VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

APPLICATION FOR DRIVER'S

NOTE TO APPLICANT: The information you supply will be used, and your previous employers will be contacted for the purpose of investigating your safety performance history information as required by section

391.23 of the FMCSRS

DATE _____

NAME_____ PHONE _____
FIRST MIDDLE LAST

CURRENT ADDRESS _____
STREET CITY ZIP YEARS AT ADDRESS

If at the above address for less than 3 years, list below residence for the past 3 years. Attach a separate sheet if necessary.

STREET CITY STATE ZIP YEARS AT ADDRESS

_____

STREET CITY STATE ZIP YEARS AT ADDRESS

POSITION APPLYING FOR: _____ RATE FOR PAY EXPECTED _____

WHO REFERRED YOU? _____ WHEN ARE YOU AVIALABLE FOR WORK? _____

NAME OF ANY RELATIVES EMPLOYED BY THIS COMPANY _____

EDUCATION – TRAINING – AWARDS

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 COLLEGE 1 2 3 4

LAST SCHOOL ATTENDED _____
NAME ADDRESS

LIST SPECIAL CAUSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

_____

_____

GENERAL

HAVE YOU EVER BEEN DENIED A BOND? _____ IF SO WHEN _____

HAVE YOU EVERBEEN CONVICTED OF A CRIME OTHER THAN TRAFFIC VIOLATIONS _____

IF YES, EXPLAIN _____

_____

HISTORYOF EMPLOYMENT

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

FILL OUT COMPLETELY AND ANSWER ALL QUESTIONS. DOT REGULATIONS REQUIRE THAT COMMERCIAL MOTOR VEHICLE OPERATORS APPLYING FOR WORK MUST PROVIDE AT LEAST TEN YEARS PRIOR WORK HISTOR. DO NOT LEAVE GAPS TETWEEN EMPLOYMENT DATES. IF UNEMPLOYED, SO STATE AND GIVE DATES. IF SELF EMPLOYED, GIVE PERSONS (S) THAT CAN VERIFY.

ATART WITH YOUR LAST OR CURRENT POLSITION. INCLUDING MILITARY EXPERIENCXE, AND WORK BACK (ATTACH A SEPARATE SHEET IF NECESSARY).

COMPANY: _____ SUPERVISORS NAME: _____

ADDRESS: _____ PHONE _____

POSITION HELD: _____ FROM: _____ TO _____ PAY: _____
MONTH / YEAR MONTH / YEAR

WERE YOUSUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB _____ YES _____ NO

WAS THE JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCHOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? _____ YES _____ NO

REASON FOR LEAVING: _____

COMPANY _____ SUPERVISORS NAME _____

ADDRESS_____ PHONE (_____) _____

POSITION HELD: _____ FROM _____ TO _____ PAY _____

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? _____ YES _____ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCHOHOL AND CONTROLLEDSUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? _____ YES _____ NO

REASONS FOR LEAVING: _____

COMPANY _____ SUPERVISORS NAME _____

ADDRESS: _____ PHONE: (_____) _____

POSITION HELD: _____ FROM _____ TO _____ PAY _____
MONTH/YEAR MONTH/YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? _____ YES _____ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCHOHOL AND CONTROLLEDSUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? _____ YES _____ NO

REASONS FOR LEAVING: _____

COMPANY _____ SUPERVISORS NAME _____

ADDRESS: _____ PHONE: (_____) _____

POSITION HELD: _____ FROM _____ TO _____ PAY _____
MONTH/YEAR MONTH/YEAR

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? _____ YES _____ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCHOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40? _____ YES _____ NO

REASONS FOR LEAVING: _____

COMPANY _____ SUPERVISORS NAME _____

ADDRESS: _____ PHONE: (_____) _____

POSITION HELD: _____ FROM _____ TO _____ PAY _____
MONTH/YEAR MONTH/YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? _____ YES _____ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCHOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40?
_____ YES _____ NO

REASONS FOR LEAVING: _____

COMPANY _____ SUPERVISORS NAME _____

ADDRESS: _____ PHONE: (_____) _____

POSITION HELD: _____ FROM _____ TO _____ PAY _____
MONTH/YEAR MONTH/YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? _____ YES _____ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCHOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40?
_____ YES _____ NO

REASONS FOR LEAVING: _____

COMPANY _____ SUPERVISORS NAME _____

ADDRESS: _____ PHONE: (_____) _____

POSITION HELD: _____ FROM _____ TO _____ PAY _____
MONTH/YEAR MONTH/YEAR

WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WITH THIS JOB? _____ YES _____ NO

WAS THIS JOB DESIGNATED AS A SAFETY SENSITIVE FUNCTION AND SUBJECT TO DOT REGULATED ALCHOHOL AND CONTROLLED SUBSTANCES TESTING AS REQUIRED BY 49 CFR PART 40?
_____ YES _____ NO

REASONS FOR LEAVING: _____

COMPANY _____ SUPERVISORS NAME _____

ADDRESS: _____ PHONE: (_____) _____

POSITION HELD: _____ FROM _____ TO _____ PAY _____
MONTH/YEAR MONTH/YEAR

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

DRIVER LICENSE # _____ STATE ISSUING _____ EXP DATE _____ SOCIAL SECURITY # _____

_____

CDL CLASS **RESTRICCTION** **ENDORSEMENT** **DATE OF BIRTH**

DRIVING EXPERIENCE:

TYPE OF EQUIPMENT	**YEARS OF DRIVING THIS TYPE**
FLATBEDS	_____
BUSES	_____
STRAIGHT TRUCKS	_____
TRACTORS	_____
SEMI TRAILERS	_____
DOUBLES (PUPS)	_____
OTHER: _____	_____

