

ATTACHMENT #23

**EXCERPTS FROM HERMAN'S ACCIDENT
DRIVER'S QUALIFICATION FILE**

(19 Pages)

DRIVER'S APPLICATION FOR EMPLOYMENT

COMPANY HERMAN'S TRUCKING, INC
ADDRESS 181 JACOBSTOWN-COOKSTOWN ROAD
CITY WRIGHTSTOWN STATE NJ ZIP 08562

(ANSWER ALL QUESTIONS - PLEASE PRINT)

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, or non-job related disability.

Date of application 5/5/09

Position(s) Applied for _____

Name Caporale Michael J Social Security No. _____
(Last) (First) (Middle)

List your addresses of residency for the past 3 years.

Current Address _____

How Long? 3

State	Zip Code	How Long?
Street	City	State & Zip Code
Street	City	State & Zip Code
Street	City	State & Zip Code
Street	City	State & Zip Code

Previous
Addresses

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

Are you a Veteran? _____

Have you worked for this company before? _____ Where? _____

Dates: From _____ to _____ Rate of Pay \$15.45 Position Driver

Reason for leaving Offered more money

Are you now employed? _____ If not, how long since leaving last employment? _____

Who referred you? _____ Rate of pay expected _____

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>Allstar</u>			From	To <u>12/09</u>
ADDRESS			Position: <u>driver</u>	
CITY <u>Wrightstown</u>	STATE <u>NJ</u>	ZIP <u>0</u>	Salary/Wage	
CONTACT PERSON		PHONE NUMBER <u>609-752-0411</u>	Reason for leaving	

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position:	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON		PHONE NUMBER	Reason for leaving	

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position:	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON		PHONE NUMBER	Reason for leaving	

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position:	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON		PHONE NUMBER	Reason for leaving	

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position:	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON		PHONE NUMBER	Reason for leaving	

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position:	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON		PHONE NUMBER	Reason for leaving	

EMPLOYER			DATE	
NAME			From	To
ADDRESS			Position:	
CITY	STATE	ZIP	Salary/Wage	
CONTACT PERSON		PHONE NUMBER	Reason for leaving	

* Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle 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	FATALITIES	INJURIES
Last accident			
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

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EDUCATION

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

LAST SCHOOL ATTENDED Allentown High School

EXPERIENCE AND QUALIFICATIONS - DRIVER

Driver License	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
	<u>NJ</u>		<u>A</u>	

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

B. Has any licens, permit or privilege ever been suspended or revoked?

no
no

IF THE ANSWER TO EITHER A,B IS YES, ATTACH STATEMENT GIVING DETAILS

DRIVING EXPERIENCE (IF NONE, WRITE NONE)

Class of Equipment	Type of Equipment	From	To	Approx. No. of miles
Straight Truck				
Tractor and Semi Trailer				
Tractor - Two Trailers				
Motorcoach - School Bus				
Other				

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

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

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

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

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.

I authorize you to make any 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.

5/5/09
Date

Applicant's Signature ✓

EMPLOYMENT - AT - WILL

Herman's Trucking, Inc. is an "at-will employer. What this means is that you or the Company are free to conclude the employment relationship at any time, with or without notice, with or without cause and that your employment is for no specified period of time.

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last <u>Capovale</u>	First <u>Michael</u>	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City		Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☒ A citizen or national of the United States
☐ A Lawful Permanent Resident (Alien # A _____)
☐ An alien authorized to work until ____/____/____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year) <u>1/11/10</u>
----------------------	---

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: <u>D/L</u>				
Issuing authority: <u>State NJ</u>				
Document #:				
Expiration Date (if any): <u>12/31/10</u>				
Document #:				
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name <u>M Stelljes</u>	Title <u>Supvr</u>
Business or Organization Name <u>Herman's Trucking Inc.</u>	Address (Street Name and Number, City, State, Zip Code) <u>181 Jacobstun-Cookstun Rd</u>	Date (month/day/year) <u>1/11/10</u>

Section 3. Updating and Reverification. To be completed and signed by employer. Wrightstown NJ C8562

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

REQUEST FOR INFORMATION - From Previous Employer

I hereby authorize you to release the following information to _____
for the purposes of investigation as required by Section 391.23
of the Federal Motor Carrier Safety Regulations

Herman's Trucking
(Prospective Employer)

