auto<br>1 in accord<br>in unsatisf | DATE<br>No<br>lance w<br>actory i<br>6/19/<br>ENSE MU | 1200<br>ne<br>th applicable<br>aling by<br>2020<br>MBER STATE |

| STATE OF CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LIFORI                                                                            | ARA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                                                                                                         |                                                                    |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                               | Page 1 o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | he courses and a second second second second second second second second second second second second second se                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | NEW TERMIN                                                                                                                                                              | AL IN                                                              |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | CA NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FRE CODE NU<br>24594                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | COUNTY C                                      | 006<br>[9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8ED                                                                                                                                      |
| SAFETY                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | Ves                                                                                                                                                                     |                                                                    | No                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 326916                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2439<br>OTHER PROGR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                 | LOCATION                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | SUBAREA                                                                                                                                  |
| TERMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | AIE -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                                                                                                                                         |                                                                    | ъ., Пи.,                                                                                                                                           | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | o-unito)                                                                        |                                               | 50<br>50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | S44                                                                                                                                      |
| CHP 343 (F                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 062                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | Truck                                                                                                                                                                   |                                                                    |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TELE                                                                            | THONE NUM                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |
| Empire T                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | n Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | 1 LIKONON                                                                                                                                                               | MU. N                                                              | ikme (if offfet                                                                                                                                    | 46141)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 | 2) 529-2                                      | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |
| TERMINAL ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | EET, CITY, Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PCODE                                                  | <u>)</u>                                                                                                                                                                |                                                                    |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 11                                                                              |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ······································                                                                                                   |
| 8800 Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        | -                                                                                                                                                                       |                                                                    |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ODE) (IP                                               | DIFFERENT                                                                                                                                                               | ROM                                                                |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | LOCATION (NUR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |
| 8800 Pa                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | rk St                                                                             | t., Belifion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | wer, CA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 90706                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        |                                                                                                                                                                         |                                                                    |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ark St., Bell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 9070                                                                            | 3                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ····                                                                                                                                     |
| HM LIC. NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                   | WT. REG. N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5. TIMSLIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>` NO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                        | LICENSE, F<br>8 AND TYPES                                                                                                                                               | FLEE                                                               |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INFORMATIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                 | DRIVERS                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BIT FLEET SIZE                                                                                                                           |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ſ                                                                                 | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        | •••••                                                                                                                                                                   |                                                                    |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 2 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2 Limo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 | 1                                             | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Powered                                                                                                                                  |
| EXP. DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | E                                                                                 | EXP. DAVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EXP. D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | REG. C                                                 | T                                                                                                                                                                       |                                                                    | HW VEH                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | HW CONT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PP8/C8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | AT                                                                              | ·                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |
| N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        | N/A                                                                                                                                                                     |                                                                    | 1                                                                                                                                                  | /A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Ye                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | - L                                                                             | <u>] No</u>                                   | <u>□</u> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Towad                                                                                                                                    |
| TERMINALS K                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | _                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ON 34515(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CVC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FRE CO                                                 | DUE NUMBERG                                                                                                                                                             | 9 OF 1                                                             | TERMINALS INC                                                                                                                                      | LUDED IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INSPECTION AS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ECTION 3                                                                        | 14515(b) CVC                                  | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                          |
| ∐ Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ⊻ !                                                                               | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ENE                                                    | DOBNOVO                                                                                                                                                                 | 011                                                                |                                                                                                                                                    | alling (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | N/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                                    |
| EMERGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CONT                                                                              | ACT (NAME)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | EMC                                                    | RGENCT                                                                                                                                                                  |                                                                    | DAY TELEPHON                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Drder of Prefe<br>WAREA CODE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | encej                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NICH                                                                            | T TELEPHO                                     | NE NO. (MW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AREA CODE)                                                                                                                               |
| Bertha A                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | guin                                                                              | re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                                                                                                         |                                                                    |                                                                                                                                                    | (56)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2) 529-2676                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |
| EMERGENCY                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                   | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                                                                                                         | -                                                                  | DAY TELEPHO                                                                                                                                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MOH                                                                             |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AREA CODE)                                                                                                                               |
| Ulises Se                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | erpa                                                                              | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                                                                                                         |                                                                    |                                                                                                                                                    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2) 529-2676                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                               | 0) 345-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2159                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   | 1.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ESTMAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                        |                                                                                                                                                                         | MILI                                                               | EAGE FOR                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | RMINAL LAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | G I YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20                                                                              | 19 ]<br>H                                     | r                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | R                                                                                 | B<br>  15,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1 – וכ<br>ח – ור                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 50,001-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ·                                                      | _ 100,001-                                                                                                                                                              | -                                                                  | 500.00                                                                                                                                             | 01 Ir                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 2,000,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                 | 5,00                                          | 0,001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MORE THAN                                                                                                                                |
| L_ 15,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>)</b>                                                                          | 50,00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>w</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 100,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1.                                                     |                                                                                                                                                                         |                                                                    |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 5,000,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 000                                                                             | 1 10,0                                        | 00,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10,000,000                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | T D                                                                               | г                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | J TCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                        | OPERA                                                                                                                                                                   | LUIN<br>MO                                                         | OF AN INVITION                                                                                                                                     | OF PROP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | R PERMITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IIVÉ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IMS F                                                                           | ITNESS EV                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |
| PUC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | י ם ן                                                                             | ' N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>I</b> ∕A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2                                                      | 1507                                                                                                                                                                    |                                                                    | ] Yes 🔽                                                                                                                                            | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 🗖 N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 | ] Yes [ 🗹                                     | ] Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | USCO                                                                              | T NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | MC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                        |                                                                                                                                                                         |                                                                    | <br>] MC                                                                                                                                           | <u>,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | REASON FO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | R INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | I                                                                               |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |
| USDOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                   | 27319                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 88                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Пмх                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                        | N/A                                                                                                                                                                     | T                                                                  |                                                                                                                                                    | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Basic B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | us                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                        |                                                                                                                                                                         |                                                                    |                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |
| INSPECTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FIND                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N RATINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |                                                                                                                                                                         |                                                                    | Insatisfactory                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ditional UR = U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | visited NKA = N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |
| REQUIREME                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NT8                                                                               | VIOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MAINTEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N RATINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | IRAN                                                   | DRIVER                                                                                                                                                                  | REC                                                                | insatisfactory<br>CORDS                                                                                                                            | REC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ditional UR = U<br>3 Equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | HAZARO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OUS MAT                                                                         | TERIALS                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NT8                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MAINTEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N RATINGS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                        |                                                                                                                                                                         | REC                                                                | insatisfactory<br>CORDS                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ditional UR = U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | $\frac{1}{1} \frac{N/A - N}{2}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OUS MAT                                                                         | RERIALS                                       | 1_ <u>S</u> _2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | S <sub>3</sub> S <sub>4</sub> S                                                                                                          |