ACCIDENTS:

Below is a list of all accidents that I have had in the previous 3 years preceding the date of this application:

DATE OF ACCIDENT **NATURE OF ACCIDENT** **INJURIES**

_____
_____
_____
_____
_____
_____

TRFFIC VIOLATIONS:

BELOW IS A LISTING OF TRAFIC VIOLATIONS OF MOTOR VEHICLE LAWS OR ORDINANCES OF WHICH I WAS CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE 3 YEARS PRECEDING THE DATE OF THIS APPLICATION (EXCLUDING PARKING VIOLATIONS):

DATE **OFFENSE** **LOCATION**

_____
_____
_____
_____
_____
_____
_____
_____

HAVE YOU EVER HAD A DENIAL, REVOCATION OR SUSPENSION OF ANY LICENSE PERMIT, OR PRIVILEGE TO OPERATE A MOTOR VEHICLE THAT HAS BEEN ISSUED TO YOU? _____ (IF YES, EXPLAIN FACTS BELOW). _____

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

This company does not discriminate based on the race, color, religion, creed, national origin, or ancestry, or on the basis of age. No questions on this application are intended to secure information to be used for such discrimination.

This application is given every consideration, but its receipt does not imply that the applicant will be accepted.

APPLICANT MUST READ AND SIGN

I certify that I have read and understand all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be conditioned on the results of a physical examination and drug test.

I further certify that I am a genuine applicant for employment and this application is being submitted solely for the purpose of seeking employment with the employer and for no other reason.

It is also agreed and understood that under the fair credit reporting Act, Public LAW 91 -508, I have been told that this investigation may include an investigative consumer report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to finish such additional information and complete such examinations as may be required to complete my driver qualification file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide my all the rules and policies of the employer.

This certifies that this application was completed by me. And that all entries on it and information in it are true and complete to the best of my knowledge.

NOTE TO APPLICANT: you have the right to review the information obtained from previous employers, to correct errors in that information and rebut perceived incorrect information. You must submit to us, within 30 days, a written request for this information.

We will have this available for you, hat our place of business, within 5days of having received the information from the previous employer. The previous employer will have 15 days to respond to your request for a correction of erroneous information. If you choose to submit a rebuttal, the previous employer has 5 days to for word the rebuttal to us (prospective employer) and they are to append a copy of the rebuttal to your permanent safety and performance history.

_____ DATE

_____ APPLICANT SIGNATUTRE

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

REQUEST /CONSENT FORM FOR INFORMATION FROM PREVIOUS EMPLOYERS

DATE _____

To: _____ _____

PREVIOUS EMPLOYER **TELEPHONE NUMBER**

_____ _____

ADDRESS **FAX NUMBER**

_____

CITY **STATE** **ZIP**

SOCIAL SECURITY NUMBER _____ _____ _____

_____ _____

APPLICANT NAME **APPLICANT SIGNATURE**THE ABOVE

SIGNED HEREBY AUTHORIZE AUTHORIZE YOU TO RELEASE INFORMATIONM AS TO MY PREVIOUS EMPLOYMENT WITH YOU COMPAN. THIS IS REQUIED BY SECTION 391.25 OF THE FEDERAL MOTOR CARRIERS' SAFETY REGLATIONS.TO:

VICTORIA CARRIERS LLC, 6967 SEEBREEZE DR, GRAND PRARIE, TX 75054 **FAX # 817 633 9064** **PHONE # 817 633 9059**

I FUTHER AUTHORIZE YOU TO RELEASE ALL INFORMATION ON MY ALCOHOL AND CONTROLLED SUBATNCES TESTING /TRAINING RECORDs AS RIQUIRED BY SECTION 382.405 (F) AND (H) OF THE FMCSR, WHICHSTATES.

A. Records shall be made available to subsequent employer upon receipts of a written request from a driver. Disclosure by the subsequent employer is permitted only as expressly authorized by the terms of the driver's request.
B. An employer shall release information regarding driver's records as directed by specific, written consent of the driver authorizing release of the information to an identified person. Release of such information by the person receiving the information is permitted only in accordance with the terms of the employer's consent.

SECTION 382.413 (B) STATES: An employer shall obtain pursuant to drivers consent information on the driver's alcohol test with a concentration result of 0.4 or greater. Positive controlled substances test results and refusals to be tested. Other violations within the preceding concentration result of .04 or greater. Positive controlled substances test results, and refusals to be rested. Other violations. Within the preceding three years. Which are maintained by the driver's previous employers. In addition, information on the return-to-work process in case of violation.

TO PREVIOUS EMPLOYER. THE ABOVE-NAMED PERSONS HAS MADE APPLICATION TO THIS COMPANY AS A DRIVER SUBJECT TO THE RULES AND REGULATIONS OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS. WE APPRECIATE THE TIME LYOU HAVE TAKEN TO COMPLETE THIS WORK VERIFICATION AND ALCOHOL & CONTROLLED SUBSTANCES RETURN TO THE ABOVE FAX NUMBER.

