

ATTACHMENT #12

**WORLD WIDE DRIVER'S QUALIFICATION
FILE**

(35 Pages)

DRIVER'S APPLICATION # 274 FOR EMPLOYMENT

Applicant Name (print) Dphadell Williams Jr Date of Application 8/5/2010
 Company WORLD WIDE TRAVEL OF GREATER N.Y. GREAT ESCAPES TOURS & TRAVEL LTD.
 Address 33 2ND AVENUE
 City BROOKLYN, NEW YORK 11215
1-718-381-1775

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, veteran status, non-job related disability, or any other protected group status.

COPY

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date 8/5/2010

FOR COMPANY USE

PROCESS RECORD	
APPLICANT HIRED <u>11-17-10</u>	REJECTED <u>N/A</u>
DATE EMPLOYED <u>11-23-10</u> <i>Contracting</i>	POINT EMPLOYED <u>N/A</u>
DEPARTMENT <u>DW Operations</u>	CLASSIFICATION <u>N/A</u>
(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)	
SIGNATURE OF INTERVIEWING OFFICER _____	_____

TERMINATION OF EMPLOYMENT

DATE TERMINATED _____ DEPARTMENT RELEASED FROM _____
 DISMISSED _____ VOLUNTARILY QUIT _____ OTHER _____
 TERMINATION REPORT PLACED IN FILE _____ SUPERVISOR _____

This form is made available with the understanding that J. J. Keller & Associates, Inc. is not engaged in rendering legal, accounting, or other professional services. J. J. Keller & Associates, Inc. assumes no responsibility for the use of this form, or any decision made by an employer which may violate local, state, or federal law.

APPLICANT TO COMPLETE

(answer all questions - please print)

Position(s) Applied for Motor Coach Operator

Name Williams Ophadell Social Security No. _____
 Last First Middle

List your addresses of residency for the past 3 years.

Current Address _____ BROOKLYN NY 11233 Phone _____ OR
 Street City State Zip Code How Long? yr./mo.

Previous Addresses

Street _____ City _____ State & Zip Code _____ How Long? yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? yr./mo.

Street _____ City _____ State & Zip Code _____ How Long? yr./mo.

Recent Mobile

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

Date of Birth _____ Can you provide proof of age? Yes
 (Required for Commercial Drivers)

Have you worked for this company before? No Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? NO If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

Have you ever been bonded? _____ Name of bonding company _____
 (Answer only if a job requirement)

Have you ever been convicted of a felony? Yes

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment-all circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied [as described in the attached job description]? NO

If yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.
 (NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER		DATE	
NAME	<u>COACH USA - Northeast Region</u>	FROM MO. <u>3</u> YR. <u>06</u>	TO MO. <u>6</u> YR. <u>09</u>
ADDRESS	<u>160 S Route 17 North</u>	POSITION HELD <u>DRIVER</u>	
CITY	<u>PARAMUS</u> STATE <u>NJ</u> ZIP <u>07652</u>	SALARY/WAGE	
CONTACT PERSON	PHONE NUMBER	REASON FOR LEAVING <u>Family Problems</u>	
WERE YOU SUBJECT TO THE FMCSRs ⁺ WHILE EMPLOYED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

EMPLOYMENT HISTORY (continued)

EMPLOYER		DATE	
NAME <u>Clifford H Branch</u>		FROM MO. <u>8</u> YR. <u>89</u>	TO MO. <u>3</u> YR. <u>06</u>
ADDRESS <u>1504 Bushwick Ave</u>		POSITION HELD <u>DRIVER</u>	
CITY <u>BROOKLYN</u>	STATE <u>N.Y</u> ZIP <u>11207</u>	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING <u>The Company CDS</u>			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER		DATE	
NAME		FROM MO. YR.	TO MO. YR.
ADDRESS		POSITION HELD	
CITY	STATE ZIP	SALARY/WAGE	
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WERE YOU SUBJECT TO THE FMCSRs [†] WHILE EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 16 or more passengers (including the driver), or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

†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 more than 8 passengers (including the driver), OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.



ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT	NONE			
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY
NONE			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver licenses or permits held in the past 3 years	STATE	LICENSE NO.	CLASS	ENDORSEMENT(S)	EXPIRATION DATE
	NY	ALOWE	BSP		12/14/15

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO
- B. Has any license, permit or privilege ever been suspended or revoked? YES NO _____
- IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS 4/11/07 FLD TO PAY CHILD SUPPORT

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (M/Y)	TO (M/Y)	
STRAIGHT TRUCK <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR - THREE TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 8 passengers</small>				
MOTORCOACH - SCHOOL BUS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <small>More than 15 passengers</small>	MOTORCOACH	2006	PRESENT	300,000
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: PA, NJ, NY, CT, MA, DE

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS - OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 COLLEGE: 1 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

TO BE READ AND SIGNED BY APPLICANT

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.

