address: 8225 Leclaire ave., Burbank, IL 60459
Phone: 708-303-5150

BRZ is in compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status and non-job related disabilities.

First Name: Simon

Middle Name:

Last Name: Fernandez Valentin

Full Name: Simon Fernandez Valentin

SSN: 149-23-3388

Date Of Birth: 08/06/81

E-Mail: Simonvfer@hotmail.com

Address: 1008 Symmes Ave, Hamilton, OH 45015

Home Phone #: 17322073971

Cell Phone #: 17322073971

Emergency Contact: Joselin Fernandez

Relationship: Daughter

Emergency Phone #: 732-672-2800

Have you ever been denied a license, permit or privilege to operate a motor vehicle?   Yes

Have any license, permit or privilege ever been suspended or revoked?   Yes

Application Date: 03/12/24

Position Applied For: Otr driver

Currently Employed: No

If not, how long since leaving last employment? 11 days

Who referred you? Social network

Road Test Examiner: Denis Prodanov

Do you have the legal right to work in the United States?   Yes

CDL #: UX272966

CDL State: OH

CDL Class: A

CDL Expiration Date: 08/06/25

Have you ever tested positive or refused a DOT drug or alcohol pre employment test within the past 3 years from an employer who did not hire you?   Yes

Have you ever been convicted of a felony?   Yes

Company Representative: Mateja Markovic

Previous Addresses

List All Addresses for previous 3 years:

	Street, City, State, ZIP	How Long
1.	1008 Symmes Ave, Hamilton, OH 45015	Current
2.		
3.		
4.		
5.		

BRZ

9a d`cnYf#@Yggcf`	1	9a d`cnYf#@Yggcf`	2
Company Name: BRITE LOGISTICS INC		Company Name: T Line	
Address: 5000 S HOMAN AVE CHICAGO, IL 60632		Address: Little Rock, Arkansas	
Contact Person:		Contact Person: Leslie Dispatcher	
Phone #: (312) 846-6858 FAX #:		Phone #: 913-233-5617 FAX #:	
Position: OTR driver		Position: OTR Driver	
From Date: 01/07/22 To Date: 03/01/24		From Date: 04/01/21 To Date: 12/31/21	
Reason for leaving: better opportunity		Reason for leaving: better opportunity	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements.	Yes	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements.	Yes
Were you subject to the FMCSRs* while employed?Reason for leaving:	Yes	Were you subject to the FMCSRs* while employed?Reason for leaving:	Yes

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Company Name:		Company Name:	
Address:		Address:	
Contact Person:		Contact Person:	
Phone #: FAX #:		Phone #: FAX #:	
Position:		Position:	
From Date: To Date:		From Date: To Date:	
Reason for leaving:		Reason for leaving:	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements.	N/A	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements.	N/A
Were you subject to the FMCSRs* while employed?Reason for leaving:	N/A	Were you subject to the FMCSRs* while employed?Reason for leaving:	Yes

9a d`cnYf#@Yggcf`	5	9a d`cnYf#@Yggcf`	6
Company Name:		Company Name:	
Address:		Address:	
Contact Person:		Contact Person:	
Phone #: FAX #:		Phone #: FAX #:	
Position:		Position:	
From Date: To Date:		From Date: To Date:	
Reason for leaving:		Reason for leaving:	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements.	N/A	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements.	N/A
Were you subject to the FMCSRs* while employed?Reason for leaving:	N/A	Were you subject to the FMCSRs* while employed?Reason for leaving:	N/A

9a d`cnYf#@Yggcf`	7	9a d`cnYf#@Yggcf`	8
Company Name:		Company Name:	
Address:		Address:	
Contact Person:		Contact Person:	
Phone #: FAX #:		Phone #: FAX #:	
Position:		Position:	
From Date: To Date:		From Date: To Date:	
Reason for leaving:		Reason for leaving:	
Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements.	N/A	Was your job designated as a safety-sensitive function in any DOT-regulated mode subject to the drug and alcohol testing requirements.	N/A
Were you subject to the FMCSRs* while employed?Reason for leaving:	N/A	Were you subject to the FMCSRs* while employed?Reason for leaving:	Yes

BRZ

* The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: BRITE LOGISTICS INC   **Phone:** (312) 846-6858   **Date:** 03/12/24
Address: 5000 S HOMAN AVE CHICAGO, IL 60632   **Fax:**

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

simon fernandez
simon fernandez (Mar 12, 2024 10:54 CDT)

Safety BRZ (Mar 13, 2024 09:25 CDT)

Applicant's Signature   Company representative

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H\Y`dYfgcb`bUa YX`\YfY]b`\Ug`Udd`]YX`hc`h\]g`Wda dUbmžcf`Ya d`cma Ybh]b`U`gUZYhm!gYbg]h]j Y`dcg]h]cbž`Mci`f`Z]bX]b`[`h\Y`Udd`]WUbh`Ug`U`dUgh`Ya d`cmYf"`K`]``nci``_]bX`mfYd`mhc`h\]g`bei`]fmfYgdYWYbh`]b[`h\]g`Udd`]WUbh`5g`mci`_k`]``fYUX`k`UUj`Yf`g\UhHYX`UV`cj`YžU``]bU][]hmžci``UbX`nci`f`Wdadm\Ug`VYYb`fY`YUgYX`Vm\h`Y`Udd`]WUbh"

PLEASE BE ADVISED! Mci`a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Simon Fernandez Valentin   *SSN:* 149-23-3388   *Job Applying For:* Otr driver

Did the Applicant work for you as a driver: Yes   No
If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____   End Date : _____

☐ Company Driver   ☐ Owner/Operator   ☐ Other? _____

   Type of tractor operated: _____   Type of trailer pulled: _____

Other equipment operated: _____   Commodities operated: _____

Accidents: ☐ Yes ☐ No   If yes, please give the date and brief description of each accident:_____
_____

Traffic Violations: ☐ Yes ☐ No   If yes, please list all including the date and type of violation:_____
_____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION

Alcohol tests with a result of 0.04 or greater?   ☐ Yes   ☐ No   If yes, please give date: _____

Verified positive controlled substances test results? ☐ Yes   ☐ No   If yes, please give date: _____

Refusals to be tested?   ☐ Yes   ☐ No   If yes, please give date: _____

Rehab completed under direction of SAP/MRO?   ☐ Yes   ☐ No   If yes, please give date: _____

Any problems with bonding?   Yes   No   If yes, please explain:_____
_____

Why did this employee leave your company?_____

Would you re-employee this person? ☐ Yes   ☐ No   If no, please explain:_____
_____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?_____
_____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____

BRZ

Company: T Line

Address: Little Rock, Arkansas

Phone: 913-233-5617

Fax:

Date: 03/12/24

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

simon fernandez
simon fernandez (Mar 12, 2024 10:54 CDT)

Safety BRZ (Mar 13, 2024 09:25 CDT)

Applicant's Signature

Company representative

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H\`Y`dYfgcb`bUa`YX`\`YfY]b`\`Ug`Udd`]YX`hc`H\`]g`Wca`dUbm`Zcf`Ya`d`cma`Ybh]b`U`gUZYhm`gYbg]h]j`Y`dcg]h]`cbž`Mci`f`Z]bX]b`[`H\`Y`Udd`]WUbh`Ug`U`dUghYa`d`cmYf"`K`]``nci`_]bX`mfYd`mhc`H\`]g`]bei`]fmfYgdYWH][b`[`H\`]g`Udd`]WUbh"`5g`mci`_`k`]``fYUX`k`U`j`Yf`g[HhHYX`UV`cj`YžU```]UV`]`]hmicZnci`UbX`nci`f`Wda`dUbm\Ug`VYYb`fY`YUgYX`VmH\`Y`Udd`]WUbt"

PLEASE BE ADVISED! Mci``a`UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Simon Fernandez Valentin _SSN:_ 149-23-3388   _Job Applying For:_ Otr driver

Did the Applicant work for you as a driver: Yes   No
If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____   End Date : _____

☐ Company Driver   ☐ Owner/Operator   ☐ Other? _____

Type of tractor operated: _____   Type of trailer pulled: _____

Other equipment operated: _____   Commodities operated: _____

Accidents: ☐ Yes ☐ No   If yes, please give the date and brief description of each accident:_____
_____