1 EMPLOYED FROM _____ TO _____ AS A _____

WAGES OR SALARY OF $ _____ (PLEASE VERIFY INFORMATION IS CORRECT, IF NOT CHANGE)

2 DID APPLICANT DRIVE A MOTOR VEHICLE FOR YOU _____, STRAIGHT TRUCK? _____, TRACTOR_____
BUS _____ (OTHER (PLEASE SPECIFY) _____

3 WAS APPLICANT A SAFE AND EFFICIENT DRIVER _____ ANY DOT RECORDABLE ACCIDENTS WHILE EMPLOYED _____

IF SO GIVE DETAILS FATALITY _____ INJURY _____ VEHICLE OTHER DETAILS AND/ OR OTHER ACCIDENTS:

---

4 DID APPLICANT RECEIVE ANY SAFE DRIVING AWARDS? _____ ANY DOT RECORDEBLE ACCIDENTS WHILE EMPLOYED? _____
5 REASON FOR LEAVING YOU EMPLOYER (CHECK ONE) DISCHARGED _____ LAID OFF _____ RESIIGNED _____
6 HAS THIS PERSON EVER TESTED POSITIVE LFOR A COMTROLLED SUBSTANCE IN THE LAS 2 YEARS? YES _____ NO_____
7 HAS THIS PERSON EVER HAD ALCOHOL TEST WITH BREATH ALCOHOL CONCENTRATION OF 04 OF GREATER IN THE LAST 3 YEARS?
YES _____ NO _____

8 HAS THIS PERSON REFUSED A REQUIRED TEST FOR DRUG AND ALCOHOL IN THE LAST 3 YEARS? YES _____ NO _____

9 ANY OTHER VIOLATION OF DOT AGENCY DRUG AND ALCOHOL TESTING REGULATIONS YES _____ NO _____

10 IF YES TO ANY OF THE ABOVE, HAS THIS PERSON COMPLETED A SUSTANCE ABUSE PROGRAM YES _____ NO _____

_____ _____

SIGNATURE AND TITLE OF THE PERSON RELEASING INFORMATION **DATE**

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

WORK QUESTIONNAIRE

THIS QUESTIONNAIRE IS INTENDED TO NOTIFY DRIVERS OF THE REQUIREMENTS OF 395.2 (8) (9) AS IT PERTAINS TO ON DUTY TIME.

ON DUTY TIME means all time from the time a driver begins to work or is required to be in work until the time he/she is relieved from work and all responsibility for performing work. On duty time shall include:

- Performing any other work in the capacity of or in services of a contract or private motor carrier.
- Performing any compensated work for any motor carrier entity

I HEREBY CERTIFY THAT I AM FAMILIAR WITH FMCSR 395.2 AND SPECIFICALLY WITH THE REQUIREMENTS OF PARAGRAPHS 1 AND 2. I ALSO REALIZE THAT I REALIZE TO AND WILL REPORT ANY TIME WORKED FOR OTHER PARTIES TO MY REQUIREMENTS AS STATED IN PART 395 OF THE FMCSR.

_____ _____

DRIVERS SIGNATURE DATE

_____ _____

Company Representative Date

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

Certification of Road Test

Instructions: If a road test is successfully completed (see previous form) the person who gave it shall complete a certificate of driver's road test. The original or a copy must be retained in the employing moto carrier's driver qualification file for the person examined. A copy should be given to the person who was examined.

CERTIFICATION OF ROAD TEST UNDER 49 C.F.R. 391.31

Driver's name: _____

Social Security No. _____

Operator's or Chauffer's License No. _____ State _____

Type of power unit _____

Type of trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on _____, 20___, consisting of approximately _____ miles of driving.

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

_____

(Signature of examiner)

_____

(Title)

_____

(Organization and address of examiner)

Note: This form is provided as a suggested format for certifying a driver's road test. A motor carrier may use any format for certifying road tests which complies with 391.31.

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

CERTIFICATION OF COMPLIANCE

SINGLE LICENSE REQUIREMENTS AND NOTIFICATION OF VIOLATIONS FMCSR 383.21 AND 383.31

SINGLE LICENSE RULE: "No person who operates a commercial motor vehicle shall at any time have more than one driver's license." This rule applies to all drivers' who operate a motor vehicle and is subject to the CDL requirements.

NOTIFICATION OF CONVICTION FOR DRIVER VIOLATIONS: "Each person who operates a commercial motor vehicle, who has a commercial driver's license issued by a Stat 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 State 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 the person has been convicted."

"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 violations), 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."

EFFECTIVE SEPTEMVER 1. 2009 - Texas CDL holders must notify the State and Employer of any conviction of a violation of motor vehicle laws or ordinances, within 7 days of conviction.

DRIVER CERTIFICATION:

I CERTIFY THAT I HAVE READ THE RULES PERTAINING TO SINGLE LICENSE REQUIREMENTS AND NOTIFICATION OF CONVICTIONS FOR DRIVER VIOLATIONS. I FURTHER CERTIFY THAT I ONLY HAVE ONE DRIVER'S LICENSE ISSUED TO ME AND THAT I WILL NOTIFY THE APROPRIATE PERSON(S), IF I AM CONVICTED OF ANY LAW RELATING TO MOTOR VEHICLE TRAFFIC CONTROL, OTHER THAN A PARKING VIOLATION.

THE BELOW LINE LISTED LICENSE IS THE ONLY ONE ISSUED TO ME:

Driver's License #: _____ State: _____ Expiration Date: _____

Driver's Signature: _____ Date: _____

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

ANNUAL REVIEW OF DRIVING RECORD

Name of Driver: _____

Social Security Number: _____ Date of Employment _____

INSTRUCTIONS: Review the driving record of the employee or contractor in accordance with Section 391.25 and as listed below. Each Motor Carrier shall at least once every 12 months, review the driving record of each driver it employs to determine whether the driver meets minimum requirements for safe driving or is disqualified to drive a motor vehicle pursuant to section 391.15.