Applicant's Signature X

Date 1/11/10

NAME AND ADDRESS OF
PREVIOUS EMPLOYER:

All Star Recycling
PO Box 217
Jackson, NJ 08527

THIS FORM WAS (check appropriate box)

☒ Mailed, Date: 1-13-2010

☐ Faxed, Date: _____

☐ Emailed, Date: _____

☐ Received by Phone, Date: _____

Name of Person Contacted: _____

Name of Applicant: _____

Social Security No.: _____

Date of Birth: _____

Dear Sir/Madam:

The above named individual has made application to this company for a position as Driver

and states that he/she was employed by you as Driver

from (m/y) 4/06 to (m/y) 12/09

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding (date of application) 1/11/10. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). You may return the information by telephone, fax, mail, or email.

Prospective Employer: Herman's Trucking Inc. Attention: _____

Street: 181 Jacobstown - Cookstown Rd City, State, Zip: Wrightstown, NJ

Telephone: _____ Fax: _____ Email: N/A

TO BE COMPLETED BY PREVIOUS EMPLOYER

SECTION 1: DRIVER IDENTIFICATION

The applicant named above was employed by us. Yes ☒ No ☐

Employed as Driver from (m/y) 4/06 to (m/y) 12/09

If driver was involved in a safety-sensitive position subject to drug and alcohol testing under Part 40, check here ☐.

SECTION 2: SAFETY PERFORMANCE HISTORY

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

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) Roll off

2. Reason for leaving your employ: Discharged ☒ Resignation ☐ Lay Off ☐ Military Duty ☐

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: _____

Any other remarks: _____

Signature: _____

Title: President Date: 1-25-10

PREVIOUS EMPLOYER: KEEP A RECORD OF THIS REQUEST AND THE RESPONSE
FOR ONE YEAR, INCLUDING THE DATE, THE PARTY TO WHOM IT WAS RELEASED, AND A SUMMARY IDENTIFYING WHAT WAS PROVIDED

ORIGINAL - FORWARD TO PREVIOUS EMPLOYER FOR COMPLETION

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) Michael Capriale First, M.I., Last Capriale Social Security Number _____ hereby authorize that:

Previous Employer: All Star Disposal + Recycling
 Street: PO Box 217 Telephone: 752-0400
 City, State, Zip: Jackson, NJ 08527 Fax No.: 752-0117

may release and forward information requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

Prospective Employer: Herman's Trucking Inc.
 Attention: Marilyn Stelljes
 Street: 181 Jacobstown - Cookstown Rd Telephone: 609-758-3800
 City, State, Zip: Wrightstown, NJ 08562 Fax No.: _____

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

Prospective employer's confidential fax number: _____

Prospective employer's e-mail address: N/A

 Applicant's Signature Date: 1/11/10

This information is being requested in compliance with §40.25 and §382.405(f) and (h). (See back of form for regulations.)

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, sign below, and return.

Under Department of Transportation testing requirements:

- | | YES | NO |
|---|--------------------------|-------------------------------------|
| 1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Has this person had a verified positive drug test? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Has this person refused to be tested (including verified adulterated or substituted drug test results)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Has this person committed other violations of DOT agency drug and alcohol testing regulations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. If this person has violated a DOT drug and alcohol regulation, do you have documentation of the employee's successful completion of DOT return-to-duty requirements, including follow-up tests? (Please send this documentation back with this form, if applicable.) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

In answering these questions, include any drug or alcohol testing information obtained from previous employers under §40.25 or other applicable DOT agency regulations.

Name: _____
 Company: _____
 Street: _____
 City, State, Zip: _____ Telephone: _____

Section 2 Completed by (Signature): _____ Date: _____

SECTION 3: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer. ☒ Mailed.

Date: 1-24-10

Complete below when information is obtained.

Information received from: Ellie Goffredo

Recorded by: _____ Method: ☒ Fax ☒ Mail ☐ E-mail

Date: 1-25-10

DOT's Direct Observation Procedures
Office of Drug and Alcohol Policy and Compliance
U.S. Department of Transportation



1. DOT's 49 CFR Part 40 directly observed collections are authorized and required only when:

- The employee attempts to tamper with his or her specimen at the collection site.
 - The specimen temperature is outside the acceptable range;
 - The specimen shows signs of tampering ~ unusual color / odor / characteristic; or
 - The collector finds an item in the employee's pockets or wallet which appears to be brought into the site to contaminate a specimen; or the collector notes conduct suggesting tampering.
- The Medical Review Officer (MRO) orders the direct observation because:
 - The employee has no legitimate medical reason for certain atypical laboratory results; or
 - The employee's positive or refusal [adulterated / substituted] test result had to be cancelled because the split specimen test could not be performed (for example, the split was not collected).
- The test is a Follow-Up test or a Return-to-Duty test.