Traffic Violations: ☐ Yes   ☐ No   If yes, please list all including the date and type of violation:_____
_____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION

Alcohol tests with a result of 0.04 or greater?   ☐ Yes   ☐ No   If yes, please give date: _____

Verified positive controlled substances test results? ☐ Yes   ☐ No   If yes, please give date: _____

Refusals to be tested?   ☐ Yes   ☐ No   If yes, please give date: _____

Rehab completed under direction of SAP/MRO?   ☐ Yes   ☐ No   If yes, please give date: _____

Any problems with bonding?   Yes   No   If yes, please explain:_____
_____

Why did this employee leave your company?_____

Would you re-employee this person? ☐ Yes   ☐ No   If no, please explain:_____
_____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?_____
_____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____

BRZ

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: **Phone:**   **Date:** 03/12/24

Address: **Fax:**

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

Simon F. V
simon fernandez (Mar 12, 2024 10:54 CDT)

Safety BRZ (Mar 13, 2024 09:25 CDT)

Applicant's Signature   Company representative

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H\ Y`dYfgcb`bUa YX`\ YfY]b \ Ug Udd`]YX`hc`h\ ]g`Wda dUbmžcf`Ya d`cma Ybh]b `U`gUZYhm‡g Ybg]h]j Y`dcg]h]cbž Mci f`[ bX]b[ `h\ Y Udd`]Wbbh\ Ug`U`dUgh Ya d`cmYf"K]`` mci `_]bX`mfUd`mhc`h\ ]g`bei ]fmfYgdYWY)b[ `h\ ]g`Udd`]WbbhcH`5g]nci `k ]``fYUX`k U]j Yf`g\ UHYX Uf\cj YžU```UV]`]hm]cZmci `UbX\ci f`Wda dUbm\UgVYYb`fY`YUgYX"Vmh\ Y`Udd`]WbbW"

<u>PLEASE BE ADVISED!</u> Mci `a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Simon Fernandez Valentin _SSN:_ 149-23-3388   _Job Applying For:_ Otr driver

Did the Applicant work for you as a driver: Yes   No
If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____   End Date : _____

☐ Company Driver   ☐ Owner/Operator   ☐ Other? _____

Type of tractor operated: _____   Type of trailer pulled: _____

Other equipment operated: _____   Commodities operated: _____

Accidents: ☐ Yes   ☐ No   If yes, please give the date and brief description of each accident:_____
_____

Traffic Violations: ☐ Yes   ☐ No   If yes, please list all including the date and type of violation:_____
_____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION

Alcohol tests with a result of 0.04 or greater?   ☐ Yes   ☐ No   If yes, please give date: _____

Verified positive controlled substances test results? ☐ Yes   ☐ No   If yes, please give date: _____

Refusals to be tested?   ☐ Yes   ☐ No   If yes, please give date: _____

Rehab completed under direction of SAP/MRO?   ☐ Yes   ☐ No   If yes, please give date: _____

Any problems with bonding?   Yes   No   If yes, please explain:_____
_____

Why did this employee leave your company?_____

Would you re-employee this person? ☐ Yes   ☐ No   If no, please explain:_____
_____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?_____
_____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____

BRZ

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: **Phone:**   **Date:** 03/12/24

Address: **Fax:**

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

Simon F. V
simon fernandez (Mar 12, 2024 10:54 CDT)

Safety BRZ (Mar 13, 2024 09:25 CDT)

Applicant's Signature   Company representative

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H\ Y`dYfgcb`bUa YX`\ YfY]b`\ Ug`Udd`]YX`hc`h\ ]g`Wa dUbmžcf`Ya d`cma Ybh]b`U`gUZVYm g`Ybg]Hj Y`dcg]Hjcbž Mci f`Z]bX]b`[`h\ Y Udd`]WUbh Ug`U`dUgh Ya d`cmYf"K]``nci `_]bX`mfYd`mhc`h\ ]g`]bei ]fmfYgdYWh]vYb`[`h\ ]g`Udd`]WUbh 5g`nci `k]``fYUX`k U`jYf`ghUHYX UV`cj Yž U``]bZ`a hmcZ nci `UbX`nci f`Wa dUbmh\ Ug`VYYb`fYY`UgYX`VmH\ Y`Udd`]WUbh"
PLEASE BE ADVISED! Mci `a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Simon Fernandez Valentin *SSN:* 149-23-3388   *Job Applying For:* Otr driver

Did the Applicant work for you as a driver: Yes   No
If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____   End Date : _____
☐ Company Driver   ☐ Owner/Operator   ☐ Other? _____

Type of tractor operated: _____   Type of trailer pulled: _____

Other equipment operated: _____   Commodities operated: _____

Accidents: ☐ Yes   ☐ No   If yes, please give the date and brief description of each accident: _____
_____

Traffic Violations: ☐ Yes   ☐ No   If yes, please list all including the date and type of violation: _____
_____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION

Alcohol tests with a result of 0.04 or greater?   ☐ Yes   ☐ No   If yes, please give date: _____

Verified positive controlled substances test results? ☐ Yes   ☐ No   If yes, please give date: _____

Refusals to be tested?   ☐ Yes   ☐ No   If yes, please give date: _____

Rehab completed under direction of SAP/MRO?   ☐ Yes   ☐ No   If yes, please give date: _____

Any problems with bonding?   Yes   No   If yes, please explain: _____
_____

Why did this employee leave your company? _____

Would you re-employee this person? ☐ Yes   ☐ No   If no, please explain: _____
_____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____
_____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____

BRZ

- CONFIDENTIAL -

Company: **Phone:**   **Date:** 03/12/24

Address: **Fax:**

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

simon fernandez (Mar 12, 2024 10:54 CDT)

Safety BRZ (Mar 13, 2024 09:25 CDT)

Applicant's Signature   Company representative

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H\ Y`dYfgcb`bUa YX`\ YfY]b`\ Ug`Udd`]YX`hc`h\ ]g`Wda dUbmZcf`Ya d`cma Ybh]b`U`gUZYh\ngYbg]h]j Y`dcg]h]cbžMci f`Z]bX]b[ `h\ Y Udd`]WUbh`Ug`U`dUgh`Ya d`cmYf`"K] ``mci `_]bX`mfYd`mhc`h\ ]g`bei ]fmfYdcfdYWWf`b[ `h\ ]g`Udd`]WUbh`5g`mci `k ] ``fYUX`k UŸj Yf`g\ UHYX UV`cj Yž U`` UV`]Mf]mWcZ mci `UbX`mci f`Wda dUbm\ Ug`bYYb`fY`YUgYX`Vmh\ Y`Udd`]WUbt"

PLEASE BE ADVISED! Mci `a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Simon Fernandez Valentin   *SSN:* 149-23-3388   *Job Applying For:* Otr driver

Did the Applicant work for you as a driver: Yes   No
If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____   End Date : _____

☐ Company Driver   ☐ Owner/Operator   ☐ Other? _____

Type of tractor operated: _____   Type of trailer pulled: _____

Other equipment operated: _____   Commodities operated: _____

Accidents: ☐ Yes   ☐ No   If yes, please give the date and brief description of each accident:_____
_____

Traffic Violations: ☐ Yes   ☐ No   If yes, please list all including the date and type of violation:_____
_____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION

Alcohol tests with a result of 0.04 or greater?   ☐ Yes   ☐ No   If yes, please give date: _____

Verified positive controlled substances test results? ☐ Yes   ☐ No   If yes, please give date: _____

Refusals to be tested?   ☐ Yes   ☐ No   If yes, please give date: _____

Rehab completed under direction of SAP/MRO?   ☐ Yes   ☐ No   If yes, please give date: _____

Any problems with bonding?   Yes   No   If yes, please explain:_____
_____

Why did this employee leave your company?_____

Would you re-employee this person? ☐ Yes   ☐ No   If no, please explain:_____
_____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?_____
_____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____

BRZ

- CONFIDENTIAL -

Date: 03/12/24

Company: **Phone:**

Address: **Fax:**

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

simon fernandez (Mar 12, 2024 10:54 CDT)

Safety BRZ (Mar 13, 2024 09:25 CDT)