In reviewing this driver's record, I have considered any evidence that the driver has violated applicable provisions of the Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I also considered the driver's accident record and any evidence that the driver has violated laws governing the operation of motor vehicles and gave weight no violation, such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

Date: _____ **Signature: _____**

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

PRE-EMPLOYMENT SUBSTANCE ABUSE TESTING

VICTORIA CARRIERS LLC enforces the Federal Motor Carrier Safety Regulations, and revisions thereof, concerning. Pre-employment Substance Abuse testing.

382.301 Pre-employment testing requirements

a) Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substances as a condition prior to being used. No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a controlled substances test result from the MRO or C/TPA indicating a verified negative rest result for that driver.

I have read and understand the above conditions for the Pre-Employment Substance Abuse Testing.

PART 40.25 (j) Pre-employment testing with other employers

I, as a perspective driver for this company, also state that I have _____ have not_____ tested positive, or refused to test, on pre-employment drug or alcohol test administered by an employer to which I have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years.

_____

APPLICANT'S NAME (PRINT)

_____ _____

APPLICANT'S SIGNATURE MONTH DAY YEAR

WITNESSED BY:

_____

COMPANY REPRESENTATIVE

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

VICTORIA CARRIERS LLC DRUG AND ALCOHOL POLICY

ISSUED PURSUANT TO DOT REGULATIONS

Introduction: Drug and alcohol abuse in the workplace is a national problem. VICTORIA CARRIERS has a strong commitment to its employees, customers, contractors, drivers, and the public, to provide a drug and alcohol-free environment.

Federal Regulations 49 CFR Parts 40 and 382 present the general terms of this program and its guidelines. VICTORIA CARRIERS has a responsibility to its employees and those who use or come in contact with its products or services, to ensure a safe and productive work environment. A driver who uses drugs or alcohol represents a hazard to himself or herself, and the general public. Therefore, consent with these commitments, VICTORIA CARRIERS has revised its policy regarding drugs and alcohol, to be in compliance with the most recent U.S. Department of Transportation (DOT) regulations, and the Federal Motor Carrier Safety Administration (FMCSA) rules and regulations.

Applicability: This policy applies to all VICTORIA CARRIERS employees and contractors who are subject to DOT regulations, including but not limited to, drivers, contract drivers, and driver applicants. All employed drivers, contract drivers, and owner operators subjected to DOT regulations, are collectively referred to in this policy as "**drivers**". This policy is effective immediately; however, this policy is subject to change, if and when the DOT issues additional or amended regulations.

Prohibited Conduct: Any VICTORIA CARRIERS driver or driver applicant that participates in the following prohibited conduct, will be found in violation of company policy. This violation will subject a driver to disciplinary action, including but not limited to, immediate termination of a driver's employment or contract. A driver or driver applicant shall not:

A) Possess, consume, sell, or purchase, any alcoholic beverage on VICTORIA CARRIERS premises (including any office, building, terminal, yard or other location at which the employee is to perform work) or in any VICTORIA CARRIERS owned or leased vehicle. This rule prohibits conjunction with any Company activity, except social or business events where a Corporate Officer has authorized the moderate consumption of Alcoholic Beverages.

B) Possess, use, sell, or transfer (whether for consideration or for free) or purchase any illegal drugs on VICTORIA CARRIERS premises (including any office, building, terminal, yard or other property owned or operated by VICTORIA CARRIERS or any other location at which the employee is to perform work) or in any VICTORIA CARRIERS owned or leased vehicle. The term illegal drug is defined to include marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP) or any other controlled substances which is not being used for a prescribed purpose and which may alter an individual's mental or physical capacity (except as permitted by Federal Highway Administration or DOT regulations).

C) Report for duty or drive while impaired by the use of any of the above mentioned illegal drugs or alcoholic beverages. The terms "impaired" or "impairment" means to be under the influence of alcohol or a drug or controlled substance, so that a driver's motor senses (sight, hearing, balance, reflex, or reaction) are adversely affected or may be presumed to be affected.

NOTE: A driver **MAY** use a drug or controlled substance **IF** it has been prescribed or administered by a licensed medical practitioner who is familiar with the driver's medical history and assigned duties, and who has advised the driver that the drug or substance will not adversely affect the driver's ability to safely operate a motor vehicle. Upon request of the Medical Review Officer (MRO), during the review of a drug test result, the burden will be upon the driver to provide proof that the controlled substance was prescribed to him/her by a licensed medical practitioner. However, abuse of a prescribed drug is prohibited.

1) ***Drug and Alcohol Testing:*** To help ensure an alcohol and drug-free workplace and to comply with DOT regulations, VICTORIA CARRIERS drivers are subject to testing for the use of drug and/ or alcohol in a manner prescribed by the DOT. Specifically, VICTORIA CARRIERS drivers will be tested in the following circumstances.

A) *Pre-employment.* All driver- applicants are subject to pre-qualification drug testing during the application process and as part of determining an applicant's qualifications under DOT regulations. Refusal to submit to such testing will render the driver- applicant medically unqualified to operate a commercial vehicle and the driver- applicant will be rejected for employment.

B) *Random.* All drivers will be subject to unannounced drug testing and will be chosen by a random selection basis as a condition of continued employment as a driver. The number of annual tests shall equal at least 50% of the average number of drivers for drug and 10% for alcohol testing. The testing should be reasonably spread through that 12-month period. Drivers must immediately proceed to the collection/testing site when the test is computerized selection process throughout the year. The Third-Party Administrator (TPA) makes random selection 4 times per year and notifies the company Designated Employee Representative (DER). The DER will notify the Driver within the selection period. When the driver is notified, they must test at that time and proceed directly to the specified collection site. The Federal Motor Carrier Safety Administration (FMCSA) does not allow testing delays due to freight delivery schedules or convenience.

