

ATTACHMENT #5

**EXCERPTS FROM DRIVER'S QULAIFICATION
FILE**

(55 Pages)

Oct. 25



Mullen Trucking Inc.

- had personal

2001 W. Star

interview LF & WS

"We are an equal opportunity employment company. We are dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin; or physical defects."

COMPANY DRIVER/ OWNER OPERATOR	DATE OF APPLICATION DY. MO. YR. 26 19 04
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APPLICATION FOR EMPLOYMENT (PLEASE PRINT)

FIRST NAME (LEGAL NAME IN FULL) WILLIAM		NAME YOU GO BY BILL		MIDDLE NAME D. WILSON	LAST NAME SCOTT	
YOU ARE A CITIZEN OF WHAT COUNTRY CANADA		HOLD PASSPORT OR VISA DAY		DATE OF BIRTH		RESIDENCE PHONE NO.
ADDRESSES				PROV./STATE AB	POSTAL CODE/ZIP CODE T7X 4J9	LENGTH OF RESIDENCE 1 1/2
PRESENT				PROV./STATE BC	POSTAL CODE/ZIP CODE V2X 4P6	
MAILING				PROV./STATE AB	POSTAL CODE/ZIP CODE T7X 4J	
PERSON TO NOTIFY IN CASE OF EMERGENCY - RELATIONSHIP SCOTT - WIFE						
NUMBER AND STREET				PROV./STATE AB	TELEPHONE NO.	
GRU HIGH SCHOOL		HIGHEST GRADE COMPLETED 1 2 3 4 5 6 7 8 9 10 11 12 12		NAME OF LAST GRADE OR HIGH SCHOOL ATTENDED TERRY FOX SR. SECONDARY		FINAL YR. 19 2001
COLLEGE/UNIVERSITY/VOCATIONAL SCHOOL			DATES ATTENDED		MONTH & YR. LEFT OR GRADUATED	TYPE OF DEGREE EARNED
B.C.I.T 6 week a year for 91, 92, 93 for commercial transport.			FROM MO. YR.	TO MO. YR.		
ARE YOU PHYSICALLY CAPABLE OF HEAVY MANUAL WORK? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF NO EXPLAIN						
LIST PHYSICAL LIMITATIONS, SUCH AS EYESIGHT, LIMB OR BACK IMPAIRMENTS, DIABETES, HEARING, ETC.						
DATE OF LAST PHYSICAL EXAMINATION Aug 5/04		DOCTOR'S NAME AND ADDRESS med clinic				
HAVE YOU EVER BEEN INJURED ON THE JOB? NO GIVE NATURE AND DEGREE OF SUCH INJURIES						
HOW MUCH TIME LOST FROM WORK IN PAST THREE YEARS FOR ILLNESS: None						
HAVE YOU RECEIVED WORKMENS' COMPENSATION? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> IF YES, WHEN? 1988						
OPERATOR LICENCE NO.		DATE OF EXPIRATION	DAY	MO.	YR.	ISSUED BY WHICH PROV./STATE
		3	12	04		Alberta
		TYPE OF LICENCE		CLASS: 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		
		A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>		4 <input type="checkbox"/> 5 <input type="checkbox"/>		
		AIR TICKET: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
HOW MANY DEMERIT POINTS ON YOUR PRESENT DRIVING RECORD? None		HAVE YOU RECEIVED MORE THAN 2 MOVING VIOLATIONS DURING THE LAST 12 MONTHS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		HAS YOUR OPERATOR'S LICENCE BEEN SUSPENDED DURING THE PAST 2 YEARS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
MTI GUIDELINES FOR DRIVER'S ABSTRACT MAXIMUM 6 DEMERIT POINTS (No DUI's or Drug Related Violations) IF UPON RECEIPT OF YOUR DRIVER'S ABSTRACT WE FIND THAT IT DOES NOT MEET THE ABOVE CONDITIONS, WE RESERVE THE RIGHT TO TERMINATE YOUR EMPLOYMENT WITHOUT NOTICE. APPLICANT'S SIGNATURE _____						

2

MO. OR VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS

DATES (BEGINNING WITH MOST RECENT)			NATURE OF ACCIDENT (HEAD ON, REAR-END, UPSET, ETC.)	PROVINCE OR STATE OCCURRED	FATALITIES	INJURIES
DAY	MO.	YR.				