Applicant's Signature   Company representative

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H\Y`dYfgcb`bUa`YX`\YfY]b`\Ug`Udd`]YX`hc`h\]g`Wa`dUbm'Zcf`Ya`d`cma`Ybh]b`U`gUZYm!gYbg]Hj`Y`dcg]H]cbž'Mci`f`Z]bX]b`[`h\Y Udd`]Wboh`Ug`U`dUgh`Ya`d`cnYf"'K`]``nci`_]bX`mfYd`mhc`h\]g`]bei`]fmfYgdYWld[b[`h\]g`Udd`]Wboh`5g`nci`_k`]``fYUX`k`U]j`Yf`gH\HYX UV`cj`YžU``]UV]`]hmicZ`nci`UbX`nci`f`Wa`dUbm\`Ug`VYYb`fY`YUgYX`Vm`h\Y`Udd`]Wbt"

PLEASE BE ADVISED! Mci`a`UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Simon Fernandez Valentin _SSN:_ 149-23-3388   _Job Applying For:_ Otr driver

Did the Applicant work for you as a driver: Yes   No
If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____   End Date : _____

☐ Company Driver   ☐ Owner/Operator   ☐ Other? _____

Type of tractor operated: _____   Type of trailer pulled: _____

Other equipment operated: _____   Commodities operated: _____

Accidents: ☐ Yes   ☐ No   If yes, please give the date and brief description of each accident:_____
_____

Traffic Violations: ☐ Yes   ☐ No   If yes, please list all including the date and type of violation:_____
_____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION

Alcohol tests with a result of 0.04 or greater?   ☐ Yes   ☐ No   If yes, please give date: _____

Verified positive controlled substances test results? ☐ Yes   ☐ No   If yes, please give date: _____

Refusals to be tested?   ☐ Yes   ☐ No   If yes, please give date: _____

Rehab completed under direction of SAP/MRO?   ☐ Yes   ☐ No   If yes, please give date: _____

Any problems with bonding?   Yes   No   If yes, please explain:_____
_____

Why did this employee leave your company?_____

Would you re-employee this person? ☐ Yes   ☐ No   If no, please explain:_____
_____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?_____
_____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____

BRZ

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Date: 03/12/24

Company: **Phone:**
Address: **Fax:**

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

Simon V
simon fernandez (Mar 12, 2024 10:54 CDT)

[signature]
Safety BRZ (Mar 13, 2024 09:25 CDT)

Applicant's Signature   Company representative

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H\ Y´dYfgcb¨bUa YX¨\YfY]b¨Ug¨Udd`]YX¨hc¨h\ ]g¨Wta dUbm¨Zcf¨Ya d`cma Ybh]b¨U¨gUZYhm¨gYbg]h]j Y´dcg]h]cbž¨Mci f¨Z]bX]b[¨h\ Y Udd`]WUbh¨Ug¨U´dUghYa d`cmYf"¨K]¨`nci ¨_]bX¨mfYd`mhc¨h\ ]g¨bei]fmfYdYdgYh¨Udd`]WUbh¨5g¨nci ¨k]``fYUX¨k U`j Yf¨g]UHYX UV`cj Yž¨U``¨]UV]`]hmfcZ¨nci ¨UbX¨nci f¨Wta dUb\¨Ug¨VYYb¨fY`YUgYX¨Vmh\ Y¨Udd`]WUbh"
PLEASE BE ADVISED! Mci ¨a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Simon Fernandez Valentin _SSN:_ 149-23-3388   _Job Applying For:_ Otr driver

Did the Applicant work for you as a driver: Yes   No
If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____   End Date : _____
☐ Company Driver ☐ Owner/Operator   ☐ Other? _____

   Type of tractor operated: _____   Type of trailer pulled: _____

Other equipment operated: _____ Commodities operated: _____

Accidents: ☐ Yes ☐ No   If yes, please give the date and brief description of each accident:_____
_____

Traffic Violations: ☐ Yes ☐ No   If yes, please list all including the date and type of violation:_____
_____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION

Alcohol tests with a result of 0.04 or greater?   ☐ Yes   ☐ No   If yes, please give date: _____

Verified positive controlled substances test results? ☐ Yes   ☐ No   If yes, please give date: _____

Refusals to be tested?   ☐ Yes   ☐ No   If yes, please give date: _____

Rehab completed under direction of SAP/MRO?   ☐ Yes   ☐ No   If yes, please give date: _____

Any problems with bonding?   Yes   No   If yes, please explain:_____
_____

Why did this employee leave your company?_____

Would you re-employee this person? ☐ Yes   ☐ No   If no, please explain:_____
_____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?_____
_____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____

BRZ

Date: 03/12/24

Company: **Phone:**
Address: **Fax:**

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

simon fernandez (Mar 12, 2024 10:54 CDT)

Safety BRZ (Mar 13, 2024 09:25 CDT)

Applicant's Signature   Company representative

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H\ Y`dYfgcb`bUa YX`\YfY]b`\Ug`Udd`]YX`hc`H\ ]g`Wca dUbmZcf`Ya d`cma Ybh]b`U`gUZYm!g`Ybg]h]j Y`dcg]h]cbž`Mci`f`]bX]b`H\ Y
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UV`cj YžU``]UV`]]hmcZ`nci `UbX`nci `f`Wca dUbm\Ug`VYYb`fY`YUgYX`VmH\ Y`Udd`]WUbt"
PLEASE BE ADVISED! Mci `a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Simon Fernandez Valentin _SSN:_ 149-23-3388   _Job Applying For:_ Otr driver

Did the Applicant work for you as a driver: Yes   No
If No, please explain: _____

If employed as a driver, please answer the following: Start Date : _____   End Date : _____
☐Company Driver   ☐Owner/Operator   ☐Other? _____

Type of tractor operated: _____   Type of trailer pulled: _____

Other equipment operated: _____   Commodities operated: _____

Accidents: ☐ Yes ☐ No   If yes, please give the date and brief description of each accident:_____
_____

Traffic Violations: ☐Yes   ☐No   If yes, please list all including the date and type of violation:_____
_____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION

Alcohol tests with a result of 0.04 or greater?   ☐Yes   ☐No   If yes, please give date: _____

Verified positive controlled substances test results? ☐Yes   ☐No   If yes, please give date: _____

Refusals to be tested?   ☐Yes   ☐No   If yes, please give date: _____

Rehab completed under direction of SAP/MRO?   ☐Yes   ☐No   If yes, please give date: _____

Any problems with bonding?   Yes   No   If yes, please explain:_____
_____

Why did this employee leave your company?_____

Would you re-employee this person? ☐Yes   ☐ No   If no, please explain:_____
_____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?_____
_____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____

BRZ

Provide accident record, traffic convictions and forfeitures record for previous 3 years

Did you have any Accidents past 3 Year? **No**   (If **NO** skip this step, if **YES** list all violations on record.)

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2.					
3.					
4.					
5.					
6.					

Did you have any Violations past 3 Years? **No**   If **NO** skip this step, if **YES** list all violations on record.

8UhY	CZZYbgY	@cWrh]cb	HndY´cZ´J Y\]W´Cd YfUhYX
1.			
2.			
3.			
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9.			
10.			

List all off driver licenses or permits held in the past 3 years

@]WbgY´Bc"	HndY	GHUhY	9l d]fUh]cb´8UhY

Driving Experience

7`Ugg´cZ´9ei]da Ybh	HndY´cZ Trailer	8UhY : fca	8UhY Hc	5ddfcl]a UhY´m Bi a VYf´cZ´A]`Yg per week	7ca a Ybhg
1. Semi truck	Dry van	01/01/20	03/01/24	2000+	.
2.					
3.					

States Operated In For Last 5 Years: **48**

Years of Experience: **4+**

BRZ

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1.					
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6.					

List any special training that will enable you to be a better driver:

List Any Safe Driving Awards You Have Earned:

Other Skills or Training:

Comments:

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I understand that in order to qualify for this position as an interstate commercial driver I must submit the employment controlled substance test, and must test negative before an offer of employment can be processed and is in accordance with US DOT Federal Motor Carrier Safety Regulations Part 391.I authorize BRZ to make any such inquiries and investigations of my driving and past employment background, personal, financial and/or medical history, I hereby release state agencies, employers, schools, health care providers and/or any other person from all liability in connection to their responding to any and all inquiries from BRZ and the subsequent release information to verify the accuracy of this application. I understand that in the event of my employment by BRZ any false or misstatements given in my application or interview(s) may result in my discharge. I also understand that I have to abide by all rules and regulations of BRZ This certifies that this application was completed by me, and that all entries on it and information in it is complete to the best of my knowledge.