C) *Reasonable Suspicion.* Where there is reasonable cause to believe a driver has reported to work or is working (including but not limited to driving) while impaired by the use of illegal drugs or alcohol, the driver will be required to submit to drug and/ or alcohol testing. A driver's conduct must have been witnessed by at least one supervisor who has been trained in the identification of actions, appearances, or conduct, of a commercial motor vehicle driver, any of which are indicative of the use of an illegal drug or alcohol. The witness will document the observed conduct within 24 hours, or before the release of the test results, whichever is earlier. Refusal to submit to periodic, random or reasonable suspicion testing will result in a driver being removed from safety sensitive positions and subject to disciplinary action, including but not limited to the immediate termination of employment or contract.

D) *Post-accident.* Any driver who is involved in a reportable accident as described or defined by the DOT, must submit to drug and/ or alcohol testing as provided by the DOT regulations. As soon as practicable following an accident involving a commercial motor vehicle, each surviving driver shall be tested for alcohol and or controlled substance if:
   i) The accident involved a fatality; or
   ii) The driver received a citation under the state or local law for a moving traffic violation arising from the accident; and
   iii) There is an injury to any person, which requires treatment away from the scene, or any vehicle must be towed from the scene.

A driver subject to post-accident testing must remain available for testing, or the employer may consider the driver to have refused to submit to post accident testing. A driver subject to post-accident testing must refrain from consuming alcohol for eight (8) hours following the accident or until an alcohol test has been administered, whichever is first.

Refusal to submit to post-accident testing is a violation of VICTORIA CARRIERS policy, as well as Federal Highway Administration Regulations, and will result in disciplinary action, including but not limited to, the immediate termination of employment or contract.

Refusal to submit to testing:

Refusal to submit to a test includes, but is not limited to:

- Refusing to submit to testing.
- Failure to give a urine collection sample, adulteration or substituting a urine sample; or to sign required forms;
- Refusing to cooperate in any way in the collection or testing process, at the direction of the collection site personnel
- Refusing observed collection when asked at time of collection
- Failing to show up at a collection/testing site in a reasonable time period
- Failure to remain at the collection site until the collection process is completed;
- Refusing to take a second test the employer or collector has directed the driver to take.
- Failing to give adequate urine or breath sample;
- Failing to remain available for Post- Accident Testing, as required.

Testing Methods and Collection Procedures: Drug and alcohol testing under this policy will be administered pursuant to the DOT regulations contained in 49 C.F.R. Part 40.1, et seq., or as amended by the DOT in the future.

No driver shall be allowed to perform a safety sensitive function unless the result of any breath alcohol test indicates a breath level less than 0.02 and VICTORIA CARRIERS has received a controlled substance test result from Medical Review Officer (MRO) indicating a verified

negative result. If a driver's test results indicated an alcohol concentration of 0.02 or greater, but less than

0.04, the driver shall not be permitted to perform a safety-sensitive functions until the start of the driver's next regularly scheduled duty period, but in no event, not less than 24 hours following the administration of the test.

No driver shall perform any safety-sensitive function if VICTORIA CARRIERS obtains information indicating that the driver tested positive for controlled substances, tested at or above 0.04 breath alcohol concentration, or refused a test. Drivers will be subject to disciplinary action, including but not limited to the immediate termination of employment or contract. VICTORIA CARRIERS will provide the driver with information on available Substance Abuse Professionals as required in 49 CFR 40.287.

Test Results Notification and Confidentiality. Test results will be reviewed by a qualified Medical Review Officer (MRO) as defined by DOT regulations. Refusal to submit to testing, or if tested positive, will result in a driver being considered medically unqualified to drive, and will subject the driver to disciplinary action, including, but not limited to the immediate termination of employment or contract. Drivers will be notified of the test results in conformity with DOT regulations. The MRO will be the sole custodian of the test results and shall maintain such records in accordance with DOT regulations. The MRO will advise VICTORIA CARRIERS only whether a test was positive (indicative of the presence of drugs or alcohol) or negative. Test results will not be released to any other part without the written authorization of the tested driver, or pursuant to DOT regulations. Records relating to the administration of drug and alcohol testing, and the results of the drug testing program, will be maintained by VICTORIA CARRIERS according to DOT regulations.

Employee Assistance Program: VICTORIA CARRIERS subscribes to an Employee Assistance Referral System ("EAP') which provides in-house training sessions through the use of videotapes or documents for drivers and supervisory personnel. The training sessions which are held separately for drivers and supervisors, provide information on the consequences of drug and alcohol use on health, safety and work environments, and inform employees and supervisors of the manifestations and behavioral changes that may indicate drug and/ or alcohol use.

VICTORIA CARRIERS, in addition to the DOT regulations contained in this policy, subscribes to and will administer. "At will Testing" for drugs and/or alcohol using Non-Federal testing guideline. At the discretion of VICTORIA CARRIERS supervisors, the company may at any time determine there is a need to test a driver or drivers, while attempting to provide a drug and alcohol-free workplace environment. Drivers testing positive or refusing to test will be subject to disciplinary action, including but not limited to the immediate termination of employment or contract.

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

AGREEMENT

I certify that I have been provided with a copy of the DOT Drug and Alcohol Policy and that I have read and understood that policy. I also understand that by accepting employment or contracting with VICTORIA CARRIERS, I have and do consent to submit to screening for alcohol and/or drugs as set forth in this policy or under current DOT regulations. I also understand and agree to comply with all VICTORIA CARRIERS company policies, as well as those policies or regulations promulgated by the Federal Highway Administration, the DOT or any other federal, state or local statutes laws or rules governing the grounds for the termination of my employment or contract, or, VICTORIA CARRIERS refusal to accept my application for employment or contract with VICTORIA CARRIERS.