Signature: _____ Date: 8/5/2010

NEW YORK STATE



COMMERCIAL DRIVER LICENSE
CLASS B

ID:
WILLIAMS
OPHADELL JR

BROOKLYN NY 11203

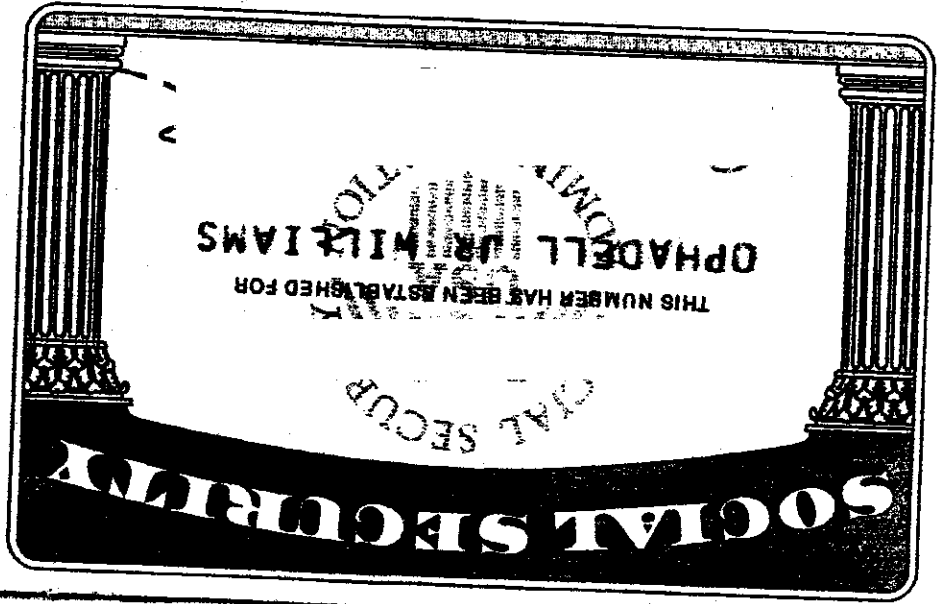
SEX: M EYES: BR HT: 6-00

F P
NONE

ISSUED: 02-10-10 EXPIRES: 12-11-15



Ophele Williams Jr





WORLD WIDE TRAVEL OF GREATER N.Y.
GREAT ESCAPES TOURS & TRAVEL LTD.
33 2ND AVENUE
BROOKLYN, NEW YORK 11215
718-381-1775

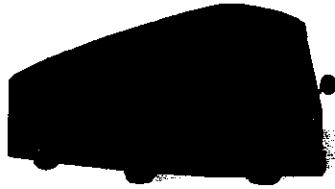
DAILY LOGS

AS PART OF MY EMPLOYMENT WITH WORLD WIDE TRAVEL OF GREATER N.Y. I UNDERSTAND THAT FEDERAL LAW REQUIRES THAT I MAINTAIN A LOG BOOK CONSISTING OF MY HOURS PERFORMED. A DAILY LOG CONSISTING OF THESE HOURS WILL BE MAINTAINED BY ME EACH DAY AS REQUIRED BY FEDERAL LAW. IN ADDITION I UNDERSTAND THAT MY DAILY LOG MUST BE TURNED IN AT THE END OF EACH DAY WITH MY WORK ENVELOPE. ALSO I UNDERSTAND THAT AFTER A REGULAR DAY OFF I MUST COMPLETE A DAILY LOG AND TURN IT IN TO THE COMPANY WITH MY WORK ENVELOPE. ALSO I UNDERSTAND THAT AN IN-COMPLETE WORK ENVELOPE WILL NOT BE PROCESSED RESULTING IN THE DELAY OF COMPENSATION AND WAGES EARNED.

NAME: Ophadell Williams
PLEASE PRINT

SIGNATURE: _____

DATE: 11/23/2010



**GREAT ESCAPES TOURS & TRAVEL LTD.
WORLD WIDE TRAVEL OF GREATER N.Y.
33 2ND AVENUE
BROOKLYN, NEW YORK 11215
718-381-1775**

UNIFORMS

**AS YOU BEGIN YOUR EMPLOYMENT WITH US IT IS IMPORTANT
THAT YOU ARE AWARE OF OUR DRESS CODE.**

**WHITE SHIRT
(TIE OPTIONAL)**

**DARK PANT'S
(BLUE ,BLACK OR GRAY)**

BLACK SHOES

NO SNEAKERS

NO JEANS

**PROPER ATTIRE MUST BE WORN WHEN REPORTING TO WORK AS
WELL AS OPERATING OUR COACHES TO & FROM THE CHARTER
DESTINATIONS.**

**COMPANY HATS...GOLF SHIRTS...& JACKETS MAY BE PROVIDED AS
YOUR EMPLOYMENT CONTINUES WITH US.**

.....
PAY DAY

**THE PAY WEEK STARTS ON FRIDAY AND ENDS ON THURSDAY.
WAGES EARNED DURING THAT PAY PERIOD ARE PAID ON THE
FOLLOWING TUESDAY.**

X_

DATE:

11/23/2010



AVAILABILITY/SPECIAL EVENTS/TIME OFF

FOR THE PURPOSE OF SCHEDULING & PLANNING WE WOULD LIKE TO KNOW IF THERE ARE ANY DAYS DURING THE CALENDAR YEAR THAT YOU ARE NOT AVAILABLE TO WORK BIRTHDAY ANNIVERSARY RELIGIOUS OBLIGATION ANNUAL FAMILY VACATION ETC....

WE WILL MAKE EVERY EFFORT TO ACCOMMODATE YOUR REQUEST.

PLEASE LIST BELOW:

OCCASION

DATE

OTHER: _____

NAME: _____
PLEASE PRINT

SIGNATURE: Ophadell Williams

DATE: 11/23/2010

PREVIOUS PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

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 a 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))

Prospective Employee Name: Ophelia Williams ID Number: 11/23/2010
(print)

The prospective employee is required by Sec. 40.25(j) to respond to the following questions.

- 1) Have you tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years?

Check one: Yes No

- 2) If you answered yes, can you provide/obtain proof that you've successfully completed the DOT return-to-duty requirements?

Check one: Yes No

I certify that the information provided on this document is true and correct.

Prospective Employee Signature: _____

Date: 11/23/2010

Witnessed By: _____
(signature)

Date: 11-23-10

ORIGINAL - EMPLOYER

886-FS-C2 6901
(Rev. 7/03)

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) Ophrael Williams
First, M.I., Last

hereby authorize: _____
Social Security Number

Previous Employer: Coach USA-Northeast Region
Date of Birth

Street: 160 S Route 17 North
Email:

City, State, Zip: Paramus, NJ 07652
Telephone:

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(date of employment application)

To: _____
Prospective Employer: WORLD WIDE TRAVEL OF GREATER N.Y.

Attention: GREAT ESCAPES TOURS & TRAVEL LTD.

Street: 33 2nd AVENUE

City, State, Zip: BROOKLYN, NEW YORK 11215
1-718-381-1775

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____

Prospective employer's confidential email address: _____

Applicant's Signature

11/23/2010
Date

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles/Triples Other (Specify) _____

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____
 Title: _____ Date: _____

PREVIOUS EMPLOYER REMOVE CARBON BEFORE COMPLETING SIDE 2

ORIGINAL PROSPECTIVE EMPLOYER

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was **not** subject to Department of Transportation testing requirements while employed by this employer, please check here , fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____

SECTION 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Retain Ply 2
- Return Ply 1 to Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Remove Ply 3
- Remove the adjacent carbon
- Complete SECTION 4a on Ply 3
- Send Ply 1 and 2 to the Previous Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain Ply 1

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Remove the carbon
- Turn form over to complete SIDE 2 SECTION 3



New York State Department of Motor Vehicles

DS-3.6 (10/08)

EMPLOYEE DRIVING HISTORY

The person named below has applied for a job with us. To comply with Section 509-m of the New York State Vehicle and Traffic Law, please complete the boxes below and answer questions 1 - 4, to the best of your knowledge. New York State Vehicle and Traffic Law Section 509-m(7):

"The Commissioner shall prepare and distribute a form for the provision of objective data concerning the driving history of a bus driver who is subject to regulation under this article. Such form shall be completed by current or former employers of such bus drivers upon the request of a prospective or subsequent employer."