Simon F. V
simon fernandez (Mar 12, 2024 10:54 CDT)   03/12/24

Applicant's Signature And Date of Application

C: : =7] G9`CB@M

Recommended For Hire   Yes

BRZ

Each driver shall furnish the list required in accordance with paragraph (a) of this section. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed he/she shall so certify.

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

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9.				
10.				

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

Simon F V
simon fernandez (Mar 12, 2024 10:54 CDT)   03/12/24

Driver's Signature and Date

C: : =79I G9CB@M

Safety BRZ (Mar 13, 2024 09:25 CDT)

Company representative

BRZ

In connection with my application for employment (including contract for services) with BRZ

I understand that consumer reports which may contain public record information may be requested from DAC Services (DAC). These reports may include the following types of information: names and dates of previous employers, reason for termination, work experience, accidents, etc. I further understand that such reports may contain public record information concerning numbers of workers compensation history, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies providing such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies that provided driving records. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC T ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDERAL LAW.I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in the time of my request, including the sources of information; and the recipients of any reports on me which DAC has previous the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies DAC Services. In conformity with 49 C.F.R. Part 40, I hereby authorize the carriers (Company/School) listed below to furnish to DAC on-behalf off listed above (Company), the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations employment tests during the past two years: (I) the dates on which I tested positive for drugs and the drugs involved; (II) the results tested .04 or greater for alcohol and the test result level; (III) the dates on which I refused (including a verified adulterated on to be tested for drugs and/or alcohol; (IV) and other violations of DOT drug and alcohol testing regulations; and (V) any information have received regarding violations of drug/alcohol testing regulations from my previous employers covered by DOT.I fully understand that the information I authorize DAC to receive involves tests which were required by the Department of T if any carrier (company/school) listed below furnishes DAC with information concerning items (I) trough (V) above, I also authorize (company/school) to release and furnish: (VI) the dates of my negative drug and/or alcohol tests and/or tests with results before two -year period; and (VII) the name and phone number of any substance abuse professional who evaluated me during the past. BRZ

5dd`]WobhˉFYUXˋh\Yˉzcˋˋckˉ]b[ˉgHUHYaˉYbhzˋh\Yˉg]j[ˉbˉUbXˉXUHYˉ5dd`]WHjcbˉːcfa

By signing below, I certify that I have read and fully understand this release that prior to signing I was given an opportunity to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that being released could affect my being hired. I further certify that all of the information that I have furnished on this form is true, and that I have listed every company for which I worked as a driver during the past two years, and every company for which I did drug and/or alcohol test during the past two years.

Applicant Name: **Simon Fernandez Valentin**

Social Security Number: 149-23-3388

Date: 03/12/24

Simon F. V
simon fernandez (Mar 12, 2024 10:54 CDT)

Applicant's Signature

BRZ

HC¨69¨F 958¨5B8¨G=¸ B98¨6M5DD@=75BH

I understand that as required by the Federal Motor Carrier Safety Regulations Title 49 United States Code of Federal Regulations Section 391,103, and company policy, all prospective drivers must submit to a controlled substances test.
A urine sample will be collected and tested for controlled substances.
I also understand that if test positive for use of controlled substances, I am not medically qualified to operate a commercial motor vehicie.
The results of the drug test will be maintained by the Medical Review Officer or the company who will report whether the test results were negative or positive to the motor carrier. The results will not be released to any additional parties without my written authorization.
I hereby agree to submit to a drug screen- urinalysis.

Applicant's Name: Simon Fernandez Valentin

simon fernandez (Mar 12, 2024 10:54 CDT)

Applicant's Signature

03/12/24

Date

BRZ

Sec. 40.25(j) As the employer, you must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety sensitive transportation work covered by DOT agency, drug and alcohol testing rules during the past two years.

If the employee admits that he or she had a positive test or refusal to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process, (see Sec. 40.25(b)(5) and (e))

HC ˙69˙F 958 ˙5B8 ˙G=; B 98 ˙6M5DD@=75BH

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No

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Wa d`YhYX˙h\Y˙8CH˙fYhi fb!hc!Xi hmfYei]fYa Ybhg˙3

No

Applicant's Name: Simon Fernandez Valentin

Simon F. V
simon fernandez (Mar 12, 2024 10:54 CDT)

Applicant's Signature

03/12/24

Date

BRZ

Road Test Examination

Simon Fernandez Valentin

The road test shall be given by the motor carrier or a person designated by it. However, a driver who is a motor operated, must be given the test by another person. The test shall be given by a person who is competent to evaluate and determine whether the person who takes the test has demonstrated that he or she is capable of operating the vehicle and associated equipment that the motor carrier intends to assign

Rating Of Performance:
(S - Satisfactory; C - Conditional; U - Unsatisfactory)

S	The pretrip inspection. (As required by Sec. 392.7)
S	Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units.
S	Placing the equipment in operation.
S	Use of vehicle's controls and emergency equipment.
S	Operating the vehicle in traffic and while passing other vehicles.
S	Turning the vehicle.
S	Braking, and slowing the vehicle by means other than braking.
S	Backing, and parking the vehicle.
S	

Type of equipment used in giving test: **)' fi8F MJ 5B**

Examiner: Denis Prodanov

Date: 03/12/24

Safety BRZ (Mar 13, 2024 09:25 CDT)

Company representative

If the road test is successfully completed, the person who gave it shall complete a certificate of driver's road test.

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the drivers road test. The original or copy of the certificate shall be retained in the employing motor carriers driver qualification file of the person examined and a copy given to the person who was examined. (49 CFR 391.31(e)(f)(g))

7Yfhj7jWUhY˙CZF cUX˙HYgh

Driver's Name: Simon Fernandez Valentin

Social Security Number: 149-23-3388

Operator's or Chauffeur's License Number: UX272966

Operator's or Chauffeur's License State: OH

Type of Power Unit: Tractor

Type of Trailer(s): 53' Dry Van

If passenger carrier, type of bus: N/A

This is to certify that the above-named driver was given a road test under my supervision on 03/12/24 , consisting of approximately 15 miles of driving.

It is my considered opinion that this driver posses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Examiner: Denis Prodanov

Date: 03/12/24

BRZ

U bXYfghccX UbX 5[fYYX"

Driver's Name: Simon Fernandez Valentin

Date: 03/12/24

Simon F. V
simon fernandez (Mar 12, 2024 10:54 CDT)

03/12/24

Applicant's Signature

§383.31 Notification of convictions for driver violations. (a) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) in a State or jurisdiction other than the one which issued his/her license, shall notify an official designated by the State or jurisdiction which issued such license, of such conviction. The notification must be made within 30 days after the date that person has been convicted. (b) Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a State or jurisdiction, and who is convicted of violating, in any type of motor vehicle, a State or local law relating to motor vehicle traffic control (other than a parking violation) shall notify his/her current employer of such conviction. The notification must be made within 30 days after the date that the person has been convicted. If the driver is not currently employed, he/she must notify the State or jurisdiction which issued the license according to §383.31(a). (c) Notification. The notification of the State official and employer must be made in writing and contain the following information:	1) Driver's full name; (2) Driver's license number; (3) Date of conviction; (4) The specific criminal or other offense(s), serious traffic violation(s), and other violation(s) of State or local law relating to motor vehicle traffic control, for which the person was convicted of any suspension, revocation, or cancellation of certain driving privileges which resulted from such conviction (s); (5) Indication whether the violation was in a commercial motor vehicle; (6) Location of offense; and (7) Driver's signature. §383.33 Notification of driver's license suspension. Each employee who has a driver's license suspended, revoked, or canceled by a State or jurisdiction, who loses the right to operate a commercial motor vehicle in a State or jurisdiction for any period, or who is disqualified from operating a commercial motor vehicle for any period, shall notify his/her current employer of such suspension, revocation, cancellation, lost privilege, or disqualification. The notification must be made before the end of the business data following the day the employee received notice of suspension, revocation, cancellation, lost privilege, or disqualification.