2. The observer must be the same gender as the employee.

3. If the collector is not the observer, the collector must instruct the observer about the procedures for checking the employee for prosthetic or other devices designed to carry "clean" urine and urine substitutes AND for watching the employee urinate into the collection container.

- The observer requests the employee to raise his or her shirt, blouse or dress / skirt, as appropriate, above the waist, just above the navel; and lower clothing and underpants to mid-thigh and show the observer, by turning around, that the employee does not have such a device.

- If The Employee Has A Device: The observer immediately notifies the collector; the collector stops the collection; and the collector thoroughly documents the circumstances surrounding the event in the remarks section of CCF. The collector notifies the DER. This is a refusal to test.

- If The Employee Does Not Have A Device: The employee is permitted to return clothing to its proper position for the observed collection. The observer must watch the urine go from the employee's body into the collection container. The observer must watch as the employee takes the specimen to the collector. The collector then completes the collection process.

4. Failure of the employee to permit any part of the direct observation procedure is a refusal to test.

NAME
Michael Caporale

DATE
10/23/10

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT) Michael J Caporale	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT 1-11-2010
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE NJ EXPIRATION DATE 3-11-2012

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box – ☐ None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- ☐ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____
Signature _____ Date _____
Printed Name _____ Title _____

Motor Carrier Name _____ Motor Carrier Address _____

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.3 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT) <u>Caporale, Michael</u>	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT <u>1/11/10</u>
HOME TERMINAL (CITY AND STATE) <u>Wrightstown New Jersey</u>	DRIVER'S LICENSE NUMBER	STATE <u>NJ</u> EXPIRATION DATE <u>12/31/10</u>

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.
(If you have had no violations, check the following box - ☒ None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date 3/4/10 Driver's Signature [Signature]

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- ☒ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15
- ☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by

Signature

Marilyn Steljes

Printed Name

Date

3/4/10

Title

Sec

Motor Carrier Name

Hepmans Trucking Inc.

Motor Carrier Address

181 Jacobstown-Cockstown Rd Wrightstown NJ

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

**STATE OF NEW JERSEY
DIVISION OF MOTOR VEHICLES
ABSTRACT OF DRIVER HISTORY RECORD
UNCERTIFIED - 5 YEAR**

DRIVER LICENSE NUMBER

FIRST NAME

M.I.

LAST NAME

MICHAEL

J

CAPORALE

STREET

CITY

STATE

ZIP CODE

NJ MANUFACTURERS INS CO

301 SULLIVAN WAY

TRENTON

NJ 08628

CLASS: A ENDORSEMENTS:

RESTRICTIONS:

EXPIRATION: 12 31 2010

REQ. REF.NO.

UNIT NUMBER

ABSTRACT DATE

TYPE

0845

03 04 2010

A

EVENT DATE MO. DAY YR.	EVENT RESPONSI- BILITY	EVENT TYPE	EVENT IDENT- FIER	EVENT DESCRIPTION	C M V	H Z M	F T L	PTS.	POSTING DATE MM DD YY
09 21 06	CIS	A	POLC	INVOLVED IN ACCIDENT-POLICE REPORT CURRENT STATUS - IN GOOD STANDING					013107

(12)

ACCORDING TO THE RECORDS OF THIS DIVISION THIS LISTING IS A TRUE ABSTRACT OF THE DRIVER HISTORY RECORD OF THE INDIVIDUAL WHOSE DRIVER LICENSE NUMBER IS PRINTED OR TYPED ABOVE. THE RECORD INCLUDES ACCIDENTS, SUSPENSIONS AND CONVICTIONS FOR MOVING VIOLATIONS.

STATE OF NEW JERSEY
DIVISION OF MOTOR VEHICLES
ABSTRACT OF DRIVER HISTORY RECORD
UNCERTIFIED - 5 YEAR

DRIVER LICENSE NUMBER

FIRST NAME

M.I.