The requested information should cover the period of time that this person worked for you:

Employee's Name Ophadell Williams	
Employee's Title Bus operator	Employee's Dates of Service
Type of Vehicle(s) Driven by Employee Motorcoach	No. of Hours Per Week Driven by Employee
Carrier's Name (Employer) Coach USA	

I hereby authorize the above-named employer to release all information regarding my driving history while in its employ. I release the above-named employer from any and all liability which may result from furnishing such information.



11/23/2010
(Date)

1) Was the employee convicted of a driving-related offense, that is, a violation of the Vehicle and Traffic Law?

Yes No

If "Yes", please specify the date, location and description of each conviction.

2) Was the employee involved in an accident that had to be reported to an appropriate state agency?

Yes No

If "Yes", please specify the date, location and, if possible, description of each accident.

Employee's Name:

DS-3.6 (1006)

3) Was the employee disqualified and/or suspended or revoked for a driving-related offense?

Yes

No

If "Yes", please specify the date and reason for all such disqualifications and/or suspensions or revocations.

4) Was the employee disciplined for a driving-related offense that resulted in his/her suspension, termination or disqualification?

Yes

No

If "Yes", please specify the date and reason for all such disciplinary actions.

Please return this completed driving history to the following address:

WORLD WIDE TRAVEL OF GREATER N.Y.
GREAT ESCAPES TOURS & TRAVEL LTD.
33 SECOND AVENUE
BROOKLYN, NY 11215
1-718-381-1775

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) Ophradell Williams
First, M.I., Last

Serial Number: _____
 Date of Birth: _____

Previous Employer: Clifford N. Branch hereby authorize:
 Street: 1504 Bushwick Avenue Email: _____
 City, State, Zip: Brooklyn, NY 11207 Telephone: _____
 Fax No.: _____

to release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____
(date of employment application)

To:
 Prospective Employer: WORLD WIDE TRAVEL OF GREATER N.Y.
 Attention: GREAT ESCAPES TOURS & TRAVEL LTD.
 Street: 33 2nd AVENUE
 City, State, Zip: BROOKLYN, NEW YORK 11215
1-718-381-1775

In compliance with §40.25(g) and §391.23, the information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's confidential fax number: _____
 Prospective employer's confidential email address: _____

Ophradell Williams
Applicant's Signature

11/23/2010
Date

This information is being requested in compliance with §40.25 and §391.23.

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes No

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes No If yes, what type? Straight Truck Tractor-Semitrailer Bus
 Cargo Tank Doubles/Triples Other (Specify) _____

If there is no safety performance history to report, check here , sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check here if there is no accident register data for this driver.

Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Signature: _____
 Title: _____ Date: _____

PREVIOUS EMPLOYER REMOVE CARBON BEFORE COMPLETING SIDE 2

ORIGINAL PROSPECTIVE EMPLOYER

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	<input type="checkbox"/>	<input type="checkbox"/>
5. If this person has violated a DOT drug and alcohol regulation, did this person fail to undertake or complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? If yes, please send documentation back with this form.	<input type="checkbox"/>	<input type="checkbox"/>
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	<input type="checkbox"/>	<input type="checkbox"/>

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on side 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Section 3 Completed by (Signature): _____ Date: _____

SECTION 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) Faxed to previous employer Mailed Emailed Other _____

By: _____ Date: _____

SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: Fax Mail Email Telephone

Date: _____ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee

- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer

- Remove Ply 3
- Remove the adjacent carbon
- Complete SECTION 4a on Ply 3
- Send Ply 1 and 2 to the Previous Employer

SIDE 1 SECTION 2: Previous Employer

- Complete the information required in this section
- Sign and date
- Remove the carbon
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer

- Complete the information required in this section
- Sign and date
- Retain Ply 2
- Return Ply 1 to Prospective Employer

SIDE 2 SECTION 4b: Prospective Employer

- Record receipt of the information
- Retain Ply 1



New York State Department of Motor Vehicles

DS-3.6 (10/08)

EMPLOYEE DRIVING HISTORY

The person named below has applied for a job with us. To comply with Section 509-m of the New York State Vehicle and Traffic Law, please complete the boxes below and answer questions 1 - 4, to the best of your knowledge. New York State Vehicle and Traffic Law Section 509-m(7):

"The Commissioner shall prepare and distribute a form for the provision of objective data concerning the driving history of a bus driver who is subject to regulation under this article. Such form shall be completed by current or former employers of such bus drivers upon the request of a prospective or subsequent employer."

The requested information should cover the period of time that this person worked for you:

Employee's Name Ophade H Williams	
Employee's Title Bus Operator	Employee's Dates of Service
Type of Vehicle(s) Driven by Employee Motorcoach	No. of Hours Per Week Driven by Employee
Carrier's Name (Employer) Clifford N. Branch	

I hereby authorize the above-named employer to release all information regarding my driving history while in its employ. I release the above-named employer from any and all liability which may result from furnishing such information

◆

(Employee Signature)

(Date)

11/23/2010

1) Was the employee convicted of a driving-related offense, that is, a violation of the Vehicle and Traffic Law?

Yes

No

If "Yes", please specify the date, location and description of each conviction.

2) Was the employee involved in an accident that had to be reported to an appropriate state agency?

Yes

No

If "Yes", please specify the date, location and, if possible, description of each accident.

Employee's Name:

3) Was the employee disqualified and/or suspended or revoked for a driving-related offense?

Yes No

If "Yes", please specify the date and reason for all such disqualifications and/or suspensions or revocations.

4) Was the employee disciplined for a driving-related offense that resulted in his/her suspension, termination or disqualification?

Yes No

If "Yes", please specify the date and reason for all such disciplinary actions.