Driver's Name: Simon Fernandez Valentin

Driver's License: UX272966

Date of Conviction:

Specify Offense/Violation: Violation:

In A Commercial Vehicle: No

Location of Offense (nearest):

State:

Was your license suspended, revoked or canceled as a result of conviction ? No

If Yes, for how long?

_____
simon fernandez (Mar 12, 2024 10:54 CDT)

03/12/24

Applicant's Signature and Date

BRZ

DRIVER REQUIREMENTS Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1st, 1987.
They are as follows:

1. You, as a commercial vehicle driver, may not posses more than one license. The only exception is if a state requires you to have more than one license. This exception is allowed until January I, 1990.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2. Sections 392.42 and 383.33 of the Federal Motor Carrier Safety Regulations require you to notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.
The following license is the only one I will possess:

Driver's Name: Simon Fernandez Valentin

Driver's License #: UX272966

State: OH

Exp. Date: 08/06/25

Simon F. V
simon fernandez (Mar 12, 2024 10:54 CDT)   03/12/24

Applicant's Signature and Date

BRZ

No   **I want to buy insurance.**

Please contact us for application.

No   **, I don't want to buy insurance.**

I am aware that it is my responsibility to provide work compensation insurance for myself. I also hold harmless BRZ for work compensation benefits for myself.

Driver's Name: Simon Fernandez Valentin

Simon F. V
simon fernandez (Mar 12, 2024 10:54 CDT)
_____

Applicant's Signature and Date

Driver Certification
for Other Compensated Work
Simon Fernandez Valentin

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safely Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contractor private motor carrier, also performing any compensated work for any non motor carrier entity.

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=\ YfYVmˈWˈfh]ˈZmˈhˈ Uhˈhˈ Y`]bˈZcfaˈ Uh]cbˈ[ˈ]j Ybˈ UˈVcj Yˈ]gˈhfiˈYˈUbXˈ=ˈiˈbXˈfghUbXˈhˈ UhˈcbˈVˈ=ˈVYˈWˈa YˈYa dˈcmˈYXˈk ˈk ]hˈ hˈˈ]gˈVˈcˈaˈdUbˈ]Z =ˈVY`]bˈkˈ cf_ˈ]bˈ Ẑcfˈ UbˈmˈUXXˈhˈcbˈUˈ Ya dˈcmˈYfˈfˈbhˈ Ẑcf Vˈœa dYbgUh]cbˈ hˈ Uhˈ=ˈaˈ i ghˈ]bˈZcfaˈ hˈˈ]gˈVˈcˈaˈdUbmˈ]aˈaˈ YXˈUhˈY`mˈcˈZˈgiˈ Wˈ Ya dˈcmˈa ˈYbhˈUWˈhˈjˈ]hm&

Applicant's Name: Simon Fernandez Valentin

Simon F. V
simon fernandez (Mar 12, 2024 10:54 CDT)   03/12/24

Applicant's Signature   Date

[signature]
Safety BRZ (Mar 13, 2024 09:25 CDT)   03/12/24

Company representative   Date

I acknowledge that I have read and received Driver's Guide which covers the following topics :

simon fernandez (Mar 12, 2024 10:54 CDT)	*Safety BRZ (Mar 13, 2024 09:25 CDT)*
03/12/24	
Driver's signature, date	Company representative

BRZ

Statement of On-Duty Hours

Simon Fernandez Valentin

INSTRUCTIONS: Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time al which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations.

NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver's Name : Simon Fernandez Valentin

SSN # : 149-23-3388

Driver's License # : UX272966

State : OH

Exp. Date : 08/06/25

Class : A

8Um	%	&	'	(	)	*	+ (Yesterday)	
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_____ %&`5A _____

Time On Date: 03/05/24

simon fernandez (Mar 12, 2024 10:54 CDT) 03/12/24

Applicant's Signature and Date

BRZ

NAME CONTRACTED DRIVERS
INSTRUCTIONS, RESPONSIBILITIES, PAY AND DEDUCTION AGREEMENT

BRZ is agreeing to pay wages to_____Simon Fernandez Valentin_____ Who is **CONTRACTED** as driver on per mile base of _____cents per loaded mile and _____ cents per empty miles. The above listed driver is required to give two weeks written notice prior to leaving the company or forfeit their remaining salary. Escrow account is $ 2500.00 and it will be deducted weekly. Any driver with less than one year driving experience is guaranteeing to work for **BRZ** for a minimum of six months. Failure to complete six months employment, the driver fully understands forfeit of their remaining salary.

_____Simon Fernandez Valentin_____ who is **CONTRACTED** by **BRZ** as driver is agreeing to the following responsibilities, rules and deductions:

1. **Driver's Check Calls**

A. Every morning before 08:00 am(central time zone)

B. Every time driver arrives and leaves shipper or consignee

   No calls will be charged and deducted from driver paycheck in sum of $50.00 per occurrence

2. **Loading and Unloading Fees**

A. Driver is responsible to call and notify dispatch of any fees before unloading and loading is started.

B. Driver is responsible to notify dispatch of any changes before he or she leaves the premises.

C. Any unloading/loading fees not reported to dispatch and such of fees without receipts will not be reimbursed to driver.

3. **Accidents**

A. Drivers involved in accident must report all accidents to dispatch immediately.

B. Driver is responsible to get all information from involved parties, take pictures and get accident police report.

C. All repairs associated with accidents that are determined as drivers fault will be deducted from driver's checks. Drivers at fault will be fully responsible to pay any insurance deductibles and expenses not covered. Tractor, trailer, liability and cargo deductibles are $2500.00 each.

All repairs associated with unreported accidents will be deducted from driver's checks.

Hours of Service/Log Policy & Disciplinary Actions

E-Logs are required to be certified **DAILY**. Any driver receiving HOS violations is required by company to receive a secondary/tertiary etc. E-Log training again as determined by the company.

Violation of the 11-hour driving rule	1st violation – Verbal Warning 2nd violation – Written Warning 3rd violation – 1 week suspension 4th violation – Discharge

Violation of the 11-hour driving rule

1st violation – Verbal Warning
2nd violation – Written Warning
3rd violation – 1 week suspension
4th violation – Discharge

Violation of the 14-hours on-duty rule

1st violation – Verbal Warning
2nd violation – Written Warning
3rd violation – 1 week suspension
4th violation – Discharge

Violation of the 70-hours on-duty w/in 8 days rule

1st violation – Verbal Warning
2nd violation – Written Warning
3rd violation – 1 week suspension
4th violation – Discharge

Falsification of logs

1st violation – Verbal Warning
2nd violation – Written Warning
3rd violation – 1 week suspension
4th violation – Discharge

If a driver does not have violations for a **30 day month** period the driver will move back up on step the step process. Therefore, if a driver has had a written warning he can move back to the verbal warning step if no violations are found during the following month for any similar violations. This provides the driver with an incentive to comply with company and regulatory requirements.

Receipt for Amendment to Work Rules for Hours of Service Violations

I acknowledge that I have been issued these *Work Rules* of
 I agree to read it fully, to be responsible for the information it contains and to abide by all policies and instructions herein. **Company Safety Policy is subject to change without notice**

Signature: _simon fernandez (Mar 12, 2024 10:54 CDT)_   Date: 03/12/24

Maintenance Policy & Disciplinary Actions

To improve our roadside inspection scores each owner operator/independent contractor is required to do the following:

1. Owner operators/independent contractors are required to complete an Inspection Repair and Maintenance Form each month. The form must contain all repairs and maintenance that were performed during the month. The form must be received by the first Friday of each month. Failure to turn in the form will result in no dispatching of freight until the form is received. All receipts must be copied and provided as proof of repair.

2. Each owner operators/independent contractors are required to complete an annual inspection, which meets the requirement of Appendix G of Part 396.17 of the FMCSR's, on each truck and trailer that operates for

3. each quarter. The inspection(s) must be received by the first Friday of each quarter. Failure to turn in the form will result in no dispatching of freight until the form is received.

Receipt for Amendment to Work Rules for Maintenance

I acknowledge that I have been issued these Work Rules of **BRZ** I agree to read it fully, to be responsible for the information it contains and to abide by all policies and instructions herein.

Signature: _simon fernandez (Mar 12, 2024 10:54 CDT)_   Date: 03/12/24

Receipt of controlled substance and alcohol testing policy manual

I, (print drivers name) _____Simon Fernandez Valentin_____, certify that I have received, read, and understand the controlled substance and alcohol policy issued by BRZ.