I have read and this entire policy and each of the above statements ☐ Yes ☐ No

_____

Driver's Signature

_____

Driver's Printed name

_____

Date

VICTORIA CARRIERS LLC drug and alcohol program administration who is designated to monitor, facilitate, and answer questions pertaining to these procedures is:

BOB OTONDI

6967 SEEBREEZE DR

GRAND PRAIRIE, TX 75054

(817)-633-9059 - EXT 103/112

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

DRUG AND ALCOHOL AWARENESS TRAINING

The undersigned hereby certifies that he/she has received the educational materials and Department of Transportation rules and regulations regarding drug and alcohol testing which the company is required to provide under 49 CFR 382.601.

_____ _____

(Signature) (Date)

VICTORIA CARRIERS LLC
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DRUG AND ALCOHOL AWARENESS TRAINING

Although used routinely as a beverage for enjoyment, alcohol can have negative physical and mood-altering effects when abused. These physical or mental alterations in a driver may have serious personal and public safety risks.

HEALTH EFFECTS

An average of three or more servings per day a beer (12 oz.) whisky (1 oz.), or wine (6 oz.) over time may result in the following health hazards:

- Dependency
- Kidney disease
- Ulcers
- Spontaneous abortion and neonatal mortality
- Increased cancers of the mouth, tongue, pharynx, esophagus, rectum, breast, malignant Melanoma
- Fatal liver diseases
- Pancreatitis
- Decreased sexual functions
- Birth defects

SOCIAL ISSUES

- 2/3 of all homicides are committed by people who drink prior to the crime.
- 2-3% of the driving population are legally drunk at any one time. This rate doubles at night and on weekends.
- 2/3 of all Americans will be involved in an alcohol- related vehicle accident during their lifetime
- The separation and divorce rate in families with alcohol dependency problems is 7 time the average.
- 40% of family court cases are alcohol related.
- Alcoholics are 15 time more likely to commit suicide
- More than 60% of burns, 40% of falls, 69% of boating accidents, and 76% of private aircraft accidents are alcohol related.
- Over 17,000 fatalities occurred in 1993 in highway accidents, which were alcohol related. This was 43% of all highway fatalities.
- 30,000 people will die each year from alcohol caused liver disease
- 10,000 people will die each year due to alcohol-related brain disease or suicide.
- Up to 125,000 people will die each year due to alcohol-related conditions or accidents

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WORKPLACE ISSUES

- It takes one hour for the average person (150 pounds) to process one serving of alcohol from the body
- Impairment can be measured with as little as 2 drinks in the body.
- A person who is legally intoxicated is 6 times more likely to have an accident than a sober person is.

DRUGS

MARIJUANA

HEALTH EFFECTS

- Emphysema- like conditions
- One joint contains cancer-causing substances equal to 10 cigarettes.
- One joint causes the heart to race and be overworked. People with heart conditions are at risk. Marijuana is commonly contaminated with fungus Aspergillus, which can cause serious respiratory tract and sinus infections.
- Lowers the body's immune system response, making users more susceptible to infection.
- Chronic smoking causes changes in brain cells and waves. The brain does not work as efficiently or effectively. Long-term brain damage may occur.
- Tetrahydrocannabinol (THC) and over 60 other chemicals in Marijuana concentrate in the ovaries and testes.
- Chronic smoking in males may cause a decrease in testosterone and an increase in estrogen. As a result, the sperm count is reduced, leading to temporarily sterility and in females cause a decrease in fertility.
- A higher than normal incidence of stillborn births, early termination of pregnancy, and higher infant mortality rate during the first few days of life are common in pregnant marijuana smokers.
- THC causes birth defects including brain damage, spinal cord, forelimbs, liver, and water on the brain and spine in test animals.
- Fetal may decrease visual functioning
- Users mental function can display the following effects; delayed decision making, diminished concentration, impaired short-term memory, impaired signal detection, impaired tracking erratic cognitive function, distortion of time estimation.

WORKPLACE ISSUES

- THC is stored in body fat and slowly released
- Marijuana smoking has long term effects of performance.
- Increased THC potency in modern marijuana dramatically compounds the side effects of both

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COCAINE

Used medically as a local anesthetic. When abused, it becomes a physical and mental stimulant. The entire nervous system is activated. Muscles tense, heart beats faster and stronger, and the body burns more energy. The release of neurohormones associated with mood elevation effects the brain with stimulation.

HEALTH EFFECTS

- Habitual use can upset the chemical balance of the brain, and as a result damage to critical nerve cells, which can speed up the aging process. Parkinson's Disease could occur.
- Causes the heart to beat harder and faster and rapidly increases blood pressure. It also causes spasms of blood vessels in the brain and in the heart. Both lead to ruptured vessels causing strokes and heart attacks.
- Usually mental dependency occurs within days for "crack" or within months for snorting coke. Cocaine causes the strongest mental dependency of all the drugs.
- Treatments for this drug has less success rates than with any other chemical dependency.
- Dangerous when used with other depressants. Overdose can be fast and fatal as well as not medically reversable.

WORKPLACE ISSUES

- Extreme mood and energy swings create instability. Sudden noise causes a violent reaction.
- Lapses in attention and ignoring warning signal increase probability of accidents.
- High cost frequently leads to theft and/or dealing.
- Paranoia or withdrawal may create unpredictable or violent behavior.
- Performance is characterized by forgetfulness, absenteeism, tardiness, and missing assignments.