Please return this completed driving history to the following address:

WORLD WIDE TRAVEL OF GREATER N.Y.
GREAT ESCAPES TOURS & TRAVEL LTD.
33 SECOND AVENUE
BROOKLYN, NY 11215
1-718-381-1775



CERTIFICATE OF TRAINING

What You Need to Know Training

This certifies that I have received, read, and fully understood the following documents:

- My organization's Alcohol & Substance Abuse Policy and Employee Assistance available
- What You Need to Know DOT Alcohol and Drug Rules Handbook for Safety-Sensitive Employees and Drug-Free Workplace requirements.

11/23/10
Date

Employee's signature

[Handwritten signature]

**WORLD WIDE TRAVEL OF GREATER N.Y.
 GREAT ESCAPES TOURS & TRAVEL LTD.
 270 AVENUE
 BROOKLYN, NEW YORK 11215
 1-718-381-1775**

Trainer/Supervisor/DER

Instructions: This certificate should be dated and signed. It should be retained in the organization's employee qualification file.

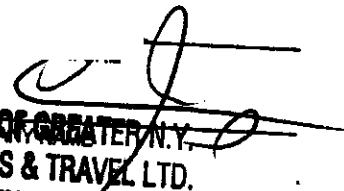
DOT Alcohol and Drug Rules

DRIVER'S RECEIPT

This issue of the FMCSR Motorcoach/Bus Pocketbook includes all revisions issued on or before May 3, 2010.

I acknowledge receipt of this FMCSR Motorcoach/Bus Pocketbook. In addition, I agree to familiarize myself with the Federal Motor Carrier Safety Regulations (FMCSR) of the U.S. Department of Transportation, Parts 40, 380, 382, 383, 387, 390-396, Title 49 of the Code of Federal Regulations and/or Part 655 of the Federal Transit Authority, as contained therein.

Ophadell Williams 11/23/10
DRIVER'S NAME (PLEASE PRINT) DATE


~~WORLD WIDE TRAVEL OF GREATER N.Y.~~
~~TRAVEL COMPANY, INC.~~
GREAT ESCAPES TOURS & TRAVEL LTD.

32 2nd AVENUE
COMPANY SUPERVISOR'S SIGNATURE
BROOKLYN, NEW YORK 11215
1-718-381-1775

6/10

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place in the driver's qualification file.

REMOVABLE PAGE - PULL SLOWLY FROM TOP RIGHT CORNER

DRIVER RECEIPT

I acknowledge receipt of this HOURS OF SERVICE: A Driver's Guide Handbook, Second Edition. This handbook outlines the requirements for Hours of Service for interstate drivers as prescribed by the Federal Motor Carrier Safety Regulations (FMCSR) Part 395.

REMOVABLE PAGE - PULL SLOWLY FROM TOP RIGHT CORNER

Driver's Signature _____

11/23/10
Date

Company _____

**WORLD WIDE TRAVEL OF GREATER N.Y.
GREAT ESCAPES TOURS & TRAVEL LTD.**

Company **88 2nd AVENUE** Signature _____

**BROOKLYN, NEW YORK 11215
1-718-381-1775**

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's training file.

Receipt		New York State DMV
Business ID:	13759	
Business Name:	GREAT ESCAPES TOURS & TRAVEL LTD	
Federal ID:		
Address:	33 2ND AVENUE BROOKLYN, NY 11215	
Carrier Type:	SCHOOL & NON-SCHOOL	
Contact Person:	CHRISTOPHER MULDOON	
Driver OPHADELL J WILLIAMS, Client ID:	J,	was successfully activated on 12/15/2010 by user CMULDOON
EMPLOYER CERTIFICATION		
This driver meets the applicable qualification requirements as specified in Sections 6.3, 6.4, 6.5 and/or 6.6 of the regulations of the Commissioner of Motor Vehicles.		

COPY



New York State Department of Motor Vehicles
ARTICLE 19-A BUS DRIVER APPLICATION
 (Complete all parts of this form. Please print or type.
 Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

DS-870 (11/08)

DRIVER INFORMATION							
Driver's Last Name Williams Ophadell		First	M.I.	Date of Birth (Month/Day/Year)	Social Security Number	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address		City Brooklyn	State NY	Zip Code 11233	County Kings	Telephone Number	
Client/License ID Number (from Driver License)		State NY	Class of Driver's License CLASS BP		Endorsements P	Restrictions NONE	Expiration Date 12/15

CARRIER INFORMATION							
Carrier/DBA Name Great Escapes Tours & Travel		Legal Name (if different) S/A/A			Federal ID Number	19-A Business ID Number	
Street Address 33 2nd Avenue		City Brooklyn	State NY	Zip Code 11215	County Kings	Telephone Number 718-381-1775	
Name of Article 19-A Contact Person Christopher Muldoon				Title 19-A Examiner	Is this employer/carrier a school bus carrier? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

ADDITIONAL DRIVER INFORMATION
 Provide your employment, accident, and conviction history and answer the questions below. If necessary, attach additional pages.

1. Have you qualified as a school bus driver under ARTICLE 19-A? Yes No If "yes", give month and year of qualification _____

2. Are you a certified ARTICLE 19-A examiner? Yes No
 If "yes", give certificate number _____ and expiration date _____

EMPLOYMENT (Start with your most recent employment, and include work history for the past 3 years):			What were the date(s) of your employment? (From - To)	Your job title
Employer Name and Address COACH USA Northeast Region 1100 S Route 17 North PAPAYUS MS 07652			3/04 / 6/09	Charter Dr. 72M

ACCIDENTS (Start with your most recent accident, and include accidents within the past 3 years):			
Date of Accident	Location (City, State, Zip Code, County)	Was there personal injury or property damage? If "YES", indicate the dollar amount of damage to each vehicle, and the number of people injured.	What type of vehicle were you driving?

CONVICTIONS (Start with your most recent conviction, and include all criminal convictions):				
Date of Violation	Location (City, State, Zip Code, County)	Date of Conviction	Of what charge were you convicted?	If a vehicle was involved, what type of vehicle were you driving?

DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.