 I further accept and consent to the provisions thereof.

I hereby accept this policy as condition of employment. I also understand that I will be required to take and successfully pass urine controlled substance tests as a condition of employment. I agree to comply with all the requirements of the Federal Motor Carrier Safety Regulations Parts 382 and 40 and that failure to do so are grounds for termination of my employment.

Driver Signature: simon fernandez (Mar 12, 2024 10:54 CDT)   **Date:** 03/12/24

Company Rep: Safety BRZ (Mar 13, 2024 09:25 CDT)   **Date:** 03/12/24

CELL PHONE POLICY

FMCSA passed the final rule on cell phone use for drivers of Commercial Motor Vehicles (CMV) effective January 3, 2012. This rule restricts a CMV driver from holding a mobile telephone to conduct a voice communication and from dialing a mobile telephone by pressing more than a single button. This law also restricts the use of push to talk (Nextel type) phones.

Limiting the use of cell phones, including texting and hands free devices, to times when we are not operating a motor vehicle, will reduce exposure to accidents and injuries.

BRZ has adopted the following policy effective immediately.

Even though cell phone use is allowed with a hands free device it is our company policy that drivers not talk on a cell phone until they are parked at a safe and legal location. A driver receiving an incoming call on a hands free device, may briefly acknowledge the incoming call and inform the caller they will call back once they have parked in a safe, legal location.

Texting is never allowed while operating a CMV.

Texting includes phone texting, pda use, satellite communications or any other existing texting communication devices.

This policy is in effect for anyone driving company owned or leased equipment for **BRZ** Violations of this policy may result in disciplinary actions, up to and including termination.

DRIVER SIGNATURE simon fernandez (Mar 12, 2024 10:54 CDT)   **DATE** 03/12/24

Receipt of Hours of Service Policy

I, (print drivers name) _____Simon Fernandez Valentin_____, certify that I have received, read, and understand the Hours of Service Policy issued by **BRZ**

I hereby accept this policy as condition of employment. I also understand that I will be required to follow this policy and that failure to do so are grounds for termination of my employment.

Driver Signature: _____ Date: 03/12/24
simon fernandez (Mar 12, 2024 10:54 CDT)

Company representative: _____ Date: 03/12/24
Safety BRZ (Mar 13, 2024 09:25 CDT)

Receipt of vehicle inspection procedures manual

I, (print drivers name) _____Simon Fernandez Valentin_____, certify that I have received, read, and understand the vehicle inspection procedures manual issued by BRZ

Driver Signature: _____*SimnF.V*_____
simon fernandez (Mar 12, 2024 10:54 CDT)
Date: _03/12/24_

Company representative: Safety BRZ (Mar 13, 2024 09:25 CDT)
Date: _03/12/24_

Amendment to company policy

We at BRZ as a trucking company operate under and follow the DOT Rules and Regulations with no exceptions. The new Safety Measurement System helps identify and monitor safety problems. Due to the high number of violations that occurred in the last few months we are amending our Company Safety Policy. These new rules are addition to the Company Safety Policy and will be in effect starting the tenth of June 2013

Company is accepting new policy for identifying specific types of unsafe behaviors that exists and set of interventions that will address these unsafe behaviors.

All drivers that will receive **CLEAN** (no violations of ANY kind) Driver/Vehicle Examination Report will be rewarded as follows:

- Level 1 - **$400.00**

- Level 2 - **$300.00**

- Level 3 - **$200.00**

If a driver brings 3 clean inspections in a period of 2 months will receive additional $1000.00 as a bonus

All drivers that will violate <u>ANY</u> out of service order, operating CMV under influence or possession of controlled substances will be fined **$2000.00** and/or terminated upon review

All drivers that are issued with <u>ANY</u> out of service violations for HOS will be fined **$1000.00** and/or terminated upon review

All drivers that are issued with <u>ANY</u> HOS violation but not put out of service will be fined **$500.00** and will be subject to HOS rules retraining

All drivers that are issued with failing to retain previous 7 days, record of duty status not current, no driver record of duty status will be fined **$250.00** and subject to HOS rules retraining.

All drivers that are issued with <u>ANY</u> violation for general/form and manner will be fined **$100.00** and verbal warning

All drivers that are issued with <u>ANY</u> out of service violation, violations for cell phone usage, texting, reckless driving, any moving violation or seat belt violation will be fined **$500.00** and subject for retraining

All drivers with violations for illegal parking, driving without medical certificate present, missing any paperwork that is required by the DOT or not conducting a Pre-Trip Inspection will be fined **$250.00**

If a driver has more than one violation in a period of one month, the fine for the second one will be double and/or terminated upon review

I, (print drivers name) _____Simon Fernandez Valentin_____, certify that I have received, read, and understand the **Amendment to company policy** issued by Royal 3 Inc.

DriverSignature: _____ Date: _____03/12/24_____

simon fernandez (Mar 12, 2024 10:54 CDT)

Company representative: _____ Date: _____03/12/24_____

Safety BRZ (Mar 13, 2024 09:25 CDT)

Riki Transportation Inc d/b/a BRZ
8225 Leclaire Ave, Burbank, IL 60459
Office **|** Fax: (708)303-5150, (630)485-6980
Email: safety@rtbrz.com

AMENDMENTS TO THE COMPANY POLICY
PECUNIARY FINE FOR THE LATE DELIVERIES

Riki Transportation Inc. dba BRZ enacts these amendments to the Company Policy in order to ensure maximum safety and security of its employees, equipment, and any third persons that may be affected by the vehicle operation.

Any use or misuse of the vehicle that may result in the late delivery, late pick-ups, or any other manner that can harm the company reputation or can have a negative impact on the financial status of the company will be sanctioned immediately by imposing pecuniary fines in the amount up to **$250 (two hundred and fifty dollars)** upon the driver responsible for such actions.

These pecuniary fines shall be imposed by the Safety Department stating the cause of the fine, amount of the fine, date of the event that led to the fine and delivered in writing by an email, mail, or any other feasible means that can duly notify the driver of the imposed sanction.

After issuing the fine and notifying the driver, Safety Department shall mandate the Accounting Department to deduct the amount of the fine on the first following driver's paycheck.

Any and all fees, penalties, or other financial sanctions imposed by the broker, receiver, shipper, agent, or any third party involved in the transport of the goods shall be borne by the driver responsible for such actions.

By signing this document driver acknowledges that he read, understood and agreed to be bound by these Amendments to the Company Policy.

These Amendments to the Company Policy are effective immediately and shall step in full legal force as of May, 24th 2021.

In Chicago, IL   **Driver**

Date_03/12/24_____   Simon Fernandez Valentin
                                                                              _____
                                                                              First and Last Name

                                                                              Simon F. V
                                                                              simon fernandez (Mar 12, 2024 10:54 CDT)
                                                                              _____
                                                                              Signature

VACATION POLICY

Drivers must submit Request for vacation and report vacation dates **2 weeks in advance** to the Safety office.

- When a Driver is on the road for **4** weeks, he is allowed to take **1 week** or **7 days** of vacation.
- When a Driver is on the road more than **4** weeks, the number of vacation days is calculated respectively to the days on the road. *Example: 5 weeks OTR means 8 days of vacation*.
- If Driver is on the road less than 4 weeks, Driver must specify the reasons for vacation, and Company can make an exception in case of an urgent reason to approve a premature vacation.

In order for a Driver to be approved to go on a vacation **by truck**, he must be on the road at least: **___ months**, or if the Company approves it in certain cases. For approval to go on vacation with a truck, it is mandatory to contact the Safety office.

START DATE of vacation must be MONDAY or TUESDAY unless Company approves otherwise. Driver will update the Safety office if any changes happen prior to the vacation START date.

RETURN ON DUTY DATE must be the exact date when Driver notified the Company. RETURN DATE can be only from Monday to Thursday. Driver can not return on duty on Friday, Saturday, or Sunday. The Driver cannot make any changes in the **RETURN date**. If the driver wants to take more time off, it is mandatory to contact the Company before vacation time begins minimum 2 weeks. If the Company approves more vacation time, Driver will use that part of time deducted from next vacation.