TRAFFIC CONVICTIONS AND FORFEITURES (OTHER THAN PARKING VIOLATIONS) FOR THE PAST 3 YEARS AND ANY CONVICTIONS OR FORFEITURES INVOLVING POSSESSION, SALE, MANUFACTURING, TRANSPORTATION, OR USE OF DRUGS.

LOCATION	DAY	MO.	YR.	CHARGES	PENALTY	PROV. OR STATE OCCURRED

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.

Sept 24/04
(DATE)

(APPLICANT'S SIGNATURE)

TO BE READ AND SIGNED BY APPLICANT

I UNDERSTAND THAT THE INFORMATION ON THIS APPLICATION WILL BE USED AND THAT PRIOR EMPLOYERS WILL BE CONTACTED FOR THE PURPOSES OF INVESTIGATION

- It is agreed and understood that this application for employment in no way obligated Mullen Trucking Inc. to employ the applicant.
- It is agreed and understood that any misrepresentations of information given above shall be considered an act of dishonesty.
- This certifies that this application was completed by me and that all information on it is true and complete to the best of my knowledge.
- It is agreed and understood Mullen Trucking Inc. may investigate the applicant's background to ascertain all information of concern to applicant's record.
- It is agreed and understood that the applicant releases employers and persons named herein from all liability for any damages on account of the applicant furnishing such information.
- The applicant agrees to furnish additional information and complete such examinations as may be required to complete the applicant's employment file.
- It is agreed and understood that if employed, the employee will be on a probationary period (90 days) during which time the employee may be discharged without recourse.
- If I am accepted for employment, I will not publish or disclose to anyone outside the Company, any trade secrets or confidential technical or business information during or after employment by Mullen Trucking Ltd., except with the company's written permission.

Mullen Trucking Inc. - Truckload will protect all information on the application in accordance with the Federal PIPED act.

APPLICANT'S SIGNATURE	DAY	MO.	YR.
	24	9	04

HOW WERE YOU REFERRED TO THIS COMPANY? ADVERTISING EMPLOYEE OTHER

NAME: _____ EXPLAIN: Paper

DO YOU HOLD A VALID FIRST AID CERTIFICATE? YES NO

OTHER CERTIFICATIONS:

ARE YOU ABLE TO WORK FLEXIBLE HOURS? YES NO

ARE YOU ABLE TO BE AWAY FROM HOME FOR EXTENDED PERIODS OF TIME? YES NO

ARE YOU BONDABLE - IF NOT, STATE REASONS Yes



SUPPLEMENT TO CANADIAN DRIVER APPLICATION

Applicant Name WILLIAM B.W. SCOTT

Indicate your tractor-trailer driving experience level:

No driver training of any kind _____

Completed driving school yes

Have driven 0-100,000 km over the road yes
No. of kms

GENERAL EXPERIENCE

Have you every driven Tractor Trailer in the U.S? Yes No

Which States? all 48

Please indicate approximate total number of miles with Tractor Trailer:

Flat Deck (High & Low Boy & Train) yes 400,000 miles

Van yes

Equipment Hauling (Over Dimensional & Heavy Haul & Other) yes 250,000 miles

Tanks None

Have you ever worked irregular hours? Yes No

Have you ever spent extended periods of time away from home? Yes No If yes, describe when and for how long: up to a month at a time

Have you ever worked without direct supervision? Yes No If yes, explain: In all my Driving Job's of Been out of town with know one to supervis me.