Signature of Driver *[Signature]* Date 11/23/2010

EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination (form DS-874 or USDOT form 649-F or equivalent) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles. Final approval of employment is subject to the applicant meeting the requirements of Article 19-A of the New York State Vehicle and Traffic Law. All questions pertaining to this form and/or the Article 19-A Program should be directed to: New York State Department of Motor Vehicles, Bus Driver Unit, 6 Empire State Plaza, Rm 220C, Albany NY 12228, (518) 473-9455.

Signature of Employer/Agent *[Signature]* Date 12-15-10

www.nysdmv.com



New York State Department of Motor Vehicles
ARTICLE 19-A BUS DRIVER APPLICATION
 (Complete all parts of this form. Please print or type.)
 Send original to Bus Driver Unit, keep a copy in your driver 19-A file.)

DS-870 (11/08)

DRIVER INFORMATION							
Driver's Last Name Williams Ophackell		First	M.I.	Date of Birth (Month/Day/Year)	Social Security Number		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City Brooklyn	State NY	Zip Code 11233	County Kings	Telephone Number	
Client/License ID Number (from Driver License)		State NY	Class of Driver's License CLASS BP	Endorsements P	Restrictions None	Expiration Date 2015	

CARRIER INFORMATION							
Carrier/DBA Name W.W.T. Of Greater N.Y.		Legal Name (if different) S/A/A		Federal ID Number 112999847		19-A Business ID Number 13739	
Street Address 33 2nd Avenue		City Brooklyn	State NY	Zip Code 11215	County Kings	Telephone Number 718-381-1775	
Name of Article 19-A Contact Person Christopher Muldoon		Title 19-A Examiner		Is this employer/carrier a school bus center? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

ADDITIONAL DRIVER INFORMATION
 Provide your employment, accident, and conviction history and answer the questions below. If necessary, attach additional pages.

1. Have you qualified as a school bus driver under ARTICLE 19-A? Yes No If "yes", give month and year of qualification _____

2. Are you a certified ARTICLE 19-A examiner? Yes No
 If "yes", give certificate number _____ and expiration date _____

EMPLOYMENT (Start with your most recent employment, and include work history for the past 3 years):		What were the date(s) of your employment? (From - To)	Your job title
Employer Name and Address Coach USA Northeast Region 160 S Route 17 North PARAMUS NJ 07652		3/04 to 6/09	Chauffeur Driver

ACCIDENTS (Start with your most recent accident, and include accidents within the past 3 years):			
Date of Accident	Location (City, State, Zip Code, County)	Was there personal injury or property damage? If "YES", indicate the dollar amount of damage to each vehicle, and the number of people injured.	What type of vehicle were you driving?
 			

CONVICTIONS (Start with your most recent conviction, and include all criminal convictions):				
Date of Violation	Location (City, State, Zip Code, County)	Date of Conviction	Of what charge were you convicted?	If a vehicle was involved, what type of vehicle were you driving?
 				

DRIVER AFFIRMATION: To the best of my knowledge, the information I have given on this application is true.

Signature of Driver Date 11/23/2010
EMPLOYER CERTIFICATION: This application has been reviewed together with the driver abstract and medical examination (form DS-874 or USDOT form 649-F or equivalent) and the applicant is hereby classified as a "conditional driver" as defined in Section 6.2(r) and in accordance with the requirements of Sections 6.3 and 6.4 of the regulations of the Commissioner of Motor Vehicles. Final approval of employment is subject to the applicant meeting the requirements of Article 19-A of the New York State Vehicle and Traffic Law. All questions pertaining to this form and/or the Article 19-A Program should be directed to: New York State Department of Motor Vehicles, Bus Driver Unit, 6 Empire State Plaza, Rm 220C, Albany NY 12228, (518) 473-9455.

Signature of Employer/Agent Date 12.15.10
 www.nysdmv.com

(24)

TODAY'S DATE: 3/12/2011 TIME: 20:10:35
*RECORD EXPANSION FOR: WILLIAMS,OPHADELL,JR

CLIENT ID#:
WILLIAMS,OPHADELL,JR DOB: SEX: M
HEIGHT: 5-8 EYE COLOR: BROWN
BROOKLYN NY 11233 COUNTY: KING
MI #:
NAME ON LICENSE/ID: WILLIAMS OPHADELL JR

LICENSE CLASS: CDL *B* STATUS:VALID EXPIRATION: 2015
PROBATION START: 01/02/2004 END: 07/02/2004
CDL ENDORSEMENTS: PASSENGER
RESTRICTIONS: NONE

S19A STATUS: ACTIVE - NONSCHOOL ONLY

***** ACTIVITY *****

RESTRICTED LICENSE ISSUED 07/21/2008
CDL B 02/10/2010 ENDORSEMENTS: PASSENGER
RESTRICTIONS: NONE
CDL B 09/10/2009 ENDORSEMENTS: PASSENGER
RESTRICTIONS: NONE
CDL B 11/08/2006 ENDORSEMENTS: PASSENGER
RESTRICTIONS: NONE
CDL B 07/31/2006 ENDORSEMENTS: PASSENGER
RESTRICTIONS: ADULT SEATING-7 OR LESS
CLASS CHANGE: 05/01/1995 NEW: *D* OLD: PERMIT
CLASS CHANGE: 06/25/1996 NEW: CDL *B* OLD: *D*
CLASS CHANGE: 02/28/1997 NEW: *D* OLD: CDL *B*
DOCUMENT SURRENDERED ON: 10/06/2003 TO NY
RETURNED TO NY ON: 11/14/2003
CLASS CHANGE: 01/06/2004 NEW: *D* OLD: PERMIT
CLASS CHANGE: 07/31/2006 NEW: CDL *B* OLD: *D*

CLASS CHANGE: 05/15/2007 NEW: *D* OLD: CDL *B*
RESTRICTED LICENSE ISSUED 09/25/2008
FULL LICENSE RESTORED 09/10/2009
CLASS CHANGE: 09/10/2009 NEW: CDL *B* OLD: *D*

***** SUSPENSIONS/REVOCATIONS *****

SUSPENSION: 04/11/2007 FLD PAY CHILD SUPP ORDER #: A0703270000
COMPLIED ON: 04/11/2007
CLEAR ON: 07/15/2009 REQUIREMENTS MET

SUSPENSION: 04/11/2007 FLD PAY CHILD SUPP ORDER #: A0703270010
CLEAR ON: 05/08/2007 REQUIREMENTS MET

*** END OF RECORD ***

WILLIAMS OPHADELL JR 11-16-10
WORLD WIDE TRAVEL OF GREATER N.Y.
GREAT ESCAPES TOURS & TRAVEL LTD.