The Company CAN delay vacation **START DATE** in circumstances such as:
- No loads coming towards Chicago.
- Truck malfunction

In these cases, the company and driver are setting a new vacation start date.

Driver can only go on vacation **AFTER** he delivers his final load. There will not be exceptions.

Before vacation starts Drivers' obligation is to:
- Clean inside the cabin.
- Clean fridge & microwave.
- Shut down the inverter.
- Remove belongings (clothes, food, etc..) unless the Company approve that drivers' belongings can stay inside the vehicle.
- Report any damages on the truck & trailer to the Fleet Manager.
- Update safety office & shop for any engine codes and maintenance of the truck & trailer.
- If the vacation time starts on the weekend, it is the driver's responsibility to update and communicate with the safety office what are the next steps.

Any changes not reported to the safety office will result in disciplinary action and/or fines.

Note: Keep in mind that we can hold assigned trucks to drivers for maximum **1 weeks**.
Requests for vacation are from Monday-Friday 8am-5pm, **call Safety Office** on 630-485-7370 ext. 204; or **message on number** (321) 247-8001

Driver sign & Date   Company representative

simon fernandez (Mar 12, 2024 10:54 CDT)

03/12/24

Safety BRZ (Mar 13, 2024 09:25 CDT)

POLÍTICA DE VACACIONES

Los conductores deben enviar la Solicitud de vacaciones e informar las fechas de las vacaciones con 2 semanas de anticipación a la oficina de Seguridad.

- Cuando un conductor está en la carretera durante 4 semanas, se le permite tomar 1 semana o 7 días de vacaciones.
- Cuando un conductor está en la carretera más de 4 semanas, el número de días de vacaciones se calcula respectivamente para los días en la carretera. Ejemplo: 5 semanas OTR significa 8 días de vacaciones.
- Si el Conductor está en la carretera menos de 4 semanas, el Conductor debe especificar los motivos de las vacaciones y la Compañía puede hacer una excepción en caso de un motivo urgente para irse de vacaciones prematuras.

Para que un Conductor sea aprobado para salir de vacaciones en camión, debe estar en la carretera al menos: __ meses, o si la Compañía lo aprueba en ciertos casos.

Para obtener la aprobación para ir de vacaciones con un camión, es obligatorio comunicarse con la oficina de Seguridad.

La FECHA DE INICIO de las vacaciones debe ser LUNES o MARTES a menos que la Compañía apruebe lo contrario. El conductor actualizará la oficina de seguridad si ocurre algún cambio antes de la fecha de INICIO de vacaciones.

LA FECHA DE DEVOLUCIÓN DE SERVICIO debe ser la fecha exacta en que el Conductor notificó a la Compañía. La FECHA DE REGRESO solo puede ser de lunes a jueves. El conductor no puede regresar de servicio los viernes, sábados o domingos. El Conductor no puede realizar ningún cambio en la fecha de REGRESO. Si el conductor desea tomarse más tiempo libre, es obligatorio contactar a la Compañía antes de que comience el tiempo de vacaciones mínimo 2 semanas. Si la Compañía aprueba más tiempo de vacaciones, el Conductor utilizará esa parte del tiempo deducida de las próximas vacaciones.

La Compañía PUEDE retrasar la FECHA DE INICIO de las vacaciones en circunstancias tales como:

- No hay cargas que vengan hacia Chicago.
- Mal funcionamiento del camión

En estos casos, la empresa y el conductor establecen una nueva fecha de inicio de vacaciones.
El conductor solo puede irse de vacaciones DESPUÉS de entregar su carga final. No habrá excepciones.
Antes de que comiencen las vacaciones, la obligación del conductor es:

- Limpiar el interior de la cabina.
- Limpiar el frigorífico y el microondas.
- Apague el inversor.
- Retire las pertenencias (ropa, comida, etc.) a menos que la Compañía apruebe que las pertenencias de los conductores puedan permanecer dentro del vehículo.
- Informe cualquier daño en el camión y el remolque al administrador de flota.
- Actualice la oficina y la tienda de seguridad para conocer los códigos de motor y el mantenimiento del camión y el remolque.
- Si el tiempo de vacaciones comienza el fin de semana, es responsabilidad del conductor actualizar y comunicar con la oficina de seguridad cuáles son los próximos pasos.

Cualquier cambio que no se informe a la oficina de seguridad resultará en una acción disciplinaria y / o multas.

Nota: Tenga en cuenta que podemos retener los camiones asignados a los conductores durante un máximo de 1 semana. Las solicitudes de vacaciones son de lunes a viernes de 8 a. M. A 5 p. M., Llame a la Oficina de seguridad al 630-485-7370 ext. 204; o mensaje al número (321) 247-8001

LIABILITY FORM

I,   Simon Fernandez Valentin   Hereby agree to be held responsible for any damage that occurs to the truck or trailer due to improper maintenance and Pre-trip Inspections (PTI's) or lack of such. I shall also be held liable for any faulty discovered during a DOT inspection due to the improper or lack of Pre-trip Inspections.

With my signature below, I affirm that I am responsible for maintaining my truck and trailer and assuring that everything is working properly. I have a clear understanding that failure to perform PTI's and maintain my truck will result in a:

CORRECTIVE ACTION PLAN, compromised of

- Three written warnings, or

- Two moving violations

I fully comprehend that once I receive all three written warnings or two moving violations, the company will end my employment.

simon fernandez (Mar 12, 2024 10:54 CDT)   03/12/24

Driver Signature and date

Safety BRZ (Mar 13, 2024 09:25 CDT)   03/12/24

Company Representative Signature and date

Enrollment and Beneficiary Designation Form

Occupational Accident Insurance

ZURICH®

Zurich American Insurance Company
1299 Zurich Way
Schaumburg, Illinois 60196-1056

MOTOR CARRIER INFORMATION (Please print)	
Name of Motor Carrier: **Riki Transportation Inc d/b/a BRZ**	Contact Name: **Radoslav Kovacevic**
Address: **8225 Leclaire Ave**	Telephone: **+1 973 563 3159**
City: **Burbank** State: **IL** Zip: **60459**	Email Address: **Safety@rtbrz.com**
Effective Date of Your Contract: 03/12/24	

INDIVIDUAL DRIVER INFORMATION (Please print)

Name: Simon Fernandez Valentin	FEIN Number: ☐ None
Address: 1008 Symmes Ave, Hamilton, OH 45015	CDL Number: UX272966
City: State: Zip:	Number of Years Experience: 4+
Date of Birth: 08/06/81 ☑Male ☐Female	Height: 5'-04 Weight: n/a
Home Phone: 17322073971 Cell Phone: 17322073971	Email Address: Simonvfer@hotmail.com
Beneficiary: Joselin Fernandez - 732-672-2800	
Relationship to Beneficiary: daughter	

GENERAL INFORMATION

YOU ARE NOT ELIGIBLE FOR COVERAGE IF YOU ARE AN EMPLOYEE DRIVER

1. Do you own and operate your own truck? ☐ Yes ☒ No

2. Do you operate a truck under a lease to purchase plan? ☐ Yes ☒ No

3. Do you operate a truck as a 1099 contract driver, but do not own or lease the truck? ☒ Yes ☐ No

   If Yes, for whom?   Trio Group LLC

4. Do you operate a truck as part of a team or as a co-driver? ☐ Yes ☒ No

   If Yes, with whom?

5. Equipment type: ☒ Box ☐ Flatbed ☐ Intermodal ☐ Tanker ☐ Refrigerated ☐ Dump ☐ Straight Truck

   ☐ Other, please specify:

6. Have you filed a workers' compensation or occupational accident claim in the past 3 years? ☐ Yes ☒ No

   If Yes, please explain:

7. Are you covered under any other medical and/or disability insurance plan? ☐ Yes ☒ No

   If Yes, name of insurance carrier:

INSURANCE FRAUD WARNING

Any person who with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, or conceals information for the purpose of misleading, is guilty of insurance fraud and is subject to criminal and/or civil penalties.