See Other Side to Complete Application

PERSONAL HISTORY FOR PAST 10 YEARS

PRINTNAME WILLIAM SCOTT

Begin with your present experience and work backward in order, listing all of your employers, driving school and other training programs, periods of military service, self-employment and employment for at least 10 years. All time must be accounted for. Use supplementary sheet if necessary. Fill in all blanks. Leave NO blanks or gaps in time for past 10 years.

Period of unemployment (if any) Dates: From (Month/Year) _____ To _____

DATES: From Month/Year <u>Feb 2004</u> To <u>Now</u>	Position Held <u>contractor</u>
Company <u>Rugged Heavy Haul</u>	Avg. Weekly Earnings <u>6000 week</u>
Address <u>45 1430 40 ave</u>	Reason for Leaving <u>to better myself</u>
City <u>Calgary</u> Province <u>Ab</u> Postal Code _____	If Experienced, Type of Trailer Pulled _____
Telephone _____	Type Equip. Driven <u>tri-Double / 7 axle / 8 axle</u>
Supervisor _____	Number of Accidents <u>0</u> Total KMs _____
Full or Part-Time _____	Hours or KMs/Week <u>5000 Km</u> States/Regions You Drove In <u>North america</u>

◆ May we contact your present employer (if any) to verify your work record? Yes No

Period of unemployment (if any) Dates: From (Month/Year) Feb 2004 To Feb 2000

DATES: From Month/Year <u>2004 Feb</u> To <u>Feb 2000</u>	Position Held <u>contractor</u>
Company <u>T-lane</u>	Avg. Weekly Earnings <u>6000 week</u>
Address <u>2 yrd.</u>	Reason for Leaving <u>interl problems</u>
City <u>mission</u> Province <u>B.C</u> Postal Code _____	If Experienced, Type of Trailer Pulled <u>Rebuilt / water</u>
Telephone _____	Type Equip. Driven <u>Tri-Double supertrain</u>
Supervisor _____	Number of Accidents _____ Total KMs _____
<input checked="" type="checkbox"/> Full or Part-Time _____	Hours or KMs/Week <u>5000 Km</u> States/Regions You Drove In <u>North america</u>

Period of unemployment (if any) Dates: From (Month/Year) _____ To _____

DATES: From Month/Year <u>2000</u> To <u>1999</u>	Position Held <u>Driver</u>
Company <u>Roy shipowick</u>	Avg. Weekly Earnings _____
Address <u>Barrier B.C</u>	Reason for Leaving <u>lack of work</u>
City _____ Province _____ Postal Code _____	If Experienced, Type of Trailer Pulled <u>super train</u>
Telephone _____	Type Equip. Driven <u>freight liner</u>
Supervisor _____	Number of Accidents <u>0</u> Total KMs _____
Full or Part-Time <u>full</u>	Hours or KMs/Week <u>5000 Km</u> States/Regions You Drove In <u>wester can / US</u>

Period of unemployment (if any) Dates: From (Month/Year) _____ To _____

DATES: From Month/Year <u>1999</u> To <u>1997</u>	Position Held <u>Driver / equipment operator</u>
Company <u>Allard contractor</u>	Avg. Weekly Earnings <u>3400 month</u>
Address <u>2 yrd.</u>	Reason for Leaving <u>To be self employed</u>
City <u>part courtalm</u> Province <u>B.C</u> Postal Code _____	If Experienced, Type of Trailer Pulled <u>7 axle Dump Box + low</u>
Telephone _____	Type Equip. Driven <u>980 wheel load / low bed</u>
Supervisor _____	Number of Accidents <u>0</u> Total KMs _____
<input checked="" type="checkbox"/> Full or Part-Time _____	Hours or KMs/Week <u>40+ hours</u> States/Regions You Drove In <u>B.C</u>

Period of unemployment (if any) Dates: From (Month/Year) _____ To _____

DATES: From Month/Year <u>1997</u> To <u>1994</u>	Position Held <u>Driver</u>