TODAY'S DATE: 11/16/2010 TIME: 11:03:17
*RECORD EXPANSION FOR: WILLIAMS,OPHADELL,JR

CLIENT ID#:
WILLIAMS.OPHADELL,JR DOB: SEX: M
HEIGHT: 5-8 EYE COLOR: BROWN
BROOKLYN NY 11233 COUNTY: KING
MI #:
NAME ON LICENSE/ID: WILLIAMS OPHADELL JR

LICENSE CLASS: CDL *B* STATUS:VALID EXPIRATION: 2015
PROBATION START: 01/02/2004 END: 07/02/2004
CDL ENDORSEMENTS: PASSENGER
RESTRICTIONS: NONE

S19A STATUS: INACTIVE - NONSCHOOL ONLY

***** ACTIVITY *****

RESTRICTED LICENSE ISSUED 07/21/2008
CDL B 02/10/2010 ENDORSEMENTS: PASSENGER
RESTRICTIONS: NONE
CDL B 09/10/2009 ENDORSEMENTS: PASSENGER
RESTRICTIONS: NONE
CDL B 11/08/2006 ENDORSEMENTS: PASSENGER
RESTRICTIONS: NONE
CDL B 07/31/2006 ENDORSEMENTS: PASSENGER
RESTRICTIONS: ADULT SEATING-7 OR LESS
CLASS CHANGE: 05/01/1995 NEW: *D* OLD: PERMIT
CLASS CHANGE: 06/25/1996 NEW: CDL *B* OLD: *D*
CLASS CHANGE: 02/28/1997 NEW: *D* OLD: CDL *B*
DOCUMENT SURRENDERED ON: 10/06/2003 TO NY
RETURNED TO NY ON: 11/14/2003
CLASS CHANGE: 01/06/2004 NEW: *D* OLD: PERMIT
CLASS CHANGE: 07/31/2006 NEW: CDL *B* OLD: *D*

RESTRICTED LICENSE ISSUED 05/15/2007
CLASS CHANGE: 05/15/2007 NEW: *D* OLD: CDL *B*
RESTRICTED LICENSE ISSUED 09/25/2008
FULL LICENSE RESTORED 09/10/2009
CLASS CHANGE: 09/10/2009 NEW: CDL *B* OLD: *D*

***** SUSPENSIONS/REVOCATIONS *****

SUSPENSION: 04/11/2007 FLD PAY CHILD SUPP ORDER #: A0703270000
COMPLIED ON: 04/11/2007
CLEAR ON: 07/15/2009 REQUIREMENTS MET

SUSPENSION: 04/11/2007 FLD PAY CHILD SUPP ORDER #: A0703270010
CLEAR ON: 05/08/2007 REQUIREMENTS MET

*** END OF RECORD ***

WORLD WIDE TRAVEL OF GREATER N.Y.
GREAT ESCAPES TOURS & TRAVEL LTD.
33 2ND AVENUE
BROOKLYN, NEW YORK 11215
1-718-381-1775

- PRE-EMPLOYMENT
- RE-HIRE
- ANNUAL ABSTRACT
- SHOW SCHOOL QUALIFICATION
- SHOW NEW LIC EXPIRATION
- SHOW 19-A STATUS
- BOARD OF EDUCATION
- _____

19-A FILE

26

Current User :
268142290

Logout

NYS DMV Internet Office
License Event Notification Service



Lens Main Menu

89457 - TRIPPLE C SAFETY DASHBOARD NEW

? FAQs

ADDED DRIVER TO LIST

ADD DRIVER

(Choose a transaction)



Client Id:

Customer Index:

Name: OPHADELL JR WILLIAMS

DOB:

Gender: M

Address:

BROOKLYN,NY 11233

County: KING

Eye Color: BRN

Height: 5-08

Class: CDL *B*

Privilege: FULL

Status: VALID

Comm Privilege: FULL

Comm Status: VALID

Limited Use: NExpires:

19A Status: INACTIVE-NONSCHOOL ONLY

27

Medical Examination Report FOR COMMERCIAL DRIVER FITNESS DETERMINATION

649-F (6045)

1. DRIVERS INFORMATION Driver completes this section

Driver's Name (Last, First, Middle) Williams Jr Phyllis	Social Security No.	Birthdate M/D/Y	Age 39	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	New Certification Re-certification Follow-up <input type="checkbox"/> <input type="checkbox"/>	Date of Exam 11/18/2010
Address Brooklyn NY 11233		City, State, Zip Code	Work Tel: () 718	Home Tel: ()	Driver License No.	License Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other
2. HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver.						

<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Any illness or injury in the last 5 years?</p> <p><input type="checkbox"/> <input type="checkbox"/> Head/Brain injuries, disorders or illnesses</p> <p><input type="checkbox"/> <input type="checkbox"/> Seizures, epilepsy medication</p> <p><input type="checkbox"/> <input type="checkbox"/> Eye disorders or impaired vision (except corrective lenses)</p> <p><input type="checkbox"/> <input type="checkbox"/> Ear disorders, loss of hearing or balance</p> <p><input type="checkbox"/> <input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition medication</p> <p><input type="checkbox"/> <input type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker)</p> <p><input type="checkbox"/> <input type="checkbox"/> High blood pressure medication</p> <p><input type="checkbox"/> <input type="checkbox"/> Muscular disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Shortness of breath</p>	<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis</p> <p><input type="checkbox"/> <input type="checkbox"/> Kidney disease, dialysis</p> <p><input type="checkbox"/> <input type="checkbox"/> Liver disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Digestive problems</p> <p><input type="checkbox"/> <input type="checkbox"/> Diabetes or elevated blood sugar controlled by: diet pills insulin</p> <p><input type="checkbox"/> <input type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression medication</p> <p><input type="checkbox"/> <input type="checkbox"/> Loss of, or altered consciousness</p>
<p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Fainting, dizziness</p> <p><input type="checkbox"/> <input type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring</p> <p><input type="checkbox"/> <input type="checkbox"/> Stroke or paralysis</p> <p><input type="checkbox"/> <input type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe</p> <p><input type="checkbox"/> <input type="checkbox"/> Spinal injury or disease</p> <p><input type="checkbox"/> <input type="checkbox"/> Chronic low back pain</p> <p><input type="checkbox"/> <input type="checkbox"/> Regular, frequent alcohol use</p> <p><input type="checkbox"/> <input type="checkbox"/> Narcotic or habit forming drug use</p>	

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

I certify that the above information is complete and true. I understand that inaccurate false or missing information may invalidate the examination and my Medical Examiner's Certificate.

Driver's Signature Phyllis Williams Date 11/18/2010

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

TESTING (Medical Examiner completes Section 3 through 7) Name: Last, Williams First, Phadell Middle.

3. **VISION** Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70 degrees peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. *Monocular drivers are not qualified.*

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/ 20	20/	Right Eye 90 °
Left Eye	20/ 20	20/	Left Eye 90 °
Both Eyes	20/ 20	20/	180

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? Yes No

Applicant meets visual acuity requirement only when wearing: Corrective Lenses

Monocular Vision: Yes No

Date of Examination _____ Name of Ophthalmologist or Optometrist (print) _____ Tel. No. _____ License No./ State of Issue _____ Signature _____

4. **HEARING** Standard: a) Must first perceive forced whispered voice \geq 5 ft., with or without hearing aid, or b) average hearing loss in better ear \leq 40 dB

INSTRUCTIONS: To convert audiometric test results from ISO to ANSI, -14 dB from ISO for 500Hz, -10dB for 1,000 Hz, -8.5 dB for 2000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Numerical readings must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.

	Right ear	Left Ear
	5 Feet	5 Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)

Average:	Right Ear				Left Ear			
	500 Hz	1000 Hz	2000 Hz	Average:	500 Hz	1000 Hz	2000 Hz	Average:

5. **BLOOD PRESSURE/PULSE RATE** Numerical readings must be recorded. Medical Examiner should take at least two readings to confirm BP.

Blood Pressure	Systolic	Diastolic
	124	80

Driver qualified if \leq 140/90.
Pulse Rate: Regular Irregular
Record Pulse Rate: 70

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if \leq 140/90. One-time certificate for 3 months if 141-159/91-99.
160-179/100-109	Stage 2	One-time certificate for 3 months.	1 year from date of exam if \leq 140/90
\geq 180/110	Stage 3	6 months from date of exam if \leq 140/90	6 months if \leq 140/90

6. **LABORATORY AND OTHER TEST FINDINGS** Numerical readings must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.
Other Testing (Describe and record)

URINE SPECIMEN	SP. GR.	PROTEIN	BLOOD	SUGAR
	1.025	ng	ng	ng

7. PHYSICAL EXAMINATION Height: 68 (in.) Weight: 240 (lbs.) Name: Last, Williams First, Ophadell Middle, _____

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See *Instructions to the Medical Examiner* for guidance.

BODY SYSTEM	CHECK FOR:	YES*	NO	BODY SYSTEM	CHECK FOR:	YES*	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		<input checked="" type="checkbox"/>	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.		<input checked="" type="checkbox"/>
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.		<input checked="" type="checkbox"/>	8. Vascular System	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		<input checked="" type="checkbox"/>
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.		<input checked="" type="checkbox"/>	9. Genito-urinary System	Hernias.		<input checked="" type="checkbox"/>
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing.		<input checked="" type="checkbox"/>	10. Extremities- Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss or impairment of leg, foot, toe, arm, hand, finger, Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		<input checked="" type="checkbox"/>
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.		<input checked="" type="checkbox"/>	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		<input checked="" type="checkbox"/>
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/ or xray of chest.		<input checked="" type="checkbox"/>	12. Neurological	Impaired equilibrium, coordination or speech pattern, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		<input checked="" type="checkbox"/>

***COMMENTS:**

Note certification status here. See *Instructions to the Medical Examiner* for guidance.

- Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- Does not meet standards
- Meets standards, but periodic monitoring required due to _____
- Driver qualified only for: 3 months 6 months 1 year Other _____

Temporarily disqualified due to (condition or medication): _____

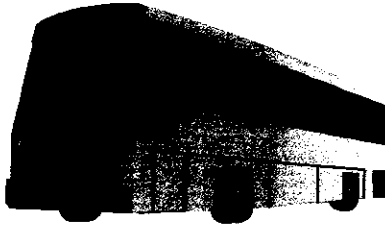
Return to medical examiner's office for follow up on _____

- Wearing corrective lenses
- Wearing hearing aid
- Accompanied by a _____ waiver/ exemption. Driver must present exemption at time of certification.
- Skill Performance Evaluation (SPE) Certificate
- Driving within an exempt intracity zone (See 49 CFR 391.62)
- Qualified by operation of 49 CFR 391.64

Medical Examiner's signature: Joseph J. Cuffo, M.D.
 Address: 73-01 Grand Avenue
Maspeth, NY 11378
 Telephone Number: (718) 457-5900

If meets standards, complete a *Medical Examiner's Certificate* as stated in 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

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PRE-EMPLOYMENT ROAD TEST

CARRIER: WORLD WIDE TRAVEL / GREAT ESCAPES TOURS & TRAVEL.

PERFORMED BY: OSCAR DELVALLE

APPLICANT: PHADell Williams JR

DATE: 11/17/10 **TIME:** 1500 **WEATHER:** Partly Cloudy

BUS # 238 **LIC PLATE #** 20642-PS **GVWR:** 52060
PLEASE TAKE OFF VIN PLATE

VIN # 2PCK3349811014285 **PASSENGER'S** 56

REGISTRATION EXPIRES: 6/30/11 **INSP EXPIRES:** 12/1/10

INSP CERT SN# 015114

PRE-TRIP INSPECTION

- EXTERIOR VISUAL INSPECTION
- TIRES
- REGISTRATION & INSPECTION STICKERS
- WINDSHIELD & WIPERS
- SEAT BELT OPERATIONAL
- OPENS HATCHES & WINDOWS
- MIRRORS OPERATIONAL
- SAFETY EQUIPMENT FLASHERS

- HORN
- GAUGES
- D.O.T. LETTERING
- FIRE EXTINGUISHER
- EMERGENCY EXITS
- LEAKS OIL, WATER, TRANSMISSION
- CHECKS BATTERY COMPARTMENT
- HEAD LIGHTS & MARKER LIGHTS

VEHICLE OPERATION

- SIGNALS INTENTIONS IN ADVANCE
- HANDS ON STEERING WHEEL
- BACKING LEAVES VEHICLE
- STOPS BEFORE R/R CROSSING
- OBEYS TRAFFIC CONTROL SIGNS
- SPEED OBEYS POSTED SIGN'S
- USE OF SEAT BELT WHILE IN OPERATION

- 50 FT. BRAKE TEST
- PROPER LANE USAGE
- FANNING OF BRAKES
- R/R CROSSING OPENS DOOR Y N
- SIGNS HEIGHT RESTRICTIONS
- PARKING
- USE OF MIRRORS WHILE OPERATING

REMARKS: Very Cautious Driver PASS!!!

**MOTOR VEHICLE DRIVER'S
CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: THE REQUIREMENTS IN PART 383 APPLY TO EVERY DRIVER WHO OPERATES IN INTRASTATE, INTERSTATE, OR FOREIGN COMMERCE AND OPERATES A VEHICLE WEIGHING 26,0001 POUNDS OR MORE, CAN TRANSPORT MORE THAN 15 PEOPLE, OR TRANSPORTS HAZARDOUS MATERIALS THAT REQUIRE PLACARDING.

THE REQUIREMENTS IN PART 391 APPLY TO EVERY DRIVER WHO OPERATES IN INTERSTATE COMMERCE AND OPERATES A VEHICLE WEIGHING 10,001 POUNDS OR MORE, CAN TRANSPORT MORE THAN 15 PEOPLE, OR TRANSPORTS HAZARDOUS MATERIALS THAT REQUIRE PLACARDING.

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 1, 1987. THEY ARE AS FOLLOWS:

- 1) YOU, AS A COMMERCIAL VEHICLE DRIVER, MAY NOT POSSESS 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 1, 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 THAT YOU NOTIFY YOUR EMPLOYER THE NEXT BUSNISS DAY OF ANY REVOCATIONS 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 LICENSE NO. _____ N.Y.. EXP DATE: _____ -2015

DRIVER'S SIGNATURE: **X** _____

NOTES:PHOTO COPY OF DRIVER'S LICENSE & MEDICAL CERTIFICATE ATTACHED

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Ophodeel Williams in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties. I find this person is qualified; and, if applicable, only when:

- wearing corrective lenses
- wearing hearing aid
- accompanied by a _____ waiver/exemption
- driving within an exempt intracity zone (49 CFR 391.62)
- accompanied by a Skill Performance Evaluation Certificate (SPE)
- qualified by operation of 49 CFR 391.64

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER		DATE
MEDICAL EXAMINER'S NAME (PRINT) Joseph J. Ciuffo, M.D. 73-01 Grand Avenue Waspeth, NY 11798 (718) 457-5900		11/18/10
		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Advanced Practice Nurse
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. (ISSUING STATE) 155710.1 NY		
SIGNATURE OF DRIVER	DRIVER'S LICENSE NO.	STATE
X	X	X/NYS
ADDRESS OF DRIVER BROOKLYN N.Y. 11233		
MEDICAL CERTIFICATE EXPIRATION DATE 11/18/12		

DISTRIBUTION: 1 COPY TO THE DRIVER, 1 COPY TO THE MOTOR CARRIER

CONTROLLED SUBSTANCES TEST RESULTS

COMPANY

Worldwide Travel of Greater New York/Great Es Corporate Office
33 2nd Avenue

Brooklyn, NY 11215
Att: Chris Muldoon

BRANCH

EMPLOYEE

OPHADELL, WILLIAMS

IDENTIFICATION

TYPE OF TEST

Pre-Empl (Urine)

DATE OF COLLECTION

11/18/2010

SPECIMEN COLLECTION SITE

HEALTHCOR
73-01 GRAND AVE
MASPETH , NY 11378
Name of Collector _____

SPECIMEN NUMBER

TESTING LABORATORY

MEDTOX
Location _____

DRUG PANEL CODE

THE CONTROLLED SUBSTANCES TEST BEING REPORTED WAS IN
ACCORDANCE WITH PART 40 TITLE 49 AND PART 382

TEST RESULT

Negative

DRUG TYPES

MEDICAL REVIEW OFFICER

Joseph J. Ciuffo, M.D.
73-01 Grand Avenue, Maspeth, NY 11378 (718) 457-5900

Signature _____

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STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. _____

B. MRO Name, Address, Phone and Fax No. _____

LAB ACCESSION NO. _____

C. Donor SSN or Employee I.D. No. _____

D. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause
 Return to Duty Follow-up Post Accident Other (specify) _____

E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

F. Collection Site Address _____

Collector Phone No. _____ Collector Fax No. _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark _____

Specimen Collection: Split Single None Provided (Enter Remark) _____ Observed (Enter Remark) _____

REMARKS _____ 51119

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

_____ Signature of Collector
 (PRINT) Collector's Name (First, MI, Last) _____

Time of Collection 1035 AM PM

Date 1/13/2010

SPECIMEN BOTTLE(S) RELEASED TO:
 Name of Delivery Service Transferring Specimen to Lab
 UPS Local Courier
 Other _____

RECEIVED AT LAB:

_____ Signature of Accessioner
 (PRINT) Accessioner's Name (First, MI, Last) _____

Date (Mo./Day/Yr.) _____

Primary Specimen Bottle Seal Intact
 Yes
 No, Enter Remark Below _____

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

_____ Signature of Donor
 (PRINT) Donor's Name (First, MI, Last) Orlando Williams

Date (Mo./Day/Yr.) 1/13/2010

Daytime Phone No. _____ Evening Phone No. _____ Date of Birth _____

Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is:

NEGATIVE POSITIVE TEST CANCELLED REFUSAL TO TEST BECAUSE:
 DILUTE ADULTERATED SUBSTITUTED

REMARKS _____

_____ Signature of Medical Review Officer
 (PRINT) Medical Review Officer's Name (First, MI, Last) _____

Date (Mo./Day/Yr.) _____

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is: RECONFIRMED FAILED TO RECONFIRM - REASON _____

_____ Signature of Medical Review Officer
 (PRINT) Medical Review Officer's Name (First, MI, Last) _____

Date (Mo./Day/Yr.) _____

MRO NO. 0930-0138

A-13b (11/08) Mfg 12/08