I understand and hereby acknowledge the following:

1. The Occupational Accident coverage provided is not a contract for Statutory Workers' Compensation Insurance and neither I nor the Motor Carrier above can become participants in the Workers' Compensation system by purchasing this insurance;
2. I certify that I am actively at work at least 30 hours per week for the Motor Carrier above and meet the eligibility requirements under the Policy. I understand that if I am not eligible, no benefits will be paid and this coverage will be cancelled and premiums returned;
3. I certify that I am an independent contractor and receive a 1099 tax form. I further certify that I am not an employee and do not receive a W-2 tax form. I understand coverage will be terminated and no benefits paid if I am an employee;
4. I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or any other organization, institution or person that has any records, including any medical records to furnish such information or copies of records to Zurich American Insurance Company, the Motor Carrier or the Motor Carrier's designee. A photographic copy of this authorization shall be as valid as the original;
5. I certify to the best of my knowledge and belief that all information on this form is complete and truthful; and
6. I authorize the above named Motor Carrier with whom I have a contract, to take monthly deductions, equal to my premiums, from my settlement account on my behalf, and to remit these funds to Zurich American Insurance Company or its appointed agent. I understand that the cost of the insurance is my sole obligation and responsibility regardless of the above arrangement.

Driver's Signature: _simon fernandez (Mar 12, 2024 10:54 CDT)_ Date: 03/12/24

Motor Carrier Representative: _Safety BRZ (Mar 13, 2024 09:25 CDT)_ Phone/Fax Number: 630 485-7370 630 485-6980

DRUG & ALCOHOL CLEARINGHOUSE
CONSENT FOR LIMITED QUERIES

NOTICE TO DRIVER: The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed such a violation or not, each motor carrier for whom you drive is required to check whether the Clearinghouse has any information about you, both at the time of hire and annually. When conducting an annual inquiry, the motor carrier has the option to request a "limited" report that *only* indicates whether the Clearinghouse has any information about you; it does not release any violation or testing information. Before a motor carrier may request a limited report, they must have your written authorization, per §382.701(b). This authorization may be valid for more than one year. If a limited query ever reveals that the Clearinghouse has information about you, you will be required to log in to the Clearinghouse website within 24 hours to grant electronic consent for the motor carrier to obtain your full Clearinghouse record.

NOTICE TO MOTOR CARRIER: This consent form authorizes you to run a "limited query" to check whether the Clearinghouse has information about the driver identified below. If it does, then you must obtain a full Clearinghouse record within 24 hours, per §382.701(b). This consent form must be retained until 3 years after the date of the last limited query you perform for this driver, based on the authorization below.

AUTHORIZATION

I, _____**Simon Fernandez Valentin**_____, hereby authorize
(Driver's printed name)

Riki Transportation Inc dba Royal 3, Inc
(Name of motor carrier)

to conduct limited annual queries of the FMCSA's Drug & Alcohol Clearinghouse, to determine if a Clearinghouse record exists for me. This consent is valid from the date shown below until my employment with the above-named motor carrier ceases or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the above-named motor carrier.

I understand that if any limited query reveals that the Clearinghouse contains information about me, I must grant electronic consent within 24 hours, via the Clearinghouse website, for the motor carrier to obtain my full Clearinghouse record. Refusal to provide such consent will result in my removal from safety-sensitive duties.

Driver's Signature: ___*Simon F. V*_____
simon fernandez (Mar 12, 2024 10:54 CDT)

ID Number: __UX272966_____   Date: ___03/12/24_____

Authorization to Obtain Motor Vehicle Record

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. Certifies that the undersigned is an employee, or has applied to become an employee of the below named employer in a position which involves the operation of a motor vehicle and the undersigned gives his or her consent to the release of their driving record (MVR) for review by:

    ### *Riki Transportation Inc d/b/a BRZ*

    Name of Employer or Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.

3. That all information presented in this form is true and correct. The undersigned makes this certification and affirmation under penalty of perjury and understands that knowingly making a false statement or representation on this form is a criminal violation.

Name of Employee/potential employee: __Simon Fernandez Valentin__

Print name as it appears on driver's license

License Number & State: __UX272966__   OH__

Date of Birth: 08/06/81

Signature of employee/potential employee: _Simon F V_
simon fernandez (Mar 12, 2024 10:54 CDT)

Date: __03/12/24__

Employer Authorized Representative Name: __Mateja Markovic__

Authorized Representative Signature: ____
Safety BRZ (Mar 13, 2024 09:25 CDT)

Date: __03/12/24__

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____Riki Transportation Inc._____ ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

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

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

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

I authorize Riki Transportation Inc.("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _03/12/24_____

Simon F. V
simon fernandez (Mar 12, 2024 10:54 CDT)
_____

Signature

Simon Fernandez Valentin
_____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 12/22/2015

Form **W-9**

(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer
Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Simon Fernandez Valentin

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

- ☑ Individual/sole proprietor or single-member LLC
- ☐ C Corporation
- ☐ S Corporation
- ☐ Partnership
- ☐ Trust/estate

- ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

- ☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

1008 Symmes Ave,

6 City, state, and ZIP code

Hamilton, OH 45015

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I — Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

1 4 9 - 2 3 - 3 3 8 8

or

Employer identification number

☐☐ - ☐☐☐☐☐☐☐

Part II — Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶ *Simon F. V*
simon fernandez (Mar 12, 2024 10:54 CDT)

Date ▶ 03/12/24

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)

- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)

- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

- Form 1099-S (proceeds from real estate transactions)

- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

- Form 1099-C (canceled debt)

- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Cat. No. 10231X

Form **W-9** (Rev. 11-2017)

Signature: _Simon F. V_
simon fernandez (Mar 12, 2024 10:54 CDT)

Email: simonvfer@hotmail.com

Signature: _[signature]_
Safety BRZ (Mar 13, 2024 09:25 CDT)

Email: safety@rtbrz.com

GENERAL RELEASE

BE IT KNOWN, that _Simon Fernandez Valentin_ (hereinafter referred to as "**Releasee**"), for and in consideration of the sum of zero dollars of ($0,0) Dollars of truck damages, and other valuable consideration received from or on behalf of BRZ, (hereinafter referred to as "**Releasor**"), the receipt of which is hereby acknowledged, does hereby remise, release, acquit, satisfy, and forever discharge the said Releasor, of and from all manner of actions, causes of action, suits, debts, covenants, contracts, controversies, agreements, promises, claims and demands whatsoever including, but not limited to any wages or other further compensation, which Releasee ever had, now has, or which any personal representative, successor, heir or assign of said Releasee, hereafter can, shall or may have, against said Releasor, by reason of any matter, cause or thing whatsoever, from the beginning of time to the date of this instrument.

Releasee hereby acknowledges and represents to be fully paid and reimbursed for all and each salary including but not limited to wages or other forms of compensation which Releasee ever had, now has, or which any personal representative, successor, heir or assign of said Releasee, hereafter can, shall or may have, against said Releasor, by reason of any matter, cause or thing whatsoever, from the beginning of time to the date of this instrument.

IN WITNESS WHEREOF, the said Releasee has here unto set hand and seal this on a date _____. Signed, sealed and delivered in the presence of undersigned representative of the Releasor

RELEASOR	**RELEASEE**
[signature] Safety BRZ (Mar 13, 2024 09:25 CDT)	_Simon F. V_ simon fernandez (Mar 12, 2024 10:54 CDT)

DQ_FILE BRZ Simon Fernandez Valentin

Final Audit Report   2024-03-13

Created:	2024-03-12
By:	Mateja Markovic (matt@royal3inc.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAWCihEopNB0brf9WuCsLPMQOUD6pIUYq2

"DQ_FILE BRZ Simon Fernandez Valentin" History

Document created by Mateja Markovic (matt@royal3inc.com)
2024-03-12 - 2:07:18 PM GMT- IP address: 50.76.79.115

Document emailed to simon fernandez (simonvfer@hotmail.com) for signature
2024-03-12 - 3:50:26 PM GMT

Email viewed by simon fernandez (simonvfer@hotmail.com)
2024-03-12 - 3:52:03 PM GMT- IP address: 140.248.0.1

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Signature Date: 2024-03-12 - 3:54:59 PM GMT - Time Source: server- IP address: 174.228.64.116

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2024-03-12 - 4:16:24 PM GMT- IP address: 74.125.212.69

Document e-signed by Safety BRZ (safety@rtbrz.com)
Signature Date: 2024-03-13 - 2:25:57 PM GMT - Time Source: server- IP address: 50.76.79.115

Agreement completed.
2024-03-13 - 2:25:57 PM GMT

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