LAST NAME

MICHAEL

J

CAPORALE

STREET

CITY

STATE

ZIP CODE

NJ MANUFACTURERS INS CO
301 SULLIVAN WAY
TRENTON

NJ 08628

CLASS: A ENDORSEMENTS:
RESTRICTIONS:
EXPIRATION:

REQ. REF.NO.

UNIT NUMBER
0845

ABSTRACT DATE
03 11 2011

TYPE
A

EVENT DATE MO. DAY YR.	EVENT RESPONSI- BILITY	EVENT TYPE	EVENT IDENT- FIER	EVENT DESCRIPTION	C M V	H Z M	F T L	PTS.	POSTING DATE MM DD YY
09 21 06	CIS	A	POLC	INVOLVED IN ACCIDENT-POLICE REPORT CURRENT STATUS - IN GOOD STANDING					013107

(13)

ACCORDING TO THE RECORDS OF THIS DIVISION THIS LISTING IS A TRUE ABSTRACT OF THE DRIVER HISTORY RECORD OF THE INDIVIDUAL WHOSE DRIVER LICENSE NUMBER IS PRINTED OR TYPED ABOVE. THE RECORD INCLUDES ACCIDENTS, SUSPENSIONS AND CONVICTIONS FOR MOVING VIOLATIONS.

**STATE OF NEW JERSEY
DIVISION OF MOTOR VEHICLES
ABSTRACT OF DRIVER HISTORY RECORD
UNCERTIFIED - 5 YEAR**

DRIVER LICENSE NUMBER

FIRST NAME

M.I.

LAST NAME

MICHAEL

J

CAPORALE

STREET

CITY

STATE

ZIP CODE

NJ MANUFACTURERS INS CO
301 SULLIVAN WAY
TRENTON

NJ 08628

CLASS: A ENDORSEMENTS:
RESTRICTIONS:
EXPIRATION:

REQ. REF.NO.

UNIT NUMBER
0845

ABSTRACT DATE
10 25 2011

TYPE
A

EVENT DATE MO. DAY YR.	EVENT RESPONSI- BILITY	EVENT TYPE	EVENT IDENT- FIER	EVENT DESCRIPTION	C M V	H Z M	F T L	PTS.	POSTING DATE MM DD YY
				NO VIOLATION RECS FOUND FOR DRIVER CURRENT STATUS - IN GOOD STANDING					

14

ACCORDING TO THE RECORDS OF THIS DIVISION THIS LISTING IS A TRUE ABSTRACT OF THE DRIVER HISTORY RECORD OF THE INDIVIDUAL WHOSE DRIVER LICENSE NUMBER IS PRINTED OR TYPED ABOVE. THE RECORD INCLUDES ACCIDENTS, SUSPENSIONS AND CONVICTIONS FOR MOVING VIOLATIONS

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

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

Date	Offense	Location	Type of Vehicle
	<u>None</u>		

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

10/23/10
(Date of Certification)

(Driver's Signature)

HERMAN'S TRUCKING, INC
(Motor Carrier's Name)

181 Jacobstown-Cookstown Rd., Wrightstown NJ 08562
(Motor Carrier's Address)

(Reviewed by: Signature)

Supvr.
(Title)

U.S. DEPARTMENT OF TRANSPORTATION MOTOR CARRIER SAFETY PROGRAM ANNUAL REVIEW OF DRIVING RECORD 391.25

~~Michael~~ Caporale Michael J
Name (Last First, M.I.) (Soc. Sec. No)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she has violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited as disregard for safety of the public. Having done the above, I find that

☒ the driver meets the minimum requirements for safe driving, or

☐ the driver is disqualified to drive a motor vehicle pursuant to 391.25

10/23/10
Date of review

Reviewed by : Signature and title

HERMAN'S TRUCKING, INC USDOT# 354713
Motor Carrier's Name



POGUE^{INC}

MOTOR CARRIER SAFETY

HOME OFFICE 164 CUMBERLAND AVE ESTELL MANOR, NJ 08319.1712

Certificate

Instruction & Recurrent Training

10.23.10

CSA 2010 COMPREHENSIVE SAFETY ANALYSIS
FEDERAL MOTOR CARRIER SAFETY REGULATIONS

ALCOHOL & DRUG PROGRAM

"SAFE TRANSPORTATION OF HAZARDOUS MATERIALS"

