

Florida

CDL



USA



[Signature]

A223-100-81-164-1

AUGUSTIN
CLAUDY
18621 NW 11TH PL
MIAMI FL 33169

DOB 05/04/1981 SEX M

EXP 05/04/2029 HGT 5'-06"

REST B EMO NONE

ISS 04/28/2021

DD S0321002/0111

REPLACED 09/24/2021

Operation of a motor vehicle constitutes
consent to any sobriety test required by law.



under company GIS Transport LLC

SSN # updated on Monday

Driver Information / Información sobre el conductor

The driver fills in below.				ER fills:									
First name / Primer Nombre	Abudy												
Middle name / Segundo nombre													
Last name / Apellido	Augustin												
Social Security Number / Numero de Seguro Social	<table border="1"><tr><td>7</td><td>6</td><td>8</td><td>5</td><td>2</td><td>4</td><td>9</td><td>6</td><td>5</td></tr></table>			7	6	8	5	2	4	9	6	5	
7	6	8	5	2	4	9	6	5					
Street Address / Dirección													
City / Ciudad		State / Estado		ZIP									
How many years at this address? / Cuántos años en esta dirección?													
Previous address/ Dirección anterior													
How many years at this address? / Cuántos años en esta dirección?													
Telephone / Teléfono													
Email address / Correo electrónico	Claudy.augustin@hotmail.com												
Emergency Contact / Contacto de Emergencia	Berna D Cousin	Relation / Relacion	(954) 548-6963										

Drivers Signature: Firma del Conductor

Safety Officer:

Date / Fecha: __/__/____

Date / Fecha: __/__/____

Employer / Empleador		From / De	___/___/___	To / a	___/___/___
Address / La dirección	* Full address, Street, City, State, ZIP / Dirección Código4, Calle, Ciudad, Estado, Codi4go postal				
Phone / Teléfono		Supervisor			
Position / Posición		Reason for leaving / Razón para irse			
Were you subject to the FMCSRs while employed? / ¿Estuvo sujeto a los FMCSR mientras estaba empleado?					YES NO
Was your job designed as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? / ¿Su trabajo fue diseñado como una función sensible a la seguridad en cualquier modo regulado por el DOT sujeto a los requisitos de pruebas de drogas y alcohol de 49 CFR Parte 40?					YES NO

Employer / Empleador		From / De	___/___/___	To / a	___/___/___
Address / La dirección	* Full address, Street, City, State, ZIP / Dirección Codigo4, calle, Ciudad, Estado, C4ódigo postal				
Phone / Teléfono		Supervisor			
Position / Posición		Reason for leaving / Razón para irse			
Were you subject to the FMCSRs while employed? / ¿Estuvo sujeto a los FMCSR mientras estaba empleado?					YES NO
Was your job designed as a safety sensitive function in any DOT regulated mode subject to the drug & alcohol testing requirements of 49 CFR Part 40? / ¿Su trabajo fue diseñado como una función sensible a la seguridad en cualquier modo regulado por el DOT sujeto a los requisitos de pruebas de drogas y alcohol de 49 CFR Parte 40?					YES NO

Drivers Signature:

Safety Officer:

Date / Fecha: ___/___/___

Date / Fecha: ___/___/___

Request for Taxpayer Identification Number and Certification

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

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

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. <u>Chudin Augustin</u>	
2 Business name/disregarded entity name, if different from above <u>GJS Transport LLC</u>	
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. <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <u>19021 NW 114th PL</u>	Requester's name and address (optional)
6 City, state, and ZIP code <u>Miami, FL 33109</u>	
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	
768	52-4965
or	
Employer identification number	
81	-4564525

Part II Certification

Under penalties of perjury, I certify that:

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

Date ▶

3/17/25

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.

ROADSIDE CLEAN INSPECTION REWARDS POLICY

To encourage and recognize the good safety performance, effective Date 01/01/2024, BRZ
will reward all drivers whose inspection report results on **NO VIOLATIONS DISCOVERED**.

NO VIOLATIONS DISCOVERED MEANS:

1. NO VIOLATIONS.
2. NO WARNINGS.
3. NO TICKETS.
4. NO ACCIDENTS.

JUST BECAUSE YOU GET A WARNING DOES NOT MEAN IT IS A CLEAN INSPECTION. THERE CAN BE NO VIOLATIONS ON THE INSPECTION REPORT!

Please take note of the following policies:

1. Level 1 clean inspection - \$400.00
2. Level 2 clean inspection - \$300.00
3. Level 3 clean inspection - \$200.00

1. The Reward and Recognition Policy will acknowledge performance and initiatives at Company, team, and individual levels.
2. Reward methods will be used to align individual performance and corporate objectives.
3. Rewards will be designed to encourage individuals to behave in ways that support the company's values.

To be eligible for the Roadside Clean Inspection Rewards Policy, you must have a result of zero violations reported on the Driver/ Vehicle Inspection Report performed by DOT.

Date: 3/17/25

Safety Manager: Griseida Paniagua

Driver: Claudio

ROADSIDE VIOLATION ACCOUNTABILITY POLICY

Effective Date **01/01/2024**, BRZ will implement multiple changes to the company policy in order to address Unsafe Driving violations and violations that could have reasonably been detected or prevented through a proper pre-trip and/or post-trip inspection. We believe in clear and straightforward consequences for the benefit of all team members.

Please take note of the following policies:

A. First offense: Any driver who receives a violation on a roadside inspection report, the following Schedule of Fines is in effect.

1. Any violation with a point total of 1 – 5 as indicated in FMCSA's SMS Methodology Appendix A, will result in a written warning and a \$100.00 fine.
2. Any violation with a point total of 6 – 8 as indicated in FMCSA's SMS Methodology Appendix A, will result in a written warning and a \$250.00 fine.
3. Any violation with a point total of 9 - 10 as indicated in FMCSA's SMS Methodology Appendix A, will result in a written warning and a \$500.00 fine.

B. Second offense: First offense: Any driver who receives a violation on a roadside inspection report, the following Schedule of Fines is in effect.

1. Any violation with a point total of 1 – 5 as indicated in FMCSA's SMS Methodology Appendix A, will result in a written warning and a \$200.00 fine.
2. Any violation with a point total of 6 – 8 as indicated in FMCSA's SMS Methodology Appendix A, will result in a written warning and a \$500.00 fine.
3. Any violation with a point total of 9 - 10 as indicated in FMCSA's SMS Methodology Appendix A, will result in a written warning and a \$1000.00 fine.

C. Third offense: TERMINATION.

Each step in the corrective action plan listed should be documented and placed in the driver's permanent company file.

If the violation noted on the roadside inspection includes the issuance of a citation by an officer for that offense, the penalties listed above will still apply until the citation has been adjudicated in the appropriate court. If the charge is reduced to a non-moving violation or dismissed and removed from the inspection, the driver will be refunded the amount of the fine. It is the driver's responsibility to ensure the citation is challenged in court and to obtain the appropriate documentation to have the citation removed from the inspection. If the company hires an attorney, the driver is responsible for all legal fees.

FMCSA's SMS Methodology Appendix A is attached to this policy. Review the attachment as necessary to determine the point total associated with each violation.

Date: 3/17/25

Driver: G. Claudio

Safety Manager: Griseida Paniagua