OPIATES

Narcotic drugs, which alleviate pain and produce sleep.

HEALTH EFFECTS

- Sharing needles can give users a higher risk of contracting diseases such as HIV and Hepatitis.
- Can increase tolerance one has for pain and as a result, if a person on an opiate is injured he/she may not think they need medical attention when they really do.
- Narcotic effects are multiplied when combined with other depressants this can increase the risk of an accidental overdose.
- Because of tolerance, there is an ever-increasing need for more. Which increased tolerance and dependency combined, there is a serious financial burden for users.
- Strong mental and physical dependency occurs.

WORKPLACE ISSUES

- Side effects such as nausea, vomiting, dizziness, mental clouding and drowsiness place the user at risk for an accident.
- Causing impairment of physical mental functions.

AMPHETAMINES/ METHAMPHETAMINES

Central nervous system stimulant that speeds up the mind and body.

HEALTH EFFECTS

- Regular use causes strong psychological dependency and increased tolerance.
- High dose may cause toxic psychosis resembling schizophrenia.
- Intoxication may induce heart attack or stroke due to severe constriction of capillary blood vessels.
- Euphoric stimulation increases impulsive and risks taking behavior, including bizarre and violent acts.
- Withdrawal may result in severe physical and mental depression.

WORKPLACE ISSUES

- Since the drug alleviates the sensation of fatigue, it may be abused to increase alertness during periods of overtime or when unable to get rest.
- With heavy use or increasing fatigue, the short term mental or physical enhancement reverses and becomes impairment.

PHENCYCLIDINE (PCP)

Often used as a large animal tranquilizer. Abused primarily for its mood-altering effects. Low doses produce sedation and euphoric mood changes. Mood rapidly changes from sedation to excitation and agitation. Larger doses may produce comma like condition with muscle rigidity and blank stare. Sudden noises or physical shocks may cause a “freak out” in which the person has abnormal strength, violent behavior, and an inability to speak or comprehend.

HEALTH EFFECTS

- Potential for accidents and overdose emergencies are high due to the extreme mental effects combined with the anesthetic effect on the body.
- PCP, when combined with other depressants, including alcohol, increases possibility of an overdose.
- If misdiagnosed as LSD induced, and treating with Thorazine, can be fatal.
- Irreversible memory loss, personality changes and thought disorders may result.

WORK ISSUES

- Not common in the workplace because of the severe disorientation that occurs.

- There are four phases of PCP abuse: Acute toxicity (combativeness, catatonia, convulsions, coma), toxic psychosis, drug induced Schizophrenia, and depression.

WHERE TO GO TO GET HELP DEALING WITH SUBSTANCE ABUSE

Places to get free information and assistance for substance abuse:

www.clarityway.com	or	1-877-546-4830
www.samhsa.gov	or	1-240-276-2420
www.thetreatmentcenter.com	or	1-855-215-3730

Assistance is also available from:

- Community hotlines
- Self-help groups such as Alcoholics Anonymous, Narcotics Anonymous, Al-Anon, etc.
- Community mental health centers
- Private therapists or counselors
- Addiction treatment centers

It is an employee's responsibility to decide whether or not to seek help.

Addiction is treatable and reversible

An employee's decision to seek help is a private one and will not be made public.

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DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE PSP Online Service

In connection with your application for employment with _____ ("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.

Sign …….

Full Name …….

VICTORIA CARRIERS LLC
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AUTHORIZATION

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

I authorize _____ ("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 decide 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: _____ _____

Signature

_____

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.

VICTORIA CARRIERS LLC
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DISCLOSURE & AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of our hiring, a background check and investigation will be conducted. We may ask FleetScreen, a consumer reporting agency, to prepare a consumer report and an investigative consumer report prior to your being qualified in the service of_____. The consumer investigative report may consist of contacting all listed prior employers to verify your employment history, job performance and drug/alcohol testing data. It may also include a consumer report to include a check of applicable criminal police or court records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such a report from FleetScreen, we must have your written permission for FleetScreen to obtain the information and to provide the information to us as part of our analysis of your application for employment with our company. Below you will find an authorization and release for FleetScreen to prepare a consumer report, and for our company to receive, a copy of that report. If you do not wish to execute this release, please return all of the application materials to the person from whom you obtained them.

AUTHORIZATION & RELEASE TO OBTAIN CONSUMER REPORT

Under the provision of the Fair Credit Reporting Act, 15 USC, Section 1681 et. Seq., the Americans with Disability Act and all applicable federal, state and local laws, I hereby authorize and permit _____ to obtain from FleetScreen, a consumer report and investigative consumer report which may include the following:

1. My employment records.
2. Records concerning any driving, criminal history, credit history, and civil records
3. For Truck Drivers Only- In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382,413, information concerning alcohol and controlled substances use for the past three (3) years.
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service.

I understand that the above items, which may constitute “investigative consumer reports”, may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information. I agree that a copy of the authorization has the same effect as an original.

I understand and acknowledge that under provisions of the Fair Credit Reporting Act, I may request a copy of the consumer report or consumer investigative report from FleetScreen, the consumer reporting agency that compiled the report, after I have provided FleetScreen with proper identification. I also understand that before any adverse action is taken based, in whole or in part, on the information in the consumer report, I will be provided a copy of the report, the name, address and telephone number of Fleetscreen, and a summary of my rights under the Fair Credit Reporting Act. I hereby authorize FleetScreen to obtain and prepare an investigative consumer report as set forth above and to provide that report to _____ as part of its investigation of my employment application.