HAZARDOUS MATERIALS SECURITY PLAN

HERMAN'S TRUCKING INC

USDOT # 3 5 4 7 1 3

MICHAEL J CAPORALE

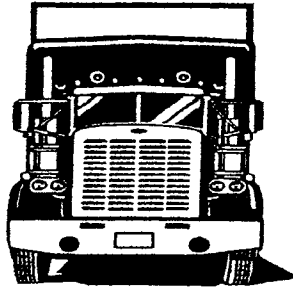
HAS BEEN INSTRUCTED to COMPLY with CSA2010 and FMCSR PART 380.503, 390.3 (e) (2) and 392.1 and further RECURRENT TRAINED and TESTED AS REQUIRED for HMR 172.704 and 172.800. Educational materials included the FMCSR 09/10, HAZARDOUS MATERIALS Compliance Pocketbook 09/10, ERG 2008, the CSA2010 & Roadside Inspection 2nd Ed Driver Handbooks, the Safety Management Compliance Monitoring Report 9/10, SafeStat 10/10, Wellness Plan 10/10, 382 Policy rev 08.31.09, "Unsafe Driving Acts" FMCSA, Cargo Securement, Driver Vehicle Inspection Reports, and Recordkeeping Fines & Penalties with Records Updating.

EMPLOYEE

INSTRUCTOR-TRAINER-COMPLIANCE MONITOR

EMPLOYER REPRESENTATIVE - 4 HOURS TRN

10.23.11
EXPIRATION DATE



POGUE^{INC}

MOTOR CARRIER SAFETY TRAINING

HOME OFFICE 164 CUMBERLAND AVE ESTELL MANOR, NJ 08319.1712

ACTION ALERT

Violations and Penalties 2008

Part 386 Appendix B

(a) Violations of the Federal Motor Carrier Safety Regulations (FMSCRs)

COMPARE THE INCREASE IN RECORDKEEPING PENALTIES

2007

(1) Recordkeeping. A person or entity that fails to prepare or maintain a record required by Parts 40, 382, 385 and 390-399 of this subchapter, or prepares or maintains a required record that is incomplete, inaccurate, or false, is subject to a maximum civil penalty of \$550 for each day the violation continues, up to \$5,500.

2008

(1) Recordkeeping. A person or entity that fails to prepare or maintain a record required by Parts 40, 382, 385 and 390-399 of this subchapter, or prepares or maintains a required record that is incomplete, inaccurate, or false, is subject to a maximum civil penalty of \$1000 for each day the violation continues, up to \$10,000.

What does the above really mean to you?

DOES IT GET YOUR ATTENTION??

What are recordkeeping violations?

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 26,001 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: Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. They are as follows:

- 1. POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.
- 2. NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATIONS:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 require that any time you are convicted of violating a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.
- 3. CDL DOMICILE REQUIREMENT:** Section 383.23(a)(2) require that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply transfer your CDL within 30 days.

The following license is the only one I possess:

Driver's License No. _____

State NJ Exp. Date 12/31/2010

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): Michael Caporale

Driver's Signature: _____ Date: 10/23/10

DRIVER'S RECEIPT

This issue of the FMCSR Pocketbook includes all revisions issued on or before August 10, 2010.

I acknowledge receipt of this FEDERAL MOTOR CARRIER SAFETY REGULATIONS POCKETBOOK (7-ORS-A). 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, 390-397, 399 Subchapter B, Chapter 3, Title 49 of the Code of Federal Regulations, as contained therein.

Michael Caporale 10/23/10
DATE

DRIVER'S SIGNATURE

Herman's Tracking
COMPANY NAME

9/10
COMPANY SUPERVISOR'S SIGNATURE

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.

Driver Receipt

I acknowledge receipt of J. J. Keller's *CSA 2010: A Driver's Guide Driver Handbook*, which covers the following topics:

- Introduction
- What is CSA 2010?
 - Data Collection
 - Safety Measurement
 - The seven BASICS
 - How violations are valued
 - How violations are valued in a BASIC
 - Safety Evaluation
 - Interventions
- Working for a Positive Score
 - How can I avoid FMCSA intervention and improve my safety record?
- Summary
- Frequently Asked Questions
- Quiz

10/23/10
Driver's Signature Date

Herman's tracking
Company

10/23/10
Company Official's Signature Date

Note: This receipt shall be read and signed by the receiving driver. A responsible company representative shall countersign the receipt and place it in the driver's personnel file.