| REQUIREMENTERNANCE<br>PROGRAM<br>DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                                              | NT8                                                                               | VIOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MAINTEN<br>1_S_2_                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | M RATINGS<br>IANCE PROC<br>S_3_S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 38AN  <br>4                                            |                                                                                                                                                                         | 3 RE                                                               | Insatisfactory<br>CORDS                                                                                                                            | REC<br>12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | $\frac{\text{ditional UR = U}}{S = GUIPMENT}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HAZARO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OUS MAT                                                                         | TERIALS                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>S 3 S 4 S</u>                                                                                                                         |
| REQUIREME<br>MAINTENANCE<br>PROGRAM                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NT8                                                                               | VIOL<br>1<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MAINTEN<br>12_<br>No3<br>HAZARDOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N RATINGS<br>ANCE PROC<br>S 3 S<br>Time<br>S MATERIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3RAN 4 <u>S</u><br>0.5                                 | DRIVER<br>1 S 2 S<br>No. 4                                                                                                                                              | REC<br>3<br>Tin                                                    | malisfactory<br>coros<br>S_4_S_<br>me_n/a_k                                                                                                        | REC<br>12_<br>103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ditional UR = U<br>3 EQUIPMENT<br>S 3 S 4 S<br>Time N/8<br>R5/TANKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | $\frac{1}{1} \frac{1}{1} \frac{1}$ | 005 MAT<br>1/A 3 N<br>N/                                                        | TERIALS                                       | 1_S_2<br>TOTAL TIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S <sub>3</sub> S <sub>4</sub> S                                                                                                          |
| REQUIREMENT<br>MAINTENANCE<br>PROGRAM<br>DRIVER<br>RECORDS                                                                                                                                                                                                                                                                                                                                                                                                                           | NT8                                                                               | <b>VIOL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MAINTEN<br>12_<br>No3<br>HAZARDOU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N RATINGS<br>ANCE PROC<br>S_3_S<br>Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 3RAN 4 <u>S</u><br>0.5                                 |                                                                                                                                                                         | REC<br>3<br>Tin                                                    | malisfactory<br>coros<br>S_4_S_<br>me_n/a_k                                                                                                        | REC<br>12_<br>103                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ditional UR = U<br>a EQUIPMENT<br>S 3 S 4 S<br>Time r/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | $\frac{1}{1} \frac{1}{1} \frac{1}$ | 005 MAT<br>1/A 3 N<br>N/                                                        | A                                             | 1_S_2<br>TOTAL TIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <u>S 3 S 4 S</u>                                                                                                                         |
| REQUIREMENT<br>MAINTENANCO<br>PROGRAM<br>DRIVER<br>RECORDS<br>DRIVER                                                                                                                                                                                                                                                                                                                                                                                                                 | NT8                                                                               | VIOL<br>1<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MAINTEN<br>1 S 2<br>NO. 3<br>HAZARDOU<br>MO. HI<br>REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NRATINGS<br>ANCE PROC<br>S 3 S<br>Time<br>S MATERIAL<br>M Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | BRANI<br>4 <u>S</u><br>0.5<br>5<br>ed                  | DRIVER<br>1 S 2 S<br>NO. 4<br>NO H/M V                                                                                                                                  | Tin<br>tolati                                                      | mealisfactory<br>corps<br>S_4_S<br>me_n/a_N<br>ons noted                                                                                           | REC<br>1 <u>\$</u> 2,<br>10. 3<br>CONTAINE<br>10. 1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ditional UR = U<br>3 EQUIPMENT<br><u>S</u> 3 <u>S</u> 4 <u></u><br><u>Time</u> rV8<br>R5/TANKS<br>1 Time rV8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Arated NA = N<br>HAZARO<br>1 N/A 2 M<br>TIME<br>VEHECLES I<br>Vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N/A 3 N/                                                                        | A<br>A<br>A<br>A<br>DUT-OF-SER                | 1 S 2<br>TOTAL THM<br>VICE<br>Units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S_3_S_4_S<br>0.5                                                                                                                         |
| REQUIREMEN<br>MARITENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>DRIVER<br>HOURS<br>BRAKES<br>LAMPS &                                                                                                                                                                                                                                                                                                                                                                                     | NT8                                                                               | УЮL<br>1<br>0<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MAINTEN<br>1 S 2<br>No. 3<br>HAZARDOU<br>MO HAT<br>REMARKS<br>13 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NRATINGS<br>ANCE PROC<br>S 3 S<br>Time<br>S MATERIAL<br>M Transport<br>CCR 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BRANI<br>4 <u>S</u><br>0.5<br>5<br>ed                  | DRIVER<br>1 S 2 S<br>NO. 4<br>NO H/M V                                                                                                                                  | Tin<br>tolati                                                      | mealisfactory<br>corps<br>S_4_S<br>me_n/a_N<br>ons noted                                                                                           | REC<br>1 <u>\$</u> 2,<br>10. 3<br>CONTAINE<br>10. 1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ditional UR = U<br>3 EQUIPMENT<br><u>S</u> 3 <u>S</u> 4 <u></u><br><u>Time</u> rV8<br>R5/TANKS<br>1 Time rV8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Arated NA = N<br>HAZARO<br>1 N/A 2 M<br>TIME<br>VEHECLES I<br>Vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N/A 3 N/                                                                        | A<br>A<br>A<br>A<br>DUT-OF-SER                | 1 S 2<br>TOTAL THM<br>VICE<br>Units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>S 3 S 4 S</u>                                                                                                                         |
| REQUIREMENTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>DRIVER<br>HOURS<br>BRAKES<br>LAMPS &<br>SIGNALS                                                                                                                                                                                                                                                                                                                                                                                  | NTS<br>E                                                                          | VIOL<br>1<br>0<br>0<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MAINTEN<br>1 S 2<br>NO. 3<br>HAZARDOU<br>MO. HI<br>REMARKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NRATINGS<br>ANCE PROC<br>S 3 S<br>Time<br>S MATERIAL<br>M Transport<br>CCR 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BRANI<br>4 <u>S</u><br>0.5<br>5<br>ed                  | DRIVER<br>1 S 2 S<br>NO. 4<br>NO H/M V                                                                                                                                  | Tin<br>tolati                                                      | mealisfactory<br>corps<br>S_4_S<br>me_n/a_N<br>ons noted                                                                                           | REC<br>1 <u>\$</u> 2,<br>10. 3<br>CONTAINE<br>10. 1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ditional UR = U<br>3 EQUIPMENT<br><u>S</u> 3 <u>S</u> 4 <u></u><br><u>Time</u> rV8<br>R5/TANKS<br>1 Time rV8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Arated NA = N<br>HAZARO<br>1 N/A 2 M<br>TIME<br>VEHECLES I<br>Vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N/A 3 N/                                                                        | A<br>A<br>A<br>A<br>DUT-OF-SER                | 1 S 2<br>TOTAL THM<br>VICE<br>Units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S_3_S_4_S<br>0.5                                                                                                                         |
| REQUIREMEN<br>MARITENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>DRIVER<br>HOURS<br>BRAKES<br>LAMPS &                                                                                                                                                                                                                                                                                                                                                                                     | NTS<br>E                                                                          | УЮL<br>1<br>0<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MAINTEN<br>1 S 2<br>No. 3<br>HAZARDOU<br>MO HAT<br>REMARKS<br>13 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NRATINGS<br>ANCE PROC<br>S 3 S<br>Time<br>S MATERIAL<br>M Transport<br>CCR 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | BRANI<br>4 <u>S</u><br>0.5<br>5<br>ed                  | DRIVER<br>1 S 2 S<br>NO. 4<br>NO H/M V                                                                                                                                  | Tin<br>tolati                                                      | mealisfactory<br>corps<br>S_4_S<br>me_n/a_N<br>ons noted                                                                                           | REC<br>1 <u>\$</u> 2,<br>10. 3<br>CONTAINE<br>10. 1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ditional UR = U<br>3 EQUIPMENT<br><u>S</u> 3 <u>S</u> 4 <u></u><br><u>Time</u> rV8<br>R5/TANKS<br>1 Time rV8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Arated NA = N<br>HAZARO<br>1 N/A 2 M<br>TIME<br>VEHECLES I<br>Vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | N/A 3 N/                                                                        | A<br>A<br>A<br>A<br>DUT-OF-SER                | 1 S 2<br>TOTAL THM<br>VICE<br>Units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S_3_S_4_S<br>0.5                                                                                                                         |
| REQUIREMEN<br>MAINTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>DRIVER<br>HOURS<br>BRAKES<br>LAMPS &<br>SIGNALS<br>CONNECTING<br>DEVICES<br>STEERING &                                                                                                                                                                                                                                                                                                                                   | NTS<br>E                                                                          | VIOL<br>1<br>0<br>0<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <u>Мантен</u><br>1_ <u>S</u> 2_<br>No. 3<br>Надагроц<br>ГЛю ни<br>REMARKE<br>13 C<br>time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Time 1<br>S 3 S<br>Time 1<br>S MATERIAL<br>M Transport<br>CCR 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 87.AM<br>4 <u>S</u><br>0.5<br>5<br>6d [<br>333(8       | DRIVEF<br>1 S 2 S<br>No. 4<br>] No H/M V<br>a)(1) Ca                                                                                                                    | Tin<br>tolati                                                      | insalisfactory<br>CORDS<br>S 4 S<br>me n/a A<br>ons noted<br>ers Term                                                                              | REC<br>1 <u>S</u> 2.<br>10. 3<br>CONTAINE<br>10. n/a<br>10. n/a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ditional UR = U<br>3 EQUIPMENT<br>S 3 S 4 S<br>Time N/8<br>R5/TANKS<br>1 Time N/8<br>Inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Trated N/A = 1<br>HAZARO<br>1 N/A 2 M<br>TIME<br>VEHECLES I<br>Vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 003 MAT<br>1/A 3 N<br>N/<br>1/ACED 0<br>1 "SA                                   | A<br>A<br>TISFA                               | 1 <u>S</u> 2<br>TOTAL THAN<br>VICE<br>Units<br>CTOF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S_3_S_4_S<br>0.5                                                                                                                         |
| REQUIREMENT<br>MAINTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>ORIVER<br>HOURS<br>BRAKES<br>LAMPS &<br>SKOMLS<br>CONNECTING<br>DEVICES<br>STEERING &<br>SUSPENSION<br>TIRES &                                                                                                                                                                                                                                                                                                          | NTS<br>E                                                                          | VIOL<br>1<br>0<br>0<br>2<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MAINTEN<br>1 S 2<br>No. 3<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>NO. 3<br>HAZARDOU<br>MAINTEN<br>NO. 3<br>HAZARDOU<br>MAINTEN<br>HAINTEN<br>NO. 3<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZA | NRATINGS<br>ANCE PROC<br>S 3 S<br>Time 1<br>S MATERIAL<br>M Transport<br>CCR 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | arAm  <br>4 S<br>0.5<br>5<br>∞d C<br>33(a<br>ed C      | DRIVEF<br>1 S 2 S<br>No. 4<br>3 No H/M vi<br>a)(1) Ca<br>3 HP 343                                                                                                       | 1 REC<br>3<br>1<br>101ati<br>101ati<br>101ati                      | insalisfactory<br>CORDS<br>S 4 S<br>me n/a A<br>ons noted<br>ers Term                                                                              | REC<br>1 <u>S</u> 2.<br>10. 3<br>10. 1/2<br>10. 1/2                                                                                                                                                           | ditional UR = U<br>3 = EQUIPMENT<br>S = 3 = 5 = 4 = 5<br>Time rva<br>RS/TANKS<br>3 = Time rva<br>Inspection<br>ection Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Trated N/A = 1<br>HAZARO<br>1 N/A 2 M<br>TIME<br>VEHECLES I<br>Vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 003 MAT<br>1/A 3 N<br>N/<br>1/ACED 0<br>1 "SA                                   | A<br>A<br>TISFA                               | 1 <u>S</u> 2<br>TOTAL THAN<br>VICE<br>Units<br>CTOF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S_3_S_4_S<br>0.5                                                                                                                         |
| REQUIREMENT<br>MAINTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>ORIVER<br>HOURS<br>BRAKES<br>LAMPS &<br>SIGNALS<br>CONNECTING<br>DEVICES<br>STEERING &<br>SUSPENSION<br>TIRES &<br>WHEELS<br>EQUIPMENT                                                                                                                                                                                                                                                                                  | NTS<br>E                                                                          | viol<br>1<br>0<br>0<br>2<br>N/A<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MAINTEN<br>1 S 2<br>No. 3<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>NO. 3<br>HAZARDOU<br>MAINTEN<br>NO. 3<br>HAZARDOU<br>MAINTEN<br>HAINTEN<br>NO. 3<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZA | NRATINGS<br>ANCE PROC<br>S 3 S<br>Time 1<br>S MATERIAL<br>M Transport<br>CCR 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | arAm  <br>4 S<br>0.5<br>5<br>∞d C<br>33(a<br>ed C      | DRIVEF<br>1 S 2 S<br>No. 4<br>3 No H/M vi<br>a)(1) Ca<br>3 HP 343                                                                                                       | 1 REC<br>3<br>1<br>101ati<br>101ati<br>101ati                      | insalisfactory<br>CORDS<br>S 4 S<br>me n/a A<br>ons noted<br>ers Term<br>ferminal                                                                  | REC<br>1 <u>S</u> 2.<br>10. 3<br>10. 1/2<br>10. 1/2                                                                                                                                                           | ditional UR = U<br>3 = EQUIPMENT<br>S = 3 = 5 = 4 = 5<br>Time rva<br>RS/TANKS<br>3 = Time rva<br>Inspection<br>ection Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Trated N/A = 1<br>HAZARO<br>1 N/A 2 M<br>TIME<br>VEHECLES I<br>Vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 003 MAT<br>1/A 3 N<br>N/<br>1/ACED 0<br>1 "SA                                   | A<br>A<br>TISFA                               | 1 <u>S</u> 2<br>TOTAL THAN<br>VICE<br>Units<br>CTOF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S_3_S_4_S<br>0.5                                                                                                                         |
| REQUIREMENT<br>MAINTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>ORIVER<br>HOURS<br>BRAKES<br>BRAKES<br>LAMPS &<br>SIGNALS<br>CONNECTING<br>DEVICES<br>STEERING &<br>SUSPENSION<br>TIRES &<br>WHEELS<br>EQUIPMENT<br>REQUIREMENT<br>REQUIREMENT                                                                                                                                                                                                                                          |                                                                                   | VIOL<br>1<br>0<br>0<br>2<br>N/A<br>0<br>0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MAINTEN<br>1 S 2<br>No. 3<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>NO. 3<br>HAZARDOU<br>MAINTEN<br>NO. 3<br>HAZARDOU<br>MAINTEN<br>HAINTEN<br>NO. 3<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZA | NRATINGS<br>ANCE PROC<br>S 3 S<br>Time 1<br>S MATERIAL<br>M Transport<br>CCR 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | arAm  <br>4 S<br>0.5<br>5<br>∞d C<br>33(a<br>ed C      | DRIVEF<br>1 S 2 S<br>No. 4<br>3 No H/M vi<br>a)(1) Ca<br>3 HP 343                                                                                                       | 1 REC<br>3<br>1<br>101ati<br>101ati<br>101ati                      | insalisfactory<br>CORDS<br>S 4 S<br>me n/a A<br>ons noted<br>ers Term<br>ferminal                                                                  | REC<br>1 <u>S</u> 2.<br>10. 3<br>10. 1/2<br>10. 1/2                                                                                                                                                           | ditional UR = U<br>3 = EQUIPMENT<br>S = 3 = 5 = 4 = 5<br>Time rva<br>RS/TANKS<br>3 = Time rva<br>Inspection<br>ection Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Trated N/A = 1<br>HAZARO<br>1 N/A 2 M<br>TIME<br>VEHECLES I<br>Vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 003 MAT<br>1/A 3 N<br>N/<br>1/ACED 0<br>1 "SA                                   | A<br>A<br>TISFA                               | 1 <u>S</u> 2<br>TOTAL THAN<br>VICE<br>Units<br>CTOF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S_3_S_4_S<br>0.5                                                                                                                         |
| REQUIREMENT<br>MAINTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>ORIVER<br>HOURS<br>BRAKES<br>LAMPS &<br>SKOMMES<br>COMMECTING<br>DEVICES<br>STEERING &<br>SUSPENSION<br>TIRES &<br>WREELS<br>EQUIREMENT<br>REQUIREMENT                                                                                                                                                                                                                                                                  |                                                                                   | viol<br>1<br>0<br>0<br>2<br>N/A<br>0<br>0<br>5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MAINTEN<br>1 S 2<br>No. 3<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>NO. 3<br>HAZARDOU<br>MAINTEN<br>NO. 3<br>HAZARDOU<br>MAINTEN<br>HAINTEN<br>NO. 3<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>MAINTEN<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZARDOU<br>HAZA | NRATINGS<br>ANCE PROC<br>S 3 S<br>Time 1<br>S MATERIAL<br>M Transport<br>CCR 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | arAm  <br>4 S<br>0.5<br>5<br>∞d C<br>33(a<br>ed C      | DRIVEF<br>1 S 2 S<br>No. 4<br>3 No H/M vi<br>a)(1) Ca<br>3 HP 343                                                                                                       | 1 REC<br>3<br>1<br>101ati<br>101ati<br>101ati                      | insalisfactory<br>CORDS<br>S 4 S<br>me n/a A<br>ons noted<br>ers Term<br>ferminal                                                                  | REC<br>1 <u>S</u> 2.<br>10. 3<br>10. 1/2<br>10. 1/2                                                                                                                                                           | ditional UR = U<br>3 = EQUIPMENT<br>S = 3 = 5 = 4 = 5<br>Time rva<br>RS/TANKS<br>3 = Time rva<br>Inspection<br>ection Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Trated N/A = 1<br>HAZARO<br>1 N/A 2 M<br>TIME<br>VEHECLES I<br>Vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 003 MAT<br>1/A 3 N<br>N/<br>1/ACED 0<br>1 "SA                                   | A<br>A<br>TISFA                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>S_3_S_4_S</u><br>0.5<br>(Y" at this                                                                                                   |
| REQUIREMENTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>DRIVER<br>HOURS<br>BRAKES<br>UAMPS &<br>SIGNALS<br>CONNECTING<br>BEVICES<br>STEERING &<br>SUSPENSION<br>TIRES &<br>WINEELS<br>EQUIPMENT<br>REQUIREMENT<br>CONTAINERS<br>TANKS<br>HAZARDOUS<br>MATERIALS<br>INSPECTION                                                                                                                                                                                                            | NTS<br>E                                                                          | VIOL<br>1<br>0<br>0<br>2<br>N/A<br>0<br>0<br>5<br>N/A<br>N/A<br>N/A<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MAINTEN<br>1 S 2<br>No. 3<br>HAZARDOU<br>MINO HAT<br>REMARKE<br>13 C<br>time<br>See<br>4071                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Time 1<br>S 3 S<br>Time 1<br>S MATERIAL<br>A Transport<br>CCR 12<br>CCR 12<br>-<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | arAm  <br>4 S<br>0.5<br>5<br>∞d C<br>33(a<br>ed C      | DRIVEF<br><u>1 S 2 S</u><br><u>No. 4</u><br><u>1 No H/M v</u><br>a)(1) Ca<br>CHP 343<br>hicle Ins                                                                       | Tin<br>tolati                                                      | insalisfactory<br>SORDS<br>SAS<br>ne n/a no<br>ons noted<br>ers Term<br>ferminal<br>ction Re                                                       | Insports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ditional UR = U<br>3 EQUIPMENT<br>$S_3S_4$<br>Time (1/2)<br>R5/TANKS<br>Time (1/2)<br>Inspection<br>ection Re<br>3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n is rated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 003 MAT<br>1/A 3 N<br>N/<br>1/ACED 0<br>1 "SA                                   | TISFA                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>S</u> <u>3</u> <u>S</u> <u>4</u> <u>S</u><br><u>6</u> <u>0.5</u><br>RY" at this                                                       |
| REQUIREMENTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>ORIVER<br>HOURS<br>BRAKES<br>UAMPS &<br>SIGNALS<br>CONNECTING<br>BEVICES<br>STEERING &<br>SUSPENSION<br>TIRES &<br>WAEELS<br>EQUIPMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>ANKS<br>HAZARDOUS<br>MATERIALS<br>INSPECTION<br>1 1 1 F                                                                                                                                                     | NTS<br>E<br>ITS<br>E<br>R                                                         | VIOL<br>1<br>0<br>0<br>2<br>N/A<br>0<br>5<br>N/A<br>N/A<br>N/A<br>NON-BIT<br>2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>Манитен</u><br><u>1 S</u> 2<br><u>No.</u> 3<br><u>HAZARDOU</u><br><u>Mo.</u> 40<br>REMARKS<br>13 C<br>time<br>See<br>4071                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Time 1<br>S 3 S<br>Time 1<br>S MATERIAL<br>A Transport<br>CCR 12<br>CCR 12<br>-<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4 <u>S</u><br>0.5<br>s<br>ed C                         | DRIVEF<br><u>1 S 2 S</u><br><u>No. 4</u><br><u>1 No H/M v</u><br>A)(1) Ca<br>A)(1) Ca<br>CHP 343<br>Nicle Ins                                                           | Tin<br>tolati                                                      | insalisfactory<br>SORDS<br>SAS<br>ne n/a no<br>ons noted<br>ers Term<br>ferminal<br>ction Re                                                       | Inspec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ditional UR = U<br>3 EQUIPMENT<br>$S_3S_4$<br>Time N/8<br>RESTANKS<br>3 Time N/3<br>Inspection<br>ection Re<br>5.<br>TION DATE(6)<br>06/18,1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Trated N/A = 1<br>HAZARO<br>1 N/A 2 M<br>TIME<br>VEHECLES I<br>Vehicles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 003 MAT<br>1/A 3 N<br>N/<br>1/ACED 0<br>1 "SA                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>S_3_S_4_S</u><br>0.5<br>(Y" at this                                                                                                   |
| REQUIREMENTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>DRIVER<br>HOURS<br>BRAKES<br>BRAKES<br>BRAKES<br>BRAKES<br>BRAKES<br>BRAKES<br>BRAKES<br>BRAKES<br>COMMECTING<br>STEERING &<br>SUSPENSION<br>TIRES &<br>WIEELS<br>EQUIPMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>INSPECTION<br>I<br>I I I I                                                   |                                                                                   | VIOL<br>1<br>0<br>0<br>2<br>N/A<br>0<br>0<br>5<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MAINTEN<br>1 S 2<br>No. 3<br>HAZARDOU<br>MINO HAT<br>REMARKE<br>13 C<br>time<br>See<br>4071                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Time 1<br>S 3 S<br>Time 1<br>S MATERIAL<br>A Transport<br>CCR 12<br>CCR 12<br>-<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4 <u>S</u><br>0.5<br>s<br>ed C                         | DRIVEF<br><u>1 S 2 S</u><br><u>No. 4</u><br><u>1 No H/M v</u><br>A)(1) Ca<br>A)(1) Ca<br>CHP 343<br>Nicle Ins                                                           | Tin<br>tolati                                                      | insalisfactory<br>SORDS<br>SAS<br>ne n/a no<br>ons noted<br>ers Term<br>ferminal<br>ction Re                                                       | Inspector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ditional UR = U<br>3 = EQUIPMENT<br>S = 3 S = 4 S<br>Time IV/8<br>RESTANKS<br>Time IV/8<br>Inspection<br>ection Re<br>Control Date(6)<br>06/18,1<br>BER(S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | n is rated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 003 MAT<br>1/A 3 N<br>N/<br>1/ACED 0<br>1 "SA                                   | TISFA<br>B&C                                  | 1 <u>S</u> 2<br>TOTAL THAN<br>VICE<br>Units<br>CTOF<br>, CHP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <u>S</u> <u>3</u> <u>S</u> <u>4</u> <u>S</u><br>0.5<br>(Y" at this<br>(Y" at this<br>1200                                                |
| REQUIREMENTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>ORIVER<br>HOURS<br>BRAKES<br>UAMPS &<br>SIGNALS<br>CONNECTING<br>BEVICES<br>STEERING &<br>SUSPENSION<br>TIRES &<br>WAEELS<br>EQUIPMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>ANKS<br>HAZARDOUS<br>MATERIALS<br>INSPECTION<br>1 1 1 F                                                                                                                                                     |                                                                                   | VIOL<br>1<br>0<br>0<br>2<br>N/A<br>0<br>0<br>5<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | MAINTEN<br>1 S 2<br>No. 3<br>HAZARDOU<br>MINO HAT<br>REMARKE<br>13 C<br>time<br>See<br>4071                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Time 1<br>S 3 S<br>Time 1<br>S MATERIAL<br>A Transport<br>CCR 12<br>CCR 12<br>-<br>-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4 <u>S</u><br>0.5<br>s<br>ed C                         | DRIVEF<br><u>1</u> S 2 S<br>No. 4<br>No. H/M vi<br>A)(1) Ca<br>CHP 343<br>Nicle Ins                                                                                     | rrie<br>3.<br>Tin<br>tolati                                        | ine n/a n<br>coros<br>S 4 S<br>me n/a n<br>ons noted<br>ers Term<br>ferminal<br>ction Re                                                           | Inspector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ditional UR = U<br>3 = EQUIPMENT<br>S = 3 = 5 = 4 = 5<br>Time rv/a<br>RS/TANKS<br>3 = Time rv/a<br>Inspection<br>ection Re<br>3 = 5<br>1 = 100<br>1 = 1000<br>1 = 1000<br>1 = 1000<br>1 = 1000<br>1 = 1000<br>1 = 1000 | n is rated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 003 MAT<br>1/A 3 N<br>N/<br>1/ACED 0<br>1 "SA                                   | TISFA<br>B&C                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>S</u> <u>3</u> <u>S</u> <u>4</u> <u>S</u><br>0.5<br>(Y" at this<br>(Y" at this<br>1200                                                |
| REQUIREMENTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>ORIVER<br>HOURS<br>BRAKES<br>LAMPS &<br>SIGNALS<br>COMMECTING<br>DEVICES<br>STEERING &<br>SUSPENSION<br>TIRES &<br>WHEELS<br>EQUIPMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>MATERIALS<br>INSPECTION T<br>INSPECTED B<br>Keith Hai |                                                                                   | vioL<br>1<br>0<br>0<br>2<br>N/A<br>0<br>0<br>5<br>N/A<br>N/A<br>N/A<br>N/A<br>NON-BIT<br>↓<br>0<br>0<br>5<br>N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MAINTEN         1       S         1       S         1       S         1/AZARDOU         INO. 10         REMARKS         13 C         time         See         4071         CP88S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | AN RATINGS<br>ANCE PROC<br>S 3_S<br>Time<br>S MATERIAL<br>A Transport<br>CCR 12<br>CCR 12<br>CCR 12<br>CCR 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4 <u>S</u><br>0.5<br>s<br>od [<br>333(a<br>ed C<br>Veh | DRIVEF<br><u>1</u> S 2 S<br>No. 4<br>No. HVM VI<br>A)(1) Ca<br>CHP 343<br>No. 1000<br>SHP 343<br>No. 1000<br>MO                                                         | rrie<br>3.<br>Tin<br>tolati<br>pe                                  | imenilisfactory<br>S 4 S<br>me n/a 1<br>ons noted<br>ers Term<br>ferminal<br>ction Re                                                              | Inspector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ditional UR = U<br>3 = EQUIPMENT<br>S = 3 = 5 = 4 = 5<br>Time n/a<br>Inspection<br>ection Re<br>3 = 100<br>06/18, 1<br>BER(S)<br>735<br>ICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | n is rated<br>port Part<br>9/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 003 MAT<br><u>1/A 3 N/</u><br>1 "SA<br>1 "SA                                    | TISFA<br>B & C<br>UT-OF-SER<br>TISFA<br>B & C | 1 <u>S</u> 2<br>TOTAL THAN<br>VICE<br>Units<br>CTOF<br>, CHP<br>30<br>30<br>5 DATE<br>Nor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>S</u> <u>3</u> <u>S</u> <u>4</u> <u>S</u><br><u>6</u> <u>0.5</u><br>RY" at this<br>TIME OUT<br>1200<br>Ne                             |
| REQUIREMENTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>ORIVER<br>HOURS<br>BRAKES<br>UAMPS &<br>SIGNALS<br>CONNECTING<br>SIGNALS<br>CONNECTING<br>EVICES<br>STEERING &<br>SUSPENSION<br>TIRES &<br>WHEELS<br>EQUIPMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>INSPECTED B<br>Keith Hai                                    |                                                                                   | vioL           1           0           0           0           0           2           N/A           0           5           N/A           N/A           NON-BIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MAINTEN<br>1 S 2<br>No. 3<br>HAZARDOU<br>MINO HAT<br>REMARKS<br>13 C<br>time<br>See<br>4071<br>CP8S<br>CP8S<br>Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ANCE PROC<br>S 3 S<br>Time<br>S MATERIAL<br>A Transport<br>CR 12<br>CR 12<br>Attach<br>-/343A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4 S<br>0.5<br>s<br>od [<br>333(a<br>edi C<br>Veh       | DRIVEF<br>1 S 2 S<br>No. 4<br>No. HVM VI<br>A)(1) Ca<br>CHP 343<br>hicle Ins<br>5 CHP 1000<br>MOT<br>recorded of                                                        | Tin<br>tolati<br>rric<br>), 1<br>pe                                | imealisfactory<br>corros<br>S 4 S<br>me n/a h<br>ons noted<br>ers Term<br>ferminal<br>ction Re<br>,8<br>ccarrier (<br>allached p                   | Inspector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ditional UR = U<br>a EQUIPMENT<br>S 3 S 4 S<br>Time rv/a<br>RS/TANKS<br>Time rv/a<br>Inspection<br>ection Re<br>control Date(6)<br>06/18,1<br>BER(5)<br>735<br>ICATION<br>through S<br>tand that I may                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <pre>visited N/A = I<br/>HAZARO<br/>I N/A 2 N<br/>TIME<br/>VEHECLES I<br/>Vehicles<br/>n is rated<br/>port Part<br/>9/2020</pre>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N | TISFA<br>B & C<br>TISFA                       | 1 <u>S</u> 2<br>TOTAL TIME<br>Units<br>CTOF<br>, CHP<br>30<br>30<br>10 DATE<br>10 Nor<br>rdance with the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco | S <u>3</u> S <u>4</u> S<br>0.5<br>XY" at this<br>TIME OUT<br>1200<br>Ne                                                                  |
| REQUIREMENTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>ORIVER<br>HOURS<br>BRAKES<br>UAMPS &<br>SIGNALS<br>CONNECTING<br>SIGNALS<br>CONNECTING<br>EVICES<br>STEERING &<br>SUSPENSION<br>TIRES &<br>WHEELS<br>EQUIPMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>INSPECTED B<br>Keith Hai                                    | NTS<br>E<br>ITS<br>E<br>TYPE<br>R<br>R<br>Y (MAM<br>Fdisc<br>Ithy the             | vioL           1           0           0           0           2           N/A           0           5           N/A           N/A           N/A           N/A           non-ent           ver(s))           on           california                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MAINTEN<br>1 S 2<br>No. 3<br>HVZARDOU<br>VANO HVI<br>REMARKS<br>13 C<br>time<br>See<br>4071<br>CPSS<br>CPSS<br>Yes<br>tions desc<br>Vehicle Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | AN RATINGS<br>ANCE PROC<br>S 3 S<br>Time 1<br>S MATERIAL<br>A Transport<br>CCR 12<br>CCR ed C                                                   | DRIVEF<br>1 S 2 S<br>No. 4<br>No. 4<br>A)(1) Ca<br>A)(1) Ca<br>CHP 343<br>Nicle Ins<br>5 CHP 1000<br>5 CHP 1000<br>5 CHP 1000<br>5 CHP 1000<br>5 CHP 1000<br>5 CHP 1000 | TIN<br>toleta<br>s, T<br>pe<br>5<br>TOR<br>n thu<br>of Re          | imealisfactory<br>corros<br>S 4 S<br>me n/a h<br>ons noted<br>ers Term<br>ferminal<br>ction Re<br>,8<br>ccarrier (<br>allached p                   | Inspector                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ditional UR = U<br>3 EQUIPMENT<br>S 3 S 4 S<br>Time N/2<br>R5/TANKS<br>Time N/2<br>Inspection<br>ection Re<br>5.<br>TION DATE(5)<br>06/18,1<br>BER(5)<br>735<br>ICATION<br>through S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <pre>visited N/A = I<br/>HAZARO<br/>I N/A 2 N<br/>TIME<br/>VEHECLES I<br/>Vehicles<br/>n is rated<br/>port Part<br/>9/2020</pre>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N | TISFA<br>B & C<br>TISFA                       | 1 <u>S</u> 2<br>TOTAL TIME<br>Units<br>CTOF<br>, CHP<br>30<br>30<br>10 DATE<br>10 Nor<br>rdance with the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco | S <u>3</u> S <u>4</u> S<br>0.5<br>XY" at this<br>TIME OUT<br>1200<br>Ne                                                                  |
| REQUIREMENT<br>MAINTENANC<br>PROGRAM<br>DRIVER<br>RECORDS<br>ORMER<br>HOURS<br>BRAKES<br>LAMPS &<br>SKOMALS<br>CONNECTING<br>DEVICES<br>STEERING &<br>SUSPENSION<br>TIRES &<br>WAEELS<br>EQUIPMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>INSPECTION<br>INSPECTION<br>INSPECTION<br>INSPECTION<br>INSPECTION<br>INSPECTION<br>INSPECTED B<br>Keith Ha                             | NTS<br>E<br>TYPE<br>R<br>TYPE<br>R<br>Y (MAN<br>rdisc<br>rtify the<br>of the<br>M | viol           1           0           0           0           2           N/A           0           0           5           N/A           N/A           N/A           NA           NA           NA           NON-BIT           -           -           -           NON-BIT           -           -           NON-BIT           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           -           - <td>MAINTEN<br/>1 S 2<br/>No. 3<br/>HAZARDOU<br/>MAINTEN<br/>NO. 3<br/>HAZARDOU<br/>MAINTEN<br/>REMARKS<br/>13 C<br/>time<br/>See<br/>4071<br/>CP8S<br/>CP8S<br/>Yes<br/>tions desc<br/>Vehicle Co<br/>r Safety Un</td> <td>AN RATINGS<br/>ANCE PROC<br/>S 3 S<br/>Time 1<br/>S MATERIAL<br/>A Transport<br/>CCR 12<br/>CCR 12<br/>CCR 12<br/>CCR 12<br/>CCR 12<br/>No</td> <td>ed C</td> <td>DRIVEF           1         S         2         S           No         4        </td> <td>Tin<br/>tolati<br/>tolati<br/>pe<br/>5<br/>TOR<br/>n the<br/>of R<br/>3) 8</td> <td>Amenitisfactory<br/>CORDS<br/>S 4 S<br/>me n/a h<br/>ons noted<br/>ers Term<br/>ferminal<br/>ction Re<br/>,8<br/>CARRIER (<br/>a attached p<br/>egulations. I</td> <td>Inspector<br/>I S 2.<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector<br/>Inspector</td> <td>ditional UR = U<br/>3 EQUIPMENT<br/>S 3 S 4 S<br/>Time N/A<br/>RESTANKS<br/>Time N/A<br/>INSPECTION<br/>ECTION DATE(5)<br/>06/18,1<br/>BER(5)<br/>735<br/>ICATION<br/>through S<br/>tand that I may<br/>business</td> <td><pre>visited N/A = I<br/>HA2AR0<br/>D 1 N/A 2 N<br/>TIME<br/>VEHECLES I<br/>Vehicles<br/>n is rated<br/>port Part<br/>9/2020<br/></pre></td> <td>N/<br/>N/<br/>N/<br/>N/<br/>N/<br/>N/<br/>N/<br/>N/<br/>N/<br/>N/<br/>N/<br/>N/<br/>N/<br/>N</td> <td>TISFA<br/>B &amp; C<br/>TISFA</td> <td>1 <u>S</u> 2<br/>TOTAL THAN<br/>VICE<br/>Units<br/>CTOF<br/>, CHP<br/>30<br/>5 DATE<br/>Nor<br/>rdance wi<br/>sfactory rd</td> <td>S 3 S 4 S<br/>0.5<br/>CY" at this<br/>TIME OUT<br/>1200<br/>We</td> | MAINTEN<br>1 S 2<br>No. 3<br>HAZARDOU<br>MAINTEN<br>NO. 3<br>HAZARDOU<br>MAINTEN<br>REMARKS<br>13 C<br>time<br>See<br>4071<br>CP8S<br>CP8S<br>Yes<br>tions desc<br>Vehicle Co<br>r Safety Un                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | AN RATINGS<br>ANCE PROC<br>S 3 S<br>Time 1<br>S MATERIAL<br>A Transport<br>CCR 12<br>CCR 12<br>CCR 12<br>CCR 12<br>CCR 12<br>No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ed C                                                   | DRIVEF           1         S         2         S           No         4                                                                                                 | Tin<br>tolati<br>tolati<br>pe<br>5<br>TOR<br>n the<br>of R<br>3) 8 | Amenitisfactory<br>CORDS<br>S 4 S<br>me n/a h<br>ons noted<br>ers Term<br>ferminal<br>ction Re<br>,8<br>CARRIER (<br>a attached p<br>egulations. I | Inspector<br>I S 2.<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector | ditional UR = U<br>3 EQUIPMENT<br>S 3 S 4 S<br>Time N/A<br>RESTANKS<br>Time N/A<br>INSPECTION<br>ECTION DATE(5)<br>06/18,1<br>BER(5)<br>735<br>ICATION<br>through S<br>tand that I may<br>business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <pre>visited N/A = I<br/>HA2AR0<br/>D 1 N/A 2 N<br/>TIME<br/>VEHECLES I<br/>Vehicles<br/>n is rated<br/>port Part<br/>9/2020<br/></pre>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N | TISFA<br>B & C<br>TISFA                       | 1 <u>S</u> 2<br>TOTAL THAN<br>VICE<br>Units<br>CTOF<br>, CHP<br>30<br>5 DATE<br>Nor<br>rdance wi<br>sfactory rd                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S 3 S 4 S<br>0.5<br>CY" at this<br>TIME OUT<br>1200<br>We                                                                                |
| REQUIREMENTENANC<br>PROGRAM<br>ORIVER<br>RECORDS<br>ORMER<br>HOURS<br>BRAKES<br>UAMPS &<br>SIGNALS<br>CONNECTING<br>DEVICES<br>STEERING &<br>SUSPENSION<br>TIRES &<br>WIEELS<br>EQUIPMENT<br>REQUIREMENT<br>REQUIREMENT<br>TANKS<br>HAZARDOUS<br>MATERIALS<br>INSPECTION<br>I<br>I DIF<br>INSPECTED B<br>Keith Ha<br>I hereby cel<br>provisions (<br>contacting I<br>CUIRRENT TEL                                                                                                    | NTS<br>E<br>TYPE<br>R<br>Y (MAM<br>rdisc<br>rdisc<br>the M<br>S                   | vioL           1           0           0           0           0           2           N/A           0           5           N/A           0           5           N/A           N/A           N/A           NON-BIT           2           NA           Coliformia 1           kotor Carrilen           L RATING           ATISFA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | MAINTEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AN RATINGS<br>ANCE PROC<br>S 3 S<br>Time 1<br>S MATERIAL<br>A Transport<br>CR 12<br>CR 12<br>CR 12<br>CR 12<br>A Transport<br>CR 12<br>No<br>I No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ed C                                                   | DRIVEF           1         S         2         S           No         4                                                                                                 | Tin<br>tolati<br>tolati<br>pe<br>5<br>TOR<br>n the<br>of R<br>3) 8 | Amealisfactory<br>CORDS<br>S 4 S<br>Ame n/a A<br>ans noted<br>Ferminal<br>ction Re<br>CARRIER<br>a allached p.<br>egulations. I<br>44,9557         | Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective<br>Inspective                                                           | ditional UR = U<br>3. EQUIPMENT<br>S. 3. S. 4. C<br>Time N/8<br>RESTANKS<br>3. Time N/8<br>INSPECTION<br>ection Re<br>5.<br>TION DATE(5)<br>06/18, 1<br>BER(5)<br>735<br>ICATION<br>through <u>S</u><br>tand that I may<br>bin 5 business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <pre>visited N/A = I<br/>HA2AR0<br/>D 1 N/A 2 N<br/>TIME<br/>VEHECLES I<br/>Vehicles<br/>n is rated<br/>port Part<br/>9/2020<br/></pre>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N | TISFA<br>B & C<br>UT-OF-SER<br>TISFA<br>B & C | 1 <u>S</u> 2<br>TOTAL TIME<br>VICE<br>Units<br>CTOF<br>, CHP<br>30<br>30<br>5 DATE<br>Nor<br>rdance wi<br>sfactory r<br>6/19/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S 3 S 4 S<br>0.5<br>(Y" at this<br>TIME OUT<br>1200<br>re<br>th applicable<br>ating by<br>2020                                           |
| REQUIREMENTENANC<br>PROGRAM<br>ORIVER<br>RECORDS<br>ORMER<br>HOURS<br>BRAKES<br>UAMPS &<br>SIGNALS<br>CONTECTING<br>BEVICES<br>STEERING &<br>SUSPENSION<br>TIRES &<br>WIEELS<br>EQUIPMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>REQUIREMENT<br>INSPECTION<br>I<br>I I I I<br>I NEPECTION<br>I<br>I hereby car<br>provisions (<br>contacting I                                                                  | NT8<br>E<br>ITS<br>ITS<br>ITS<br>ITS<br>ITS<br>ITS<br>ITS<br>ITS                  | VIOL 1 0 0 0 0 2 N/A 0 0 5 N/A 0 0 5 N/A NON-BIT C California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California California Californi Californi California Califo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | MAINTEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | AN RATINGS<br>ANCE PROC<br>S 3 S<br>Time 1<br>S MATERIAL<br>A Transport<br>CR 12<br>CR 12<br>CR 12<br>CR 12<br>A Transport<br>CR 12<br>No<br>I No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ed C                                                   | DRIVEF           1         S         2         S           No         4                                                                                                 | Tin<br>tolati<br>tolati<br>pe<br>5<br>TOR<br>n the<br>of R<br>3) 8 | Amealisfactory<br>CORDS<br>S 4 S<br>Ame n/a A<br>ans noted<br>Ferminal<br>ction Re<br>CARRIER<br>a allached p.<br>egulations. I<br>44,9557         | Inspector<br>I S 2.<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector<br>Inspector | ditional UR = U<br>3 EQUIPMENT<br>S 3 S 4 S<br>Time N/8<br>RESTANKS<br>Time N/8<br>Time N/8<br>Inspection<br>ection Re<br>5.<br>TION DATE(6)<br>06/18,1<br>BER(S)<br>735<br>ICATION<br>through <u>S</u><br>tand that I may<br>nin 5 business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <pre>visited N/A = I<br/>HA2AR0<br/>D 1 N/A 2 N<br/>TIME<br/>VEHECLES I<br/>Vehicles<br/>n is rated<br/>port Part<br/>9/2020<br/></pre>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N/<br>N | TISFA<br>B & C<br>UT-OF-SER<br>TISFA<br>B & C | 1 <u>S</u> 2<br>TOTAL TIME<br>VICE<br>Units<br>CTOF<br>, CHP<br>30<br>30<br>5 DATE<br>Nor<br>rdance wi<br>sfactory r<br>6/19/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S <u>3</u> <u>S</u> <u>4</u> <u>S</u><br>0.5<br>(Y" at this<br>TIME OUT<br>1200<br>We<br>th applicable<br>ating by<br>2020<br>WEEN BTATE |

.

|              |                |                    | California Highw         | vay Patrol      |                                        |                                                                                                                                                                                                                                      |
|--------------|----------------|--------------------|--------------------------|-----------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| M            | US DOT #       | Legal: EMPIRI      | TRANSPORTATION INC       |                 |                                        |                                                                                                                                                                                                                                      |
|              | 2731988        | Operating (DB      |                          |                 |                                        |                                                                                                                                                                                                                                      |
| <br>MC/MX #: | 0000           | State #: 326916    |                          | D:27-0121666 (  | (EIN)                                  |                                                                                                                                                                                                                                      |
|              |                | able Review - Spe  | cial Study               |                 |                                        |                                                                                                                                                                                                                                      |
|              | Termina        |                    | Location of Review/Aud   | lit: Company fa | cility in the U.S.                     | Territory: C                                                                                                                                                                                                                         |
| Scope:       |                | rstate Intrastate  |                          |                 |                                        |                                                                                                                                                                                                                                      |
| Operation    | Carrier: N//   | 1077T              | Business: Corporation    |                 |                                        |                                                                                                                                                                                                                                      |
|              | hipper: N//    | •                  | Gross Revenue:           |                 | for year ending:                       |                                                                                                                                                                                                                                      |
|              | o Tank:        | N/A                |                          |                 |                                        |                                                                                                                                                                                                                                      |
|              |                |                    |                          |                 |                                        |                                                                                                                                                                                                                                      |
|              | Physical Ad    | laress:            |                          |                 |                                        | an an an an an an an an an an an an an a                                                                                                                                                                                             |
| 8800 PAF     |                | 200                |                          |                 |                                        |                                                                                                                                                                                                                                      |
| BELLFLC      | WER, CA 90     | )/06               | ې<br>د مېرې <u>د مېر</u> |                 | ···· · · · · · · · · · · · · · · · · · | ан маталар на трана на трана на трана на трана на трана на трана на трана на трана на трана на трана на трана н<br>При трана на трана на трана на трана на трана на трана на трана на трана на трана на трана на трана на трана на т |
| Contact      | Name:          |                    |                          |                 |                                        |                                                                                                                                                                                                                                      |
| Phone n      | umbers: (1)    | 562- 529-2676      | (2)                      | Fax             |                                        |                                                                                                                                                                                                                                      |
| E-Mail A     | ddress:        |                    |                          |                 |                                        | . ####################################                                                                                                                                                                                               |
| Company      | Mailing Add    | iress:             |                          |                 |                                        |                                                                                                                                                                                                                                      |
| 8800 PAI     | RK ST          |                    |                          |                 | -                                      |                                                                                                                                                                                                                                      |
| BELLFLC      | OWER, CA 90    | 0706               |                          |                 |                                        |                                                                                                                                                                                                                                      |
| Carrier Cl   | assification   |                    |                          |                 |                                        |                                                                                                                                                                                                                                      |
|              | orized for Hin | 9                  |                          |                 |                                        |                                                                                                                                                                                                                                      |
| Cargo Cla    | assification   |                    |                          |                 |                                        |                                                                                                                                                                                                                                      |
|              | engers         |                    |                          |                 |                                        |                                                                                                                                                                                                                                      |
| Equipme      | nt             |                    |                          |                 |                                        |                                                                                                                                                                                                                                      |
|              |                |                    | m Leased Trip Leased     | Mar All         | Owned<br>26                            | Term Leased Trip Leased                                                                                                                                                                                                              |
|              | ous, 16+       | 36                 | 0 0                      | Van, 9-15       | 20                                     | •                                                                                                                                                                                                                                    |
|              | ts used in the |                    |                          |                 |                                        |                                                                                                                                                                                                                                      |
|              |                | d in the U.S.: 100 | uantities of HM? No      | , <u>,</u>      |                                        |                                                                                                                                                                                                                                      |
|              |                | ort placardable q  | N/A                      |                 |                                        |                                                                                                                                                                                                                                      |
|              | A Permit req   |                    |                          |                 | 19997                                  | 22.2000.000 · · · · · · · · · · · · · · · ·                                                                                                                                                                                          |
| Driver In    | formation      |                    | Lesson                   |                 |                                        |                                                                                                                                                                                                                                      |
|              |                | Inter Intra        | Average trip leased o    |                 |                                        |                                                                                                                                                                                                                                      |
|              | 100 Miles:     | 29                 |                          | Total Drivers:  |                                        |                                                                                                                                                                                                                                      |
| >=           | 100 Miles:     |                    |                          | CDL Drivers:    | 29                                     |                                                                                                                                                                                                                                      |

QC6719CA6KFAA

### **EMPIRE TRANSPORTATION INC - Terminal**

U.S. DOT #: 2731988

State #: 326916

Part A

QUESTIONS regarding this report may be directed to the Southern Division Motor Carrier Safety Unit at;

> 437 N. Vermont Ave. Los Angeles, CA 90004

## This TERMINAL REVIEW deals only with safety compliance at this terminal.

### Person(s) Interviewed

Name: Ulises Serpas Name: Title: Program Manager Title:



### **EMPIRE TRANSPORTATION INC - Terminal**

U.S. DOT #: 2731988

State #: 326916

#### 06/19/2020

#### Part B Violations

| 1<br>STATE                                              | Primary: 13CCR121                                                                                                                                    | 5(f)(1)                                                                            | Discovered                                                        | Checked                                  | Drivers/V<br>In Violation |                          |      |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------|---------------------------|--------------------------|------|
| JIAIL                                                   | CFR Equivalent: 390                                                                                                                                  | 5.11(a)(3)(ii)                                                                     |                                                                   | 1                                        | 1260                      | 1                        | 1260 |
| defect or de<br>Example<br>The motor c<br>deficiency. E | arrier fails to certify on the<br>ficiency has been repaire<br>arrier failed to certify on t<br>bus 267 was used on 03/2<br>ecessary before the vehi | d or that repair is unned<br>he original driver vehicle<br>23/2020 with no signatu | essary before                                                     | pre the vehicle is                       | s operated aga            | ain.<br>ch lists a defec | t or |
|                                                         | s Rating Information:                                                                                                                                |                                                                                    |                                                                   | *                                        | OOS Vehic                 | le (CR): 0               |      |
| -                                                       | Niles Operated                                                                                                                                       | 200,000                                                                            |                                                                   | Number of Ve                             |                           |                          |      |
| Record                                                  | lable Accidents                                                                                                                                      | 0                                                                                  | OOS Vehicle (MCMIS): 0<br>Number of Vehicles Inspected (MCMIS): 0 |                                          |                           |                          |      |
| 'our propose                                            | d safety rating is :                                                                                                                                 |                                                                                    |                                                                   | an an an an an an an an an an an an an a |                           |                          |      |
|                                                         | Thi                                                                                                                                                  | s Review is n                                                                      | ot Rate                                                           | ed.                                      |                           |                          |      |
|                                                         |                                                                                                                                                      |                                                                                    |                                                                   |                                          |                           |                          |      |
|                                                         |                                                                                                                                                      |                                                                                    |                                                                   |                                          |                           |                          |      |
|                                                         |                                                                                                                                                      |                                                                                    |                                                                   |                                          |                           |                          |      |





### Part B Requirements and/or Recommendations

 13CCR 1233.5 Carrier is required to notify the Department, in writing, of any change of address or cessation of regulated activity at any of the carrier's terminal. Such notification shall be made within 15 days of the change and shall be forwarded to: CALIFORNIA HIGHWAY PATROL COMMERCIAL RECORDS UNIT P.O. BOX 942898 SACRAMENTO, CA 94298-0001

- 2. Forms and publications are available at the CHP internet website at: http://www.chp.ca.gov/publications/index.html
- 3. Certify on daily vehicle inspection reports that all defects, which could affect the safe operation of vehicles, have been repaired or that repair is unnecessary, before the vehicle is again operated.



|                                                        | EMPIRE TRANSPORTATION INC - Termina<br>U.S. DOT #: 2731988                                                                                                                                                             | SI                          | Review Dat<br>06/19/2020           |           |              |          |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------|-----------|--------------|----------|
| V.                                                     |                                                                                                                                                                                                                        | Part C                      |                                    |           |              |          |
|                                                        | n for Review: Other<br>ed Action: Compliance Monitoring                                                                                                                                                                | Annual Bus                  | ; <i>em</i>                        |           |              | <u></u>  |
|                                                        | Reviewed Certification:<br>382 383 387 390 391 392 393 39                                                                                                                                                              | 5 396 397                   | 398 399                            | 171 172   | 173 177      | 178 180  |
| Prior<br>3/12/2<br>6/20/2<br>6/20/2                    | 020<br>019                                                                                                                                                                                                             | eason not Rate              | d: Special St                      | udy       | Study Code:  | CA       |
| is the<br>proce<br>trans<br>Does                       | <u>/Unfit Information</u><br>motor carrier of passengers subject to the s<br>dures contained in 49 CFR part 385 subpart<br>port passengers in a commercial motor vehi<br>carrier transport placardable quantities of h | A, AND does it<br>cle?      | No<br>ria <del>ls</del> ?<br>Not A | pplicable |              |          |
|                                                        | /Unfit rule:<br>prate Contact: Ulises Serpas                                                                                                                                                                           |                             |                                    |           | y Informatio | n:       |
| Corpe                                                  | prate Contact Title: Program Manager                                                                                                                                                                                   |                             |                                    |           |              |          |
| Rema                                                   |                                                                                                                                                                                                                        |                             |                                    |           |              |          |
| Termin<br>Termin                                       | nal Name: Empire Transportation Inc. CA<br>nal Address: 8800 Park St. Bellflower, CA90706                                                                                                                              | I - 326916<br>5 FCN - 24594 | Ó                                  |           |              |          |
| Detine                                                 | ) Information:<br>ordance with 13 CCR 1233, this terminal has be                                                                                                                                                       |                             |                                    | time.     |              |          |
|                                                        | ghway inspections were used to fulfill 0 of 14 re-                                                                                                                                                                     | quired vehicle in:          | spections.                         |           |              |          |
| On-hi                                                  |                                                                                                                                                                                                                        |                             |                                    |           |              |          |
|                                                        | TENANCE PROGRAM VIOLATIONS:                                                                                                                                                                                            |                             |                                    |           |              |          |
| MAIN<br>See P<br>DRIVI                                 | TENANCE PROGRAM VIOLATIONS:                                                                                                                                                                                            |                             |                                    |           |              |          |
| MAIN<br>See P<br>DRIVI<br>None<br>HOUI                 | TENANCE PROGRAM VIOLATIONS:<br>Part B.<br>ER RECORDS VIOLATIONS:                                                                                                                                                       |                             |                                    |           |              |          |
| MAIN<br>See P<br>DRIVI<br>None<br>HOUI<br>None         | TENANCE PROGRAM VIOLATIONS:<br>Part B.<br>ER RECORDS VIOLATIONS:<br>at this time.<br>RS OF SERVICE VIOLATIONS:                                                                                                         |                             |                                    |           |              |          |
| MAIN<br>See P<br>DRIVI<br>None<br>HOUI<br>None<br>HAZA | TENANCE PROGRAM VIOLATIONS:<br>Part B.<br>ER RECORDS VIOLATIONS:<br>at this time.<br>RS OF SERVICE VIOLATIONS:<br>at this time.                                                                                        | Upload /                    | Authorized:                        | Yes       | No           |          |
| MAIN<br>See P<br>DRIVI<br>None<br>HOUI<br>None<br>HAZA | TENANCE PROGRAM VIOLATIONS:<br>Part B.<br>ER RECORDS VIOLATIONS:<br>at this time.<br>RS OF SERVICE VIOLATIONS:<br>at this time.                                                                                        | Upload /<br>Authoriz        | Authorized:<br>ed by:              |           | Date         |          |
| MAIN<br>See P<br>DRIVI<br>None<br>HOUI<br>None<br>HAZA | TENANCE PROGRAM VIOLATIONS:<br>Part B.<br>ER RECORDS VIOLATIONS:<br>at this time.<br>RS OF SERVICE VIOLATIONS:<br>at this time.                                                                                        | Upload /                    | Authorized:<br>ed by:<br>d: Y      |           | Date         | re Code: |

OC6719CA6KFAA

#### **DRIVER/VEHICLE EXAMINATION REPORT**

inSPECT 1.102.1

|                                                | 411<br>Gler<br>Pho | North<br>Idale,<br>ne: (32 | Highway<br>Centrai /<br>CA 9120<br>23) 644-9<br>1ally Acc | \venue, #<br>3<br>557   |               | y CHP407F/343A                                             |                        | Inspection Date          | PT End: 8:30 AM PT<br>al: V - Terminal      |
|------------------------------------------------|--------------------|----------------------------|-----------------------------------------------------------|-------------------------|---------------|------------------------------------------------------------|------------------------|--------------------------|---------------------------------------------|
| EMPIRE TRAM<br>8800 PARK S<br>BELLFLOWEF       | Г<br>R, СА,        |                            | i                                                         |                         |               | Driver:<br>License#:<br>Date of Birth:                     |                        |                          | State:                                      |
| USDOT: 2731<br>MC/MX#:<br>State#: 32691        | 6                  |                            |                                                           | 4: (562)52<br>562)529-2 | 2220          | License#:<br>Date of Birth:                                |                        |                          | State:                                      |
| Location: BEI<br>Highway:<br>County: LOS       |                    |                            |                                                           |                         | Or            | lepost: Shi<br>igin:<br>stination:                         | pper: N/A              | Bill of Lad<br>Cargo:    | ing: N/A                                    |
| VEHICLE IDE<br>Unit Type Mak<br>1 BU CHE       | e Yea              | r <u>State</u>             | Plate                                                     | Equipm<br>25            |               | <u>VIN</u><br>1GBE5V1608F40618                             |                        | CVSA Existing            | CVSA.#                                      |
| Right N<br>Left N                              | 1<br>/A            | 2<br>N/A<br>N/A            |                                                           |                         |               |                                                            |                        |                          |                                             |
| VIOLATIONS<br>Section<br>24607(D) VC           | Type<br>S          | 1                          | <u>OS Cilat</u><br>N                                      | N                       | N             | <u>Violations Discovered</u><br>Rear reflector required of |                        |                          | not red<br>off valve located rear of driver |
| 1232(A) CCR<br>001                             | S                  | 1                          | N                                                         | N                       | N             | General maintenance3:<br>undernealh bus                    | 96.3 (a)(1):           | Goolant leak at shut     |                                             |
| HazMat: No H                                   | M trar             | isporte                    | d                                                         |                         |               |                                                            | Placard                |                          | Cargo Tank:                                 |
| Special Checi                                  | (s: No             | o data i                   | for specia                                                | l checks                |               | 5. 196-5000                                                |                        |                          |                                             |
| State Informa<br>Beat/Sub Area<br>Passenger Ca | : S44;             | Odon                       | ieter: 359<br>eh #1 Tvi                                   | 636; File<br>be: 10: W  | Code<br>C Pas | Number: 245940; Ro<br>senger Capacity: 1; I                | egulated \<br>Bus Type | Vehicle: Y; Pre-0<br>: 1 | Cleared Vehicle: N;                         |

Pursuant to Section 24004 CVC, violations recorded on this SafetyNet Inspection Report must be corrected prior to redispatch. Violations marked out of service must be corrected before the vehicle is operated on the highway. For your convenience, KEEP THIS REPORT OR A COPY IN THE VEHICLE UNTIL ALL VIOLATIONS ARE CLEARED. This document should NOT be forwarded to the court for clearance procedures. DO NOT RETURN THIS FORM TO THE CALIFORNIA HIGHWAY PATROL.

Report Prepared By: K. Hardison

Badge #: A16735

Copy Received By:

Х



Х

| CHP407F/343A-InSPECT                                       |                                                 |                                                 | DRIVER/VEHI                           |                                                      | N REPORT                     | RT InSPECT 1.102.1              |                                                                                          |  |
|------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|---------------------------------------|------------------------------------------------------|------------------------------|---------------------------------|------------------------------------------------------------------------------------------|--|
|                                                            | 411 North<br>Glendale,<br>Phone: (3             | , CA 91203<br>23) 644-95                        | venue, #410<br>57                     | CHP407F/343A                                         | ins<br>St<br>Ins             | spection Date<br>art: 8:30 AM F | PT End: 9:00 AM PT<br>II: V - Terminal                                                   |  |
| EMPIRE TRAN<br>8800 PARK ST<br>BELLFLOWER                  | 1, CA, 9070                                     | 6                                               |                                       | Driver:<br>License#:<br>Date of Birth:<br>CoDriver:  |                              |                                 | State:                                                                                   |  |
| USDOT: 27319<br>MC/MX#:<br>State#: 326910<br>Location: BEL | 6                                               | Fax#: (5                                        | : (562)529-2676<br>62)529-2220<br>Mil | License#:<br>Date of Birth:                          | ipper: N/A                   | ,                               | State:                                                                                   |  |
| Highway:<br>County: LOS /                                  |                                                 |                                                 |                                       | gin: N/A<br>stination: N/A                           |                              | Bill of Lad<br>Cargo: N/A       |                                                                                          |  |
| VEHICLE IDEN<br>Unit Type Make<br>1 BU FOR                 |                                                 | e Plate                                         | Equipment ID<br>259                   | <u>VIN</u><br>1FDFE4FS7BDA430                        |                              | VSA Existing                    | CVSA #                                                                                   |  |
| Right N<br>Left N                                          | STMENTS<br>1 2<br>1/A N/A<br>1/A N/A<br>1/A N/A |                                                 |                                       |                                                      |                              |                                 |                                                                                          |  |
| VIOLATIONS<br>Section<br>1232(A) CCR<br>/001               | Type Unit<br>S 1                                | <u>OOS</u> <u>Citati</u><br>N                   | <u>m#VerifyCrash</u><br>NN            | <u>Violations Discovered</u><br>General maintenance3 | 96.3 (a)(1): W               | neel chair lift Inope           | arable                                                                                   |  |
| HazMat: No H                                               | M transpor                                      | ted                                             |                                       |                                                      | Placard:                     |                                 | Cargo Tank:                                                                              |  |
| Special Check                                              | ks: No data                                     | a for specia                                    | l checks                              | 7750                                                 |                              |                                 |                                                                                          |  |
| State Informa<br>Beat/Sub Area<br>Type: G; Pass            | · S44· Odo                                      | meter: 248<br>acity: 20; V                      | 798; File Code<br>sh #1 Type: 10;     | Number: 245940; R<br>WC Passenger Ca                 | egulated Ve<br>pacity: 1; Bu | ehicle: Y; Pre-(<br>us Type: 1  | Cleared Vehicle: N; Fuel                                                                 |  |
| Pursuant to Section                                        | on 24004 CVC<br>prrected befor                  | , violations re<br>e the vehicle<br>CLEARED. Th | corded on this Sale                   | NyNet Inspection Report                              | must be correc               | ted prior to redis              | eatch, Violations marked out of<br>R A COPY IN THE VEHICLE<br>5, DO NOT RETURN THIS FORM |  |

| Report Prepared By: | Badge # |
|---------------------|---------|
| K. Hardison         | A16735  |

Copy Received By:

<u>X</u>

02731988 CA CANCWV000435

Х

| CHP407F/343A-InSPECT                                                            | DRIVER/VE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | HICLE EXAMINATION                             | REPORT                                             | inSPECT 1.102.1                        |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------|----------------------------------------|
| California H<br>411 North (<br>Glendale, C<br>Phone: (32                        | Highway Patrol<br>Central Avenue, #410<br>CA 91203<br>3) 644-9557<br>ally Accredited Agen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                               | Inspection Date                                    | PT End: 9:30 AM PT<br>el: V - Terminal |
| EMPIRE TRANSPORTATIO                                                            | 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 20000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2000 - 2 | Driver:<br>License#:<br>Date of Birth:        |                                                    | State:                                 |
| BELLFLOWER, CA, 90706<br>USDOT: 2731988<br>MC/MX#:<br>State#: 326916            | Phone#: (562)529-20<br>Fax#: (562)529-2220                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 576 CoDriver:                                 |                                                    | State:                                 |
| Location: LONG BEACH<br>Highway:<br>County: LOS ANGELES                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               | pper: N/A<br>Bill of Lac<br>Cargo: N/              |                                        |
| VEHICLE IDENTIFICATION<br>Unit <u>Type Make Year State</u><br>1 BU FORD 2011 CA |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D <u>VIN</u><br>1FDFE4FS9BDA4623              | GVWR CVSA Existing<br>5 14500                      | CVSA #                                 |
| BRAKE ADJUSTMENTSAxie #12Axie #12RightN/AN/ALeftN/AN/AChamberHYDRHYDR           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |                                                    |                                        |
| VIOLATIONS:No violations                                                        | were discovered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | y                                             |                                                    |                                        |
| HazMat: No HM transporte                                                        | d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               | Placard:                                           | Cargo Tank:                            |
| Special Checks: No data f                                                       | for special checks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                                    | •                                      |
| State Information:<br>Beat/Sub Area: S44; Odom<br>Type: G; Passenger Capac      | neter: 193011; File Coo<br>sity: 20; Veh #1 Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | de Number: 245940; Re<br>10; WC Passenger Cap | egulated Vehicle: Y; Pre-<br>acity: 1; Bus Type: 1 | -Cleared Vehicle: N; Fue               |

| adge #:<br>16735 |
|------------------|
|                  |

<u>X</u>

Copy Received By:

X



| CHP407F/343A-inSPECT D                                                                                                  | RIVER/VEHICLE EXAMINATION RE                                    | PORT                               | InSPECT 1.102.1                         |  |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|-----------------------------------------|--|
| California Highway Pa<br>411 North Central Ave<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accred | nue, #410                                                       | Inspection Date                    | PT End: 10:00 AM PT<br>el: V - Terminal |  |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST                                                                               | Driver:<br>License#:<br>Date of Birth:                          |                                    | State:                                  |  |
| MC/MX#: Fax#: (562<br>State#: 326916                                                                                    | 562)529-2676 CoDriver:<br>)529-2220 License#:<br>Date of Birth: |                                    | State:                                  |  |
| Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES                                                                 | Milepost: Shipper:<br>Origin: N/A<br>Destination: N/A           | : N/A<br>Bill of Lad<br>Cargo: N// |                                         |  |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate E<br>1 BU FORD 2007 CA 09349Y1                                | quipment ID VIN GV<br>303 1FDXE45S07DB32305 14                  | WR CVSA Existing                   | CVSA #                                  |  |
| BRAKE ADJUSTMENTS<br>Axie # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                                   |                                                                 |                                    |                                         |  |
| VIOLATIONS:No violations were discov                                                                                    | /ered                                                           |                                    |                                         |  |
| HazMat: No HM transported                                                                                               | Pla                                                             | card:                              | Cargo Tank:                             |  |
| Special Checks: No data for special ch                                                                                  | necks                                                           |                                    |                                         |  |
| State Information:<br>Beat/Sub Area: S44; File Code Number<br>Capacity: 14; Veh #1 Type: 10; WC Pas                     | : 245940; Regulated Vehicle: Y; Pre-f<br>ssenger Capacity: 2    | Cleared Vehicle: N;                | Fuel Type: G; Passenger                 |  |

| <u>Report Prepared By:</u><br>K. Hardison | Badge #:<br>A16735 | Copy Received By: |
|-------------------------------------------|--------------------|-------------------|
| X                                         |                    | <u>X</u>          |

02731988 CA CANCWV000437

| CHP407F/343A-InSPECT                                                                  | DRIVER/VEHIC                                 | LE EXAMINATION REP                            | ORT                             | InSPECT 1.102.1                           |
|---------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------|---------------------------------|-------------------------------------------|
| California Hig<br>411 North Ce<br>Glendale, CA<br>Phone: (323)                        | ontral Avenue, #410<br>A 91203               | CHP407F/343A                                  | Inspection Date                 | I PT End: 10:30 AM PT<br>el: V - Terminal |
| EMPIRE TRANSPORTATION<br>8800 PARK ST<br>BELLFLOWER, CA, 90706                        | 1 INC                                        | Driver:<br>License#:<br>Date of Birth:        |                                 | State:                                    |
| JSDOT: 2731988 P                                                                      | Phone#: (562)529-2676<br>Fax#: (562)529-2220 | CoDriver:<br>License#:<br>Date of Birth:      |                                 | State:                                    |
| Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES                               | Orig                                         | post: Shipper:  <br>in: N/A<br>tination: N/A  | N/A<br>Bill of Lac<br>Cargo: N/ |                                           |
| VEHICLE IDENTIFICATION<br>Jnit Type Make Year State<br>1 BU FORD 2008 CA 5            | Plate Equipment ID<br>0100H2 317             | <u>VIN</u> <u>GW</u><br>1FD4E45S18DA88383 145 | VR CVSA Existing                | CVSA #                                    |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR |                                              |                                               |                                 |                                           |
| VIOLATIONS:No violations w                                                            | vere discovered                              |                                               |                                 |                                           |
| HazMat: No HM transported                                                             |                                              | Plac                                          | ard:                            | Cargo Tank:                               |
| Special Checks: No data for                                                           | special checks                               |                                               |                                 |                                           |
| State Information:<br>Beat/Sub Area: S44; Odomet<br>Type: G; Veh #1 Type: 10; Bu      | ter: 389110; File Code N<br>us Type: 2       | lumber: 245940; Regulate                      | ed Vehicle: Y; Pre              | -Cleared Vehicle: N; Fuel                 |

| Report Prepared By: | Badge #: |
|---------------------|----------|
| K. Hardison         | A16735   |

Copy Received By:

X



X

| CHP407F/343A-inSPECT                                                                   |                    | DRIVE                                                       | DRIVER/VEHICLE EXAMINATION REPORT |                                           |                            |                                                                                                                                                                | InSPECT 1.102.1           |  |
|----------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------|-----------------------------------|-------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--|
| California Highway<br>411 North Central A<br>Glendale, CA 91203<br>Phone: (323) 644-99 |                    | lighway Patrol<br>Central Avenue,<br>A 91203<br>3) 644-9557 | Patrol<br>Avenue, #410<br>3       |                                           |                            | Report Number: CANCWV000439<br>Inspection Date: 06/17/2020<br>Start: 10:30 AM PT End: 11:00 AM F<br>Inspection Level: V - Terminal<br>HM Inspection Type: None |                           |  |
| EMPIRE TRAN<br>8800 PARK ST                                                            |                    | INC INC                                                     | g <u>,</u>                        | Driver:<br>License#:<br>Date of Birth:    |                            |                                                                                                                                                                | State:                    |  |
| BELLFLOWER,<br>USDOT: 27319<br>MC/MX#:                                                 | 88                 | Phone#: (562)5<br>Fax#: (562)529                            |                                   | CoDriver:<br>License#:<br>Date of Birth:  |                            |                                                                                                                                                                | State:                    |  |
| State#: 326916<br>Location: BELI<br>Highway:<br>County: LOS A                          | FLOWER             |                                                             |                                   |                                           |                            | Bill of Ladi<br>Cargo: N/A                                                                                                                                     | -                         |  |
| VEHICLE IDEN<br>Unit Type Make<br>1 BU FORD                                            | Year State         | Plate Equip                                                 | <u>ment ID</u><br>13 11           | <u>VIN</u><br>D4E45S18DB0707              | <u>GVWR</u> CVS<br>6 14500 | A Existing                                                                                                                                                     | CVSA #                    |  |
| BRAKE ADJUS<br>Axle # 1<br>Right N/<br>Left N/<br>Chamber HY                           | 2<br>/A N/A        |                                                             |                                   |                                           |                            |                                                                                                                                                                |                           |  |
| VIOLATIONS<br>Section<br>1232(C) CCR                                                   | Type Unit Q<br>S 1 |                                                             | erifyCrash Vic<br>N N Oil         | blations Discovered<br>and/or grease leak | 396.5(b); X-2 Lea          | k at center diffe                                                                                                                                              | erenlial                  |  |
| HazMat: No HM                                                                          | V transporte       | d                                                           |                                   |                                           | Placard:                   |                                                                                                                                                                | Cargo Tank:               |  |
|                                                                                        |                    | or special check                                            | S                                 |                                           |                            |                                                                                                                                                                |                           |  |
| State Informat<br>Beat/Sub Area:<br>10; Bus Type: 2                                    | : S44; File C      | ode Number: 24                                              | 5940; Reg                         | ulated Vehicle: Y;                        | Pre-Cleared \              | /ehicle: N; f                                                                                                                                                  | Fuel Type: G; Veh #1 Type |  |

| Report Prepared By: Badge #:<br>K. Hardison A16735 |  | Copy Received By: |  |
|----------------------------------------------------|--|-------------------|--|
| x                                                  |  | X                 |  |
|                                                    |  |                   |  |

02731988 CA CANCWV000439

| CHP407F/343A-inSPECT                                                    | DRIVERA                                                                                                                                                      | EHICLE EXAMINATION                                          | IREPORT                                             | InSPECT 1.102.1                                                                                                                                                 |  |  |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 411 Nort<br>Glendale<br>Phone: (                                        | California Highway Patrol<br>411 North Central Avenue, #410<br>Glendale, CA 91203<br>Phone: (323) 644-9557<br>Internationally Accredited Agency CHP407F/343A |                                                             | Inspection Dat<br>Start: 11:00 AM<br>Inspection Lev | Report Number: CANCWV000440<br>Inspection Date: 06/17/2020<br>Start: 11:00 AM PT End: 11:30 AM PT<br>Inspection Level: V - Terminal<br>HM Inspection Type: None |  |  |
| EMPIRE TRANSPORTA<br>8800 PARK ST<br>BELLFLOWER, CA, 907(               |                                                                                                                                                              | Driver:<br>License#:<br>Date of Birth:                      |                                                     | State:                                                                                                                                                          |  |  |
| USDOT: 2731988<br>MC/MX#:<br>State#: 326916                             | Phone#: (562)529-<br>Fax#: (562)529-222                                                                                                                      |                                                             |                                                     | State:                                                                                                                                                          |  |  |
| Location: BELLFLOWER                                                    | २                                                                                                                                                            | Milepost: Ship                                              | oper: N/A<br>Bill of Lac                            | lina <sup>,</sup> N/A                                                                                                                                           |  |  |
| Highway:<br>County: LOS ANGELES                                         | i                                                                                                                                                            | Origin: N/A<br>Destination: N/A                             | Cargo: N/                                           |                                                                                                                                                                 |  |  |
| VEHICLE IDENTIFICATI<br>Unit Type Make Year Sta<br>1 BU FORD 2015 C/    | ite Plate Equipment                                                                                                                                          | ID VIN<br>1FDFE4FS0FDA3496                                  | GVWR CVSA Existing<br>5 14500                       | <u>CVSA #</u>                                                                                                                                                   |  |  |
| BRAKE ADJUSTMENTSAxie #12RightN/AN/ALeftN/AN/AChamberHYDRHYDR           |                                                                                                                                                              |                                                             |                                                     |                                                                                                                                                                 |  |  |
| VIOLATIONS<br>Section Type Unit<br>24607 VC S 1                         | OOS Citation # VerifyC<br>N N                                                                                                                                | rash Violations Discovered<br>N Rear red reflectors require | ed393.11: Missing                                   |                                                                                                                                                                 |  |  |
| HazMat: No HM transpor                                                  | rted                                                                                                                                                         |                                                             | Placard:                                            | Cargo Tank:                                                                                                                                                     |  |  |
| Special Checks: No dat                                                  | a for special checks                                                                                                                                         |                                                             |                                                     |                                                                                                                                                                 |  |  |
| State Information:<br>Beat/Sub Area: S44; Odd<br>Type: G; Passenger Cap | ometer: 54144; File Coc<br>acity: 16; Veh #1 Type:                                                                                                           | le Number: 245940; Reg<br>10; WC Passenger Cap              | ulated Vehicle: Y; Pre-C<br>acity: 2; Bus Type: 1   | leared Vehicle: N; Fuel                                                                                                                                         |  |  |

Report Prepared By: K. Hardison

Badge #: A16735

Copy Received By:

Х



х

| CHP407F/343A-InSPECT                                                                  | DRIVER/VEH                                                                                  | HICLE EXAMINATION                                  | REPORT                                | inSPECT 1.102.1                         |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------|-----------------------------------------|
| California<br>411 North<br>Glendale, 0<br>Phone: (32                                  | Highway Patrol<br>Central Avenue, #410<br>CA 91203<br>3) 644-9557<br>hally Accredited Agenc | cy CHP407F/343A                                    | Inspection Date                       | PT End: 12:00 PM PT<br>el: V - Terminal |
| EMPIRE TRANSPORTATIO                                                                  | ON INC                                                                                      | Driver:<br>License#:<br>Date of Birth:             |                                       | State:                                  |
| BELLFLOWER, CA, 90706<br>USDOT: 2731988<br>MC/MX#:                                    | Phone#: (562)529-26<br>Fax#: (562)529-2220                                                  |                                                    |                                       | State:                                  |
| State#: 326916<br>Location: BELLFLOWER<br>Highway:<br>County: LOS ANGELES             | 0                                                                                           |                                                    | ber: N/A<br>Bill of Lad<br>Cargo: N// |                                         |
| VEHICLE IDENTIFICATIO<br>Jnit Type Make Year State<br>1 BU FORD 2017 CA               |                                                                                             | VIN<br>1FDFE4FS0HDC58689                           | GVWR CVSA Existing<br>14500           | CVSA#                                   |
| BRAKE ADJUSTMENTS<br>Axle # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR |                                                                                             |                                                    |                                       |                                         |
| VIOLATIONS:No violations                                                              | s were discovered                                                                           |                                                    |                                       |                                         |
| HazMat: No HM transporte                                                              | ad                                                                                          |                                                    | Placard:                              | Cargo Tank:                             |
| Special Checks: No data                                                               | for special checks                                                                          |                                                    |                                       |                                         |
| State Information:<br>Beat/Sub Area: S44; File C<br>Capacity: 12; Veh #1 Type         | code Number: 245940; I<br>: 10; WC Passenger Ca                                             | Regulated Vehicle: Y; P<br>apacity: 2; Bus Type: 2 | re-Cleared Vehicle: N;                | Fuel Type: G; Passenge                  |

| <u>Report Prepared By:</u><br>K. Hardison | <u>Badge #:</u><br>A16735 | Copy Received By: |
|-------------------------------------------|---------------------------|-------------------|
| <u>X</u>                                  |                           | <u>×</u>          |



| CHP407F/343A-inSPECT                                                                                             |                              | DRIVI                                   | ER/VEHICL                           | E EXAMINATI                              | ON REPORT             |                                                                                                                                                                | InSPECT 1.102.1         |  |
|------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------|-------------------------------------|------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--|
| California Highway<br>411 North Central A<br>Giendale, CA 91203<br>Phone: (323) 644-95<br>Internationally Access |                              | entral Avenue<br>A 91203<br>8) 644-9557 | venue, #410                         |                                          |                       | Report Number: CANCWV000442<br>Inspection Date: 06/17/2020<br>Start: 12:00 PM PT End: 12:30 PM P<br>Inspection Level: V - Terminal<br>HM Inspection Type: None |                         |  |
| EMPIRE TRAN<br>8800 PARK ST<br>BELLFLOWER,                                                                       |                              | N INC                                   |                                     | Driver:<br>License#:<br>Date of Birth    | •                     |                                                                                                                                                                | State:                  |  |
| USDOT: 27319<br>MC/MX#:<br>State#: 326916                                                                        | 88                           | Phone#: (562)<br>Fax#: (562)529         |                                     | CoDriver:<br>License#:<br>Date of Birth  | :                     |                                                                                                                                                                | State:                  |  |
| Location: BELL<br>Highway:<br>County: LOS A                                                                      | LFLOWER                      |                                         | Milep<br>Origir<br>Desti            |                                          | hlpper: N/A           | Bill of Ladi<br>Cargo: N/A                                                                                                                                     | •                       |  |
| <b>/EHICLE IDEN</b><br>Jnit Type Make<br>1 BU FORD                                                               |                              | <u>Plate Equip</u>                      | <u>ment ID</u><br>166 1F            | VIN<br>DFE4FS6BDA46                      |                       | /SA Existing                                                                                                                                                   | CVSA#                   |  |
|                                                                                                                  | 2<br>/A N/A                  |                                         |                                     |                                          |                       |                                                                                                                                                                |                         |  |
| VIOLATIONS<br>Section<br>1232(C) CCR                                                                             | <u>Type Unit QC</u><br>S 1 N |                                         | <del>xifyCrash Vio</del><br>N N Oil | lations Discovered<br>and/or grease leak | 396.5(b): Transi      | nission wet and                                                                                                                                                | leaking fluid           |  |
| HazMat: No HN                                                                                                    | / transported                | 1                                       |                                     |                                          | Placard:              |                                                                                                                                                                | Cargo Tank:             |  |
| Special Check                                                                                                    | s: No data fo                | or special check                        | S                                   |                                          |                       |                                                                                                                                                                |                         |  |
| State Informat<br>Beat/Sub Area:<br>Capacity: 20; V                                                              | S44; File Co                 | ode Number: 24<br>10; WC Passen         | 5940; Regu<br>Iger Capaci           | ulated Vehicle: `<br>ty: 2; Bus Type     | /; Pre-Cleared<br>: 1 | Vehicle: N; F                                                                                                                                                  | Fuel Type: G; Passenger |  |

Report Prepared By: Bade K. Hardison A167

<u>Badge #:</u> A16735 Copy Received By:

X



X

| CHP407F/343A-inSPECT                                                                   |            | DRIVER/VEHICLE EXAMINATION REPO |                              |                          | TION REPO                 | RT                                                                                                                                                             | InSPECT 1.102.1          |                                |                           |
|----------------------------------------------------------------------------------------|------------|---------------------------------|------------------------------|--------------------------|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------|---------------------------|
| California Highway<br>411 North Central A<br>Glendale, CA 91203<br>Phone: (323) 644-95 |            | Patrol<br>venue, #410           |                              |                          |                           | Report Number: CANCWV000443<br>Inspection Date: 06/17/2020<br>Start: 12:57 PM PT End: 1:30 PM PT<br>Inspection Level: V - Terminal<br>HM Inspection Type: None |                          |                                |                           |
| EMPIRE TRAN<br>8800 PARK ST<br>BELLFLOWER<br>USDOT: 27319<br>MC/MX#:                   | ISPOR      | TATIO<br>10706                  | N INC<br>Phone#:             | (562)529-2<br>62)529-222 | 2676                      | Driver:<br>License#:<br>Date of Bl<br>CoDriver:<br>License#:                                                                                                   | rth:                     |                                | State:<br>State:          |
| State#: 32691<br>Location: BEL<br>Highway:<br>County: LOS                              | LFLOV      |                                 |                              |                          |                           | Date of Bi<br>oost:<br>n: N/A<br>nation: N/A                                                                                                                   | Shipper: N               | /A<br>Bill of Lac<br>Cargo: N/ |                           |
| VEHICLE IDE                                                                            | e Year     | State                           | l<br><u>Plate</u><br>1584281 | Equipment<br>L216        | <u>ID</u><br>1F           | VIN<br>FDFE4FS9KD                                                                                                                                              |                          | R CVSA Existing                | <u>CVSA #</u>             |
| Right N<br>Left N                                                                      | 1<br>1/a r | 2<br>1/A<br>1/A                 |                              |                          |                           |                                                                                                                                                                |                          |                                |                           |
| VIOLATIONS                                                                             |            | ·                               |                              | covered                  | «38/                      |                                                                                                                                                                | Placa                    |                                | Cargo Tank:               |
| HazMat: No H                                                                           |            |                                 |                              |                          | annai dell'internationale | and and an an an and a set of the second second second second second second second second second second second                                                 | FIACA                    | I <b>4</b> .                   |                           |
| <b>Special Chec</b>                                                                    | ks: No     | data fo                         | or special                   | CNECKS                   |                           |                                                                                                                                                                |                          |                                |                           |
|                                                                                        | tion:      |                                 |                              |                          | s Num                     | her: 245940;                                                                                                                                                   | Regulated Vacity: 2; Bus | /ehicle: Y; Pre-C              | leared Vehicle: N; Fuel ` |

| Report Prepared By: | Bad |
|---------------------|-----|
| K. Hardison         | A16 |

Х

<u>Badge #:</u> A16735 Copy Received By:

Х



### DRIVER/VEHICLE EXAMINATION REPORT

InSPECT 1.102.1

02731988 CA CANCWV000444

| CHP407F/343A-inS                                | SPECT                                             | DR                                                                  | IVER/VEHICL                      | E EXAMINATIO                               | N REPOR                                   | रा                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------|----------------------------------|--------------------------------------------|-------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                 | 411 North<br>Glendale, (<br>Phone: (32            | 3) 644-9557                                                         | ue, #410                         | HP407F/343A                                |                                           | Inspection Date                    | PT End: 8:30 AM PT<br>al: V - Terminal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| EMPIRE TRAN<br>3800 PARK ST<br>BELLFLOWER       | SPORTATIO                                         | ON INC                                                              |                                  | Driver:<br>License#:<br>Date of Birth      |                                           |                                    | State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| JSDOT: 27319<br>MC/MX#:<br>State#: 326916       | 988                                               | Phone#: (56<br>Fax#: (562)                                          | 529-2220                         | CoDriver:<br>License#:<br>Date of Birth    |                                           |                                    | State:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| ocation: BEL<br>Highway:<br>County: LOS A       | LFLOWER                                           |                                                                     |                                  | ost: St<br>n: N/A<br>nation: N/A           | hipper: N/                                | A<br>Bill of Lad<br>Cargo: N//     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| VEHICLE IDEN<br>Unit Type Make                  |                                                   | Plate Ec                                                            | <u>uipment ID</u><br>267 11      | <u>VIN</u><br>DFE4FS2BDA46                 |                                           | CVSA Existing                      | CVSA#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Right N<br>Left N                               | STMENTS<br>1 2<br>I/A N/A<br>I/A N/A<br>r/DR HYDR |                                                                     |                                  |                                            |                                           |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| VIOLATIONS<br>Section<br>1232(A) CCR<br>/001    | <u>Type Unit C</u><br>S 1                         | <u>)OS Citation #</u><br>N                                          | <u>VerifyCrash</u> Vi<br>N N Ge  | olations Discovered<br>eneral maintenance- | -396.3 (a)(1)                             | : Wheel chair lift Inop            | al and a set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the set of the se |
| HazMat: No H                                    | M transporte                                      | ed                                                                  |                                  |                                            | Placar                                    | rd:                                | Cargo Tank:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Special Check                                   | Con                                               | hol/Controlled<br>ducted by Loca<br>and Weight E<br>reen Inspection | nforcement                       | PASA Co                                    | nforcement<br>onducted in<br>ardiction Se | spection                           | Post Crash Inspection<br>PBBT Inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| State Informa<br>Beat/Sub Area<br>Type: G: Pass | . OAA. Oday                                       | neter: 254027<br>city: 20; Veh                                      | 7; File Code N<br>#1 Type: 10; V | umber: 245940;<br>VC Passenger C           | Regulated<br>apacity: 1                   | i Vehicle: N; Pre<br>; Bus Type: 1 | -Cleared Vehicle: Y; Fuel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Pursuant to Section                             | on 24004 CVC,<br>orrected before<br>ATIONS ARE C  | violations record<br>the vehicle is of<br>LEARED. This d            | led on this Safely               | Net Inspection Repo                        | nt must be o                              | orrected prior to redi             | spatch. Violations marked out of<br>DR A COPY IN THE VEHICLE<br>es. DO NOT RETURN THIS FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                 |                                                   |                                                                     |                                  |                                            |                                           |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                                                   |                                                                     |                                  |                                            |                                           |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                                                   |                                                                     |                                  |                                            |                                           |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                                                   |                                                                     |                                  |                                            |                                           |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <u>Report Prepa</u><br>K. Hardison              | red By: E                                         | adge.#:<br>\16735                                                   |                                  | Copy                                       | Received                                  | <u>By:</u>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| x                                               |                                                   |                                                                     |                                  | <u> X</u>                                  |                                           |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                 |                                                   |                                                                     |                                  |                                            |                                           |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| CHP407F/343A-InSPECT<br>California Highway<br>411 North Central A<br>Glendale, CA 91203<br>Phone: (323) 644-95<br>Internationally Accr |                                               | D                                       | RIVER/VEHI                   | CLE EXAMINATIO                                                               | N REPORT                                                                                                                                                      |                              | inSPECT 1.102.1        |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------|------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------|
|                                                                                                                                        |                                               | Central Ave<br>CA 91203<br>23) 644-9557 | enue, #410<br>7              | CHP407F/343A                                                                 | Report Number: CANCWV000445<br>Inspection Date: 06/18/2020<br>Start: 8:30 AM PT End: 9:00 AM PT<br>Inspection Level: V - Terminal<br>HM Inspection Type: None |                              |                        |
| EMPIRE TRAN<br>8800 PARK ST<br>BELLFLOWER<br>USDOT: 27319<br>MC/MX#:                                                                   | , CA, 90706                                   | i<br>Phone#: (i                         | 562)529-2676<br>2)529-2220   | License#:                                                                    |                                                                                                                                                               |                              | State:<br>State:       |
| State#: 326916<br>Location: BEL<br>Highway:<br>County: LOS /                                                                           | LFLOWER                                       | ·                                       | Mile                         | Date of Birth:<br>epost: Sh<br>gin: N/A<br>stination: N/A                    | ipper: N/A                                                                                                                                                    | Bill of Lading<br>Cargo: N/A | : N/A                  |
| VEHICLE IDEN<br>Unit Type Make<br>1 BU FORI                                                                                            | e Year State                                  |                                         | <u>Equipment ID</u><br>260   | <u>VIN</u><br>1FDFE4FS9BDA430                                                | <u>GVWR CVS</u><br>992 14500                                                                                                                                  | A Existing C                 | VSA#                   |
| Right N<br>Left N                                                                                                                      | STMENTS<br>1 2<br>/A N/A<br>/A N/A<br>DR HYDR |                                         |                              |                                                                              |                                                                                                                                                               |                              |                        |
| VIOLATIONS<br>Section<br>1232(A) CCR<br>/001                                                                                           | <u>Type Unit (</u><br>S 1                     | DOS Citation<br>N                       | N N                          | <u>Violations Discovared</u><br>General maintenance<br>movement of a wheel c | 396.3 (a)(1): Whee<br>hair.                                                                                                                                   | chair llft has no n          | neans of stopping upon |
| HazMat: No H                                                                                                                           | M transport                                   | ed                                      |                              |                                                                              | Placard:                                                                                                                                                      | Ca                           | rgo Tank:              |
| Special Check                                                                                                                          | <b>(s:</b> No data                            | for special c                           | hecks                        |                                                                              |                                                                                                                                                               |                              |                        |
| State Informat<br>Beat/Sub Area<br>Type: G; Passe                                                                                      | · S44· Odor                                   | neter: 18741<br>city: 20; Veh           | 3; File Code<br>#1 Type: 10; | Number: 245940; F<br>WC Passenger Ca                                         | Regulated Vehic<br>apacity: 4; Bus                                                                                                                            | de: Y; Pre-Clea<br>Type: 1   | ared Vehicle: N; Fuel  |

| <u>Report Prepared By:</u><br>K. Hardison | Badge #:<br>A16735 | Copy Received By: |  |
|-------------------------------------------|--------------------|-------------------|--|
| X .                                       |                    | <u>X</u>          |  |
|                                           |                    |                   |  |

02731988 CA CANCWV000445

| CHP407F/343A-InSPECT                                                                                  | DRIVER/VEHICLE EXAMINATION                                            | REPORT                      | inSPECT 1.102.1                        |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------|----------------------------------------|
| California Highwa<br>411 North Central<br>Glendale, CA 912<br>Phone: (323) 644-<br>Internationally Ac | Avenue, #410<br>03                                                    | Inspection Date             | PT End: 9:30 AM PT<br>el: V - Terminal |
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br>USDOT: 2731988 Phone            | Driver:<br>License#:<br>Date of Birth:<br>e#: (562)529-2676 CoDriver: |                             | State:                                 |
|                                                                                                       | (562)529-2220 License#:<br>Date of Birth:                             | per: N/A                    | State:                                 |
| Highway:<br>County: LOS ANGELES                                                                       | Origin: N/A<br>Destination: N/A                                       | Bill of Lad<br>Cargo: N//   |                                        |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate<br>1 BU FORD 2012 CA 7485R                  |                                                                       | GVWR CVSA Existing<br>14500 | CVSA #                                 |
| BRAKE ADJUSTMENTS<br>Axie # 1 2<br>Right N/A N/A<br>Left N/A N/A<br>Chamber HYDR HYDR                 |                                                                       |                             |                                        |
| VIOLATIONS:No violations were d                                                                       | liscovered                                                            |                             |                                        |
| HazMat: No HM transported                                                                             |                                                                       | Placard:                    | Cargo Tank:                            |
| Special Checks: No data for spec                                                                      | ial checks                                                            |                             |                                        |
| State Information:<br>Beat/Sub Area: S44: Odometer: 23                                                | 37211; File Code Number: 245940; Reg                                  | julated Vehicle: Y; Pre-    | Cleared Vehicle: N; Fuel               |

Type: G; Passenger Capacity: 18; Veh #1 Type: 10; WC Passenger Capacity: 2; Bus Type: 1

| Report Prepared By: | Badge |
|---------------------|-------|
| K. Hardison         | A1673 |

#: 5

Copy Received By:

Х



Х

### DRIVER/VEHICLE EXAMINATION REPORT

inSPECT 1.102.1

| California Highway<br>411 North Central A<br>Glendale, CA 91203<br>Phone: (323) 644-95<br>Internationally Accr | venue, #410                                                                                  | Inspection Date                         | PT End: 10:00 AM PT<br>el: V - Terminal |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|
| EMPIRE TRANSPORTATION INC<br>8800 PARK ST<br>BELLFLOWER, CA, 90706<br>USDOT: 2731988 Phone#                    | Driver:<br>License#:<br>Date of Birth:<br>: (562)529-2676 CoDriver:                          |                                         | State:                                  |
|                                                                                                                | 62)529-2220 License#:<br>Date of Birth:<br>Milepost: Ship<br>Origin: N/A<br>Destination: N/A | ber: N/A<br>Bill of Lad<br>Cargo: N//   |                                         |
| VEHICLE IDENTIFICATION<br>Unit Type Make Year State Plate<br>1 BU FORD 2019 CA 1584286                         | Equipment ID VIN<br>L215 1FDFRFS41CDC56886                                                   | GVWR CVSA Existing 14500                | CVSA#                                   |
| BRAKE ADJUSTMENTSAxle #12RightN/AN/ALeftN/AN/AChamberHYDRHYDR                                                  |                                                                                              |                                         |                                         |
| VIOLATIONS:No violations were dis                                                                              | covered                                                                                      |                                         |                                         |
| HazMat: No HM transported                                                                                      |                                                                                              | Placard:                                | Cargo Tank:                             |
| Special Checks: No data for special                                                                            | checks                                                                                       |                                         | ······································  |
| State Information:<br>Beat/Sub Area: S44; Odometer: 557<br>P; Passenger Capacity: 12; Veh #1 1                 | 7; File Code Number: 245940; Regul<br>ype: 10; WC Passenger Capacity: 2;                     | ated Vehicle: Y; Pre-Cle<br>Bus Type: 2 | eared Vehicle: N; Fuel Type:            |

| Report Prepared By: | Badge #: |
|---------------------|----------|
| K. Hardison         | A16735   |

CHP407F/343A-inSPECT

Copy Received By:

<u>X</u>



<u>X</u>

| STATE OF CALIFORNIA                                                           |                             |           |               |
|-------------------------------------------------------------------------------|-----------------------------|-----------|---------------|
| DEPARTMENT OF CALIFORNIA HIGHWAY PATROL CARRIER INSPECTION                    | ontains CONFIDENTIAL pages. | Pages     | 1 of <u>6</u> |
| CHP 343D (Rev. 2-99) OPI 062                                                  | I CA NUMBER                 | LOC. CODE | ISUBAREA      |
| CARRIER NAME                                                                  | OG HUBBER                   |           |               |
| Empire Transportation Inc.                                                    | 326916                      | 550       | S44           |
| STREET ADDRESS, CITY, STATE, ZIP CODE                                         | PHONE NUMBER                | DATE      | ····          |
| 8800 Park St., Bellflower, CA 90706                                           | (562) 529-2676              | 06/17,1   | 8,19/2020     |
| CARRIER REPRESENTATIVE                                                        | TITLE                       | TIME IN   | TIME OUT      |
| Ulises Serpas                                                                 | Program Manager             | 0730      | 0930          |
| INSPECTION LOCATION (IF OTHER THAN THE CARRIER'S PRINCIPAL PLACE OF BUSINESS) | U.S. DOT NUMBER             | MC NUMBER |               |
|                                                                               | 2731988                     |           | N/A           |

On this date, the above named motor carrier was inspected by the California Highway Patrol. The inspection evaluated the carrier's compliance with the following requirements:

|                          |                      | -   |         |                                           |  |
|--------------------------|----------------------|-----|---------|-------------------------------------------|--|
| $\overline{\mathcal{A}}$ | CONTROLLED SUBSTANCE | AND | ALCOHOL | _ TESTING PROGRAM [VC 34520 & 49 CFR 382] |  |

OTHER:

REMARKS

This Carrier has been rated SATISFACTORY at this time.

34520 VC – Carrier is enrolled with the following Controlled Substance and Alcohol Testing Program as set forth in Title 49 CFR, Part 382:

American Compliance Solutions 1614 Pioneer Dr. El Cajon, CA 92020

Phone (619) 334-2145

See attached Carrier Review Parts A, B & C

\*\* Carrier operates under FTA & FMCSA regulations for their controlled substance & alcohol testing program. \*\*

As a result of the inspection noted above, this carrier was assigned a compliance rating of <u>SATISFACTORY</u>. This rating applies only to carrier requirements - Terminals are rated separately.

| RATING HIS                     |        | s     | 3     | s      | 4     | s      | NUMBER OF RECORDS<br>INSPECTED<br>162 | NUMBER OF<br>VIOLATIONS<br>0             | CHP 345<br>ISSUED                               | SUSPENSE DATE              | CHP 100D<br>COLUMN NO.                                                           |
|--------------------------------|--------|-------|-------|--------|-------|--------|---------------------------------------|------------------------------------------|-------------------------------------------------|----------------------------|----------------------------------------------------------------------------------|
| INSPECTED<br>Keith H           | BY (N  | AMEJ  | . «   |        |       |        |                                       |                                          | ID NUMBER<br>A16735                             |                            | CARRIER TYPE                                                                     |
| I hereby of the Ca<br>Southern | iforni | a Vel | hicle | Cod    | le ar | nd the | ed hereon and on the at               | ations. I understa                       | nrough <u>6</u><br>nd that I may re<br>4-9557 w | will be corrected in accor | rdance with applicable provisions<br>factory rating by contacting the<br>rating. |
| CARRIER R                      |        |       | TNE   | s PRII | TED   | NAME   |                                       |                                          | TITLE                                           | Program Manager            |                                                                                  |
| CARRIER R                      | EPRES  | ENTA  | TIVE  | S SIG  | NATU  | RE     |                                       | an an an an an an an an an an an an an a | CURRENT CA                                      | RRIER RATING               | 06/19/20                                                                         |

|              |                    |                                             |             | California High                               | way Patrol                             |                       |                                        |                                         |
|--------------|--------------------|---------------------------------------------|-------------|-----------------------------------------------|----------------------------------------|-----------------------|----------------------------------------|-----------------------------------------|
|              | US DOT             |                                             |             | E TRANSPORTATION INC                          | 2                                      |                       |                                        |                                         |
|              | 2731988            | F=                                          | rating (DB  |                                               |                                        | ····                  |                                        |                                         |
| MC/MX #      |                    |                                             | : 326916    |                                               | ID:27-0121666 (E                       | in)                   |                                        |                                         |
| Review T     | ype: Non-          | ratable Re                                  | view - Spee | cial Study                                    |                                        |                       |                                        | ~                                       |
| Scope:       | Term               | nin <b>al</b>                               |             | Location of Review/Au                         | dit: Company faci                      | lity in the U. S.     | Territo                                | <b>ry:</b> C                            |
| Operation    | n Types            | Interstate                                  | Intrastate  |                                               |                                        |                       |                                        |                                         |
|              | Carrier:           | N/A                                         | Non-HM      | Business: Corporation                         |                                        | for common and inserv |                                        |                                         |
| S            | hipper:            | N/A                                         | N/A         | Gross Revenue:                                |                                        | for year ending:      |                                        |                                         |
| Carg         | o Tank:            | N/A                                         |             |                                               |                                        |                       |                                        |                                         |
| Company      | / Physical         | Address:                                    |             |                                               |                                        |                       |                                        |                                         |
| 8800 PA      |                    |                                             |             |                                               |                                        |                       |                                        |                                         |
|              | OWER, CA           | ¥ 90706                                     |             |                                               |                                        |                       |                                        |                                         |
| Contact      |                    |                                             |             | na produkti titi na man≖ana na sina titi na t | · · · · ·                              |                       |                                        |                                         |
|              |                    | (1) 562- 5                                  | 0_2676      | (2)                                           | Fax                                    |                       |                                        |                                         |
| E-Mail A     |                    | (1) 302- 3                                  | 20-2010     | (4)                                           |                                        |                       |                                        |                                         |
|              | y Mailing          | Addrose:                                    |             |                                               |                                        |                       |                                        |                                         |
|              | C                  | muureaa.                                    |             |                                               |                                        |                       |                                        |                                         |
| 8800 PA      | IRK ST<br>OWER, C/ | 00706                                       |             |                                               |                                        |                       |                                        |                                         |
|              | ·                  |                                             |             |                                               |                                        |                       |                                        |                                         |
|              | lassificati        |                                             |             |                                               |                                        |                       |                                        |                                         |
| 2140001V//// | orized for         |                                             |             |                                               |                                        |                       |                                        |                                         |
|              | assificatio        | on                                          |             |                                               |                                        |                       | ·····                                  |                                         |
|              | engers             | 20405-00-00-00-00-00-00-00-00-00-00-00-00-0 |             |                                               |                                        |                       |                                        |                                         |
| Equipme      | ent                |                                             | vned Ter    | m Leased Trip Leased                          | 101970                                 | Owned                 | Term Leased                            | rip Leased                              |
| Mini         | bus, 16+           |                                             | 36          | 0 0                                           | Van, 9-15                              | 26                    | 0                                      | C                                       |
|              |                    | the U.S.: 6                                 | 2           |                                               | , .                                    |                       |                                        |                                         |
|              |                    | used in the                                 |             |                                               | ····· · · · · · · · · · · · · · · · ·  |                       | ····· ·                                |                                         |
|              |                    |                                             |             | uantities of HM? No                           |                                        |                       |                                        |                                         |
|              |                    | required?                                   |             | N/A                                           |                                        |                       |                                        |                                         |
|              | nformatio          |                                             |             |                                               |                                        |                       |                                        |                                         |
|              |                    | Inter                                       | Intra       | Average trip leased                           | trivers/month: 0                       |                       |                                        |                                         |
| _            | 100 Miles          |                                             | 29          | Average with leased                           | Total Drivers: 2                       | 9                     |                                        |                                         |
| 1            | 100 Miles          |                                             | 2.V         |                                               | CDL Drivers: 2                         |                       |                                        |                                         |
|              | INA MINGS          | · •                                         |             | <u> </u>                                      | ······································ |                       | ······································ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |

QC68VJCA6KFAA



-

#### **EMPIRE TRANSPORTATION INC - Terminal**

U.S. DOT #: 2731988

#### Part A

QUESTIONS regarding this report may be directed to the Southern Division Motor Carrier Safety Unit at;

437 N. Vermont Ave. Los Angeles, CA 90004

### This TERMINAL REVIEW deals only with safety compliance at this terminal.

#### Person(s) Interviewed Name: Ulises Serpas

Name:

Title: Program Manager Title:



|          | EMPIRE TRANSPORT/<br>U.S. DOT #: 2731988                                                                                     | ATION INC - Terminal | State #: 326916                                                                                                 | Review Date<br>06/19/2020 |
|----------|------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------------------|---------------------------|
|          | а <sub>на п</sub> анана на станита на солото на солото на солото на солото на солото на солото на солото на солото на солото | Part B \             | /iolations                                                                                                      |                           |
| Tot      | ness Rating Information:<br>al Miles Operated<br>cordable Accidents                                                          | 200,000<br>0         | OOS Vehicle (CR<br>Number of Vehicle Inspected (CR<br>OOS Vehicle (MCMIS<br>Number of Vehicles Inspected (MCMIS | ): 0<br>): 0              |
| our prop | osed safety rating is :                                                                                                      |                      |                                                                                                                 |                           |
|          | Th                                                                                                                           | is Review is no      | ot Rated.                                                                                                       |                           |

QC68VJCA6KFAA



### EMPIRE TRANSPORTATION INC - Terminal

U.S. DOT #: 2731988

State #: 326916

#### Part B Requirements and/or Recommendations

1. Forms and publications are available at the CHP internet website at: http://www.chp.ca.gov/publications/index.html



### **EMPIRE TRANSPORTATION INC - Terminal**

U.S. DOT #: 2731988

| U.S. DOT #: 2731988                       |                            |                                             |                                                          |                     |                     | State #: 326916 06/19/20 |                           |        |              |         |         |         |                  | 6/19/2020        |     |
|-------------------------------------------|----------------------------|---------------------------------------------|----------------------------------------------------------|---------------------|---------------------|--------------------------|---------------------------|--------|--------------|---------|---------|---------|------------------|------------------|-----|
|                                           |                            |                                             |                                                          |                     |                     | Part                     | C                         |        |              |         |         | ***     |                  | <del>- 1</del> , |     |
|                                           | n for Revie<br>Ind Action: |                                             | ance Monitor                                             | ing                 | A                   | Innual                   | CSAT                      |        |              |         |         |         |                  |                  |     |
|                                           | Reviewed C<br>82 383       | Certification<br>387 390                    | n:<br>391 392                                            | 393                 | 395                 | 396                      | 397                       | 398    | 399          | 171     | 172     | 173     | 177              | 178              | 180 |
| Prior R<br>3/12/20<br>6/20/20<br>6/20/20  | 20<br>19                   | <u>Prior Pro</u>                            | osecutions                                               |                     | Reas                | son no                   | t Rate                    | d: Spe | cial Stu     | udy     | S       | itudy ( | Code: (          | CA               |     |
| is the m<br>procedu<br>transpo<br>Does ca | ures conta<br>ort passeng  | er of passe<br>ined in 49 (<br>gers in a co | ngers subje<br>CFR part 38<br>ommercial m<br>rdable quan | 5 subpa<br>totor ve | art A, A<br>shicle? | AND d<br>?               | oes it                    | rials? | No<br>Not Ap | plicab  | le      | *****   | <u> </u>         |                  |     |
|                                           |                            | t: Ulises Se<br>t Title: Pro                | erpas<br>gram Manag                                      | er                  |                     |                          |                           |        |              |         | Study I | nform   | ation:           |                  |     |
| Remark<br>CARRIE                          | R NAME: E                  | Empire Trans                                | sportation Inc.<br>Beliflower, (                         | c. CA               | <br>76<br>76        | 26918                    |                           |        |              |         |         |         |                  |                  |     |
|                                           | INFORMA<br>fance with f    |                                             | 33, this carrie                                          | r has be            | en rat              | ted SA                   | TISFA                     | CTOR   | Y at thi     | is time | ۱.      |         |                  |                  |     |
|                                           | I Alcohol Te               | esting Violat                               |                                                          |                     | ·                   |                          |                           |        |              |         |         |         |                  |                  |     |
|                                           |                            |                                             |                                                          |                     |                     | Auth                     | ad Au<br>norized<br>aded: | •      | ed:<br>Yes   | Yes     | No      |         | ate:<br>Bilure ( | Code:            |     |

Verified by:

No

Failure Code:

Date:

## PROPOSER'S UTILIZATION PARTICIPATION AND COMMUNITY BUSINESS ENTERPRISE PROGRAM INFORMATION FOR WHITTIER, ET AL., DIAL-A-RIDE SERVICE

#### SELECTED FIRMS

|   | Small-Sized Business<br>Category Proposer Name  | Local SBE | SBE | Minority | Women | Disadvantaged | DisabledVet | LGBTQQ |
|---|-------------------------------------------------|-----------|-----|----------|-------|---------------|-------------|--------|
| 1 | None                                            | N/A       | N/A | N/A      | N/A   | N/A           | N/A         | N/A    |
|   | Medium-Sized Business<br>Category Proposer Name | Local SBE | SBE | Minority | Women | Disadvantaged | DisabledVet | LGBTQQ |
| 2 | None                                            | N/A       | N/A | N/A      | N/A   | N/A           | N/A         | N/A    |
|   | Large-Sized Business<br>Category Proposer Name  | Local SBE | SBE | Minority | Women | Disadvantaged | DisabledVet | LGBTQQ |
|   | Empire Transportation, Inc.                     | N/A       | N/A | Yes      | N/A   | N/A           | N/A         | N/A    |

Information provided by proposer in response to the Request for Proposal. On final analysis and consideration of award, vendors were selected without regard to race, creed, gender, or color.

## PROPOSER'S UTILIZATION PARTICIPATION AND COMMUNITY BUSINESS ENTERPRISE PROGRAM INFORMATION FOR WHITTIER, ET AL., DIAL-A-RIDE SERVICE

| FIRM INFORMATION*           |                           | Empire Transportation, Inc. |
|-----------------------------|---------------------------|-----------------------------|
| BUSINESS STRUCTURE          |                           | Corporation                 |
| CULTURAL/ETHNIC COMPOSITION |                           | NUMBER / % OF OWNERSHIP     |
| OWNERS/PARTNERS             | Black/African American    | 0                           |
|                             | Hispanic/Latino           | 2/100%                      |
|                             | Asian or Pacific Islander | 0                           |
|                             | American Indian           | 0                           |
|                             | Filipino                  | 0                           |
|                             | White                     | 0                           |
|                             | Female (included above)   | 1/30%                       |
|                             |                           | NUMBER                      |
| MANAGER                     | Black/African American    | 3                           |
|                             | Hispanic/Latino           | 10                          |
|                             | Asian or Pacific Islander | 0                           |
|                             | American Indian           | 0                           |
|                             | Filipino                  | 0                           |
|                             | White                     | 0                           |
|                             | Female (included above)   | 3                           |
| STAFF                       | Black/African American    | 109                         |
|                             | Hispanic/Latino           | 119                         |
|                             | Asian or Pacific Islander | 6                           |
|                             | American Indian           | 1                           |
|                             | Filipino                  | 4                           |
|                             | White                     | 70                          |
|                             | Female (included above)   | 138                         |
| Total No. of Employees:     |                           | 322                         |
| COUNTY CERTIFICATION        |                           |                             |
| CBE                         |                           | N/A                         |
| LSBE                        |                           | N/A                         |
| OTHER CERTIFYING AGENCY     |                           | Y<br>(SCMSDC)               |

\*Information provided by proposer in response to the Request for Proposal. On final analysis and consideration of award, vendors were selected without regard to race, creed, gender, or color.

Bid Number: PW-AED965

#### **Bid Detail Information**

Bid Title: RFSQ for Fixed Route and Dial-A-Ride Transit Services (2016-SQPA001) Bid Type : Service Department: Public Works Commodity: BUS - TRANSIT (COACH-MINI) CONVENTIONAL Open Date : 5/2/2016 Closing Date : Continuous Bid Amount: \$0 Bid Download : Not Available Bid Description : PLEASE TAKE NOTICE that Public Works requests Statement of Qualifications (SOQ) for Fixed Route and Dial-A-Ride Transit Services (2016-SQPA001). The purpose of this solicitation is to establish a qualified list of contractors that can perform work when Public Works anticipates the need for fixed route and Dial-A-Ride transit services. The Request for Statement of Qualifications (RFSQ) with contract specifications, forms, and instructions for preparing and submitting proposals may be accessed at http://dpw.lacounty.gov/aed/contracts or may be requested from Mr. Eric Fong at (626) 458 4077 or erfong@dpw.lacounty.gov, Monday through Thursday, 7 a.m. to 5 p.m. PLEASE CHECK THE WEBSITE FREQUENTLY FOR ANY CHANGES TO THIS SOLICITATION. ALL ADDENDA AND INFORMATIONAL UPDATES WILL BE POSTED AT http://dpw.lacounty.gov/cbad/servicecontracts. Minimum Requirements: Proposers must meet all minimum requirements set forth in the RFSQ document including, but not limited to: No Subcontractors will be allowed to fulfill any of the following Minimum Requirements. 1. Proposer must have a minimum of three years of experience providing the same or similar fixed route or paratransit services for governmental or social service agency(ies). Please use Form PW-19, Proposer's Compliance with the Minimum Requirements of the RFSQ. 2. Proposer must provide copies of all "Satisfactory" California Highway Patrol Safety Compliance Inspections or passed all reinspections of the Proposer's maintenance facilities or terminals to be used for the proposed contract for the prior three 13-month inspections (California Vehicle Code 34501[c]). If the proposer has not performed services in California, the proposer must provide copies of a similar vehicle, maintenance facilities or terminals inspection for the prior three years by a governmental agency. Please use Form PW-19, Proposer's Compliance with the Minimum Requirements of the RFSQ. Once the need to utilize the contractors' services is identified, Public Works will send out an Invitation for Bids to all contractors in the qualified list with a specific work description, price sheets, and additional requirements for the bids to be considered responsive and responsible. Some of the requirements may include, but are not limited to, additional licenses/certificates, and/or additional experience and equipment requirements. A Proposers' Conference will be held on Tuesday, May 17, 2016, at 9 a.m. at Public Works Headquarters, 900 South Fremont Avenue, Alhambra, California 91803, in Conference Room A. ATTENDANCE BY THE PROPOSER OR AN AUTHORIZED REPRESENTATIVE AT THE CONFERENCE IS MANDATORY. Public Works will reject proposals from those whose attendance at the conference cannot be verified. Attendees should be prepared to ask questions at that time about the specifications, proposal requirements, and contract terms. After the conference, Proposers must submit questions in writing and request information for this solicitation within three business days from the date of the conference. This solicitation will remain open continuously at the discretion of the County. The RFSQ Proposers' Mandatory Conference may be offered annually or as needed depending on the needs of the County. This RFSQ process may take several weeks to process before a Qualified Contractors list is generated. Therefore, it is imperative that Proposers return all SOQ material no later than Tuesday May 31, 2016, at 5:30 p.m. Proposers who attended the Proposers' Mandatory Conference but miss the above deadline may not submit Statement of Qualifications until January 2, 2017. No SOQ will be accepted without verification of the proposer attending the Mandatory Conference as stated above. SOQ's received after this date will be reviewed in the order they are submitted to Public Works based on the time indicated by the Public Works cashier's office time stamp.

Contact Name : Eric Fong