FULL NAME ……

ADDRESS ……

DRIVERS LICENSE NO…… SSN……. STATE…….

APPLICANT ……. DATE ……

VICTORIA CARRIERS LLC
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GRAND PRAIRIE, TX 75054

CLEARING HOUSE AWARENESS

The Federal Motor Carrier Administration (FMCSA) established the Commercial Driver's License (CDL) Drug and Alcohol Clearinghouse (Clearinghouse). This new database contains information pertaining to violations of the U.S. Department of Transportation (DOT) controlled substances (drug) and alcohol testing program for holders of CDLs.

The Clearinghouse rule requires FMCSA-regulated employers, medical review officers (MROs), substance abuse professionals (SAPs), consortia/third party administrators (C/TPAs), and other service agents to report to the Clearinghouse information related to violations of the drug and alcohol regulations in 49 Code of Federal Regulations, Parts 40 and 382 by current and prospective employees.

The Clearinghouse final rule requires the following:

- Employers must query the Clearinghouse for current and prospective employees' drug and alcohol violations before permitting those employees to operate a commercial motor vehicle (CMV) on public roads.
- Employers must annually query the Clearinghouse for each driver they currently employ.

The Clearinghouse provides FMCSA and employers the necessary tools to identify drivers who are prohibited from operating a CMV based on DOT drug and alcohol program violations and ensure that such drivers receive the required evaluation and treatment before operating a CMV on public roads. Specifically, information maintained in the Clearinghouse enables employers to identify drivers who commit a drug or alcohol program violation while working for one employer, but who fail to subsequently inform another employer (as required by current regulations). Records of drug and alcohol program violations will remain in the Clearinghouse for five years, or until the driver has completed the return-to-duty process, whichever is later.

I …… HAVE READ AND UNDERSTOOD DRUG AND ALCOHOL OBLIGATIONS AND AGREE TO ADHERE TO ALL F.M.C.S.A RULES AND REGULATIONS PERTAINING TO THE CLEARING HOUSE.

SIGN…… DATE…….

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

ATTENTION DRIVERS: At this time Victoria Carriers LLC is working to improve our safety rating due to a recent FMCSA audit, the following actions will be in effect **immediately**.

1) Logs will be audited daily by the safety department.
2) Drivers will be contacted by the safety department regarding all unexplained or mysterious driving activity.
3) All drivers are required to report pre and post inspections daily, use the notes section to explain any unexplained drive time.
4) Logs must match with bill of lading and fuel times on the fuel report.

All violations found in a driver's LOGS will be disciplined as follows:
1st violation: Verbal warning
2nd violation: Written warning with recurrent training
3rd violation: Written warning with $250.00 fine
4th violation: Termination

I …… have collected, understood, and will comply with 49 C.F.R PART 395 rules and regulations pertaining to Hours of service.

Sign ……

Date …….

VICTORIA CARRIERS LLC
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GRAND PRAIRIE, TX 75054

DRIVER DATA SHEET

For Casuals, New Hires & Temporary Employees

Driver Name: _____

Social Security Number: _____

CDL Number:_____State:_____Class & Endorsements: _____

CFR 49 Section 395.8 requires a motor carrier to obtain the on-duty hours for the preceding 7 days for all new drivers and intermittent drivers immediately before allowing them to drive.

The driver must alsostate the date and time they were last relieved from duty. This statement must be signed by the driver.
All drivers that work for more than one motor carrier in one day must submit copies of the log toeach motor carrier. This record of duty status (log) must contain the names of each motor carrier, the times worked for each carrier, and all duty time for the 24-hour period.

Prior 7 Days	7	6	5	4	3	2	1	Total
Dates								
Hours on Duty								

I ……. CERTIFY THAT THE INFORMATION SUBMITTED

ABOVE IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

I WAS LAST RELIEVED FROM DUTY AT …… HRS ON DATE …….

……
DRIVERS SIGNATURE

VICTORIA CARRIERS LLC
6967 SEEBREEZE DR
GRAND PRAIRIE, TX 75054

TO: All Drivers, Owner/Operators

RE: INSPECTION AND MAINTENANCE

The FMCSA/DOT handbook under 396.3 states: Each carrier and intermodal equipment provider is required to "…systematically inspect, repair, and maintain, or cause to be systematically inspected, repaired and maintained, all vehicles subject to its control." Although the regulations do not specify the details, they do mandate the inspection, repair, and maintenance of:

All parts and accessories specified in Part 393, and any additional parts and accessories which may affect safety of operations, including (but not limited to) frame and frame assemblies, suspension systems, axles and attaching parts, wheels and rims, and steering systems.

We at VICTORIA CARRIERS have a systematic inspection process. Every driver, owner/operator is to get their unit (truck, tractor only, or tractor and trailer) inspected at the Venus Truck Repair shop, located at 744 W. Hwy. 67 Venus, TX 76084, or any TA (Travel Centers of America) truck stop location every five (5) weeks.

Driver and owner/operators Inspection Weeks start on Monday mornings and end on Sunday evenings of the inspection due dates. During the week of inspection due dates, drivers and owner/operators are contacted/notified by text message and/or phone calls on this schedule:

Monday – Courtesy Phone Call
Tuesday – Courtesy Text Message
Thursday – Courtesy Text Message
Friday – Courtesy Phone Call and Text Message

This schedule is a courtesy to help the drivers and Victoria stay up-to-date and in compliance with the FMCSA/DOT. If the drivers and owner/operators do not comply with the systematic process the driver and owner/operator will be shut down as a result until the inspections at the specified locations are performed and passed.

Sign: …….

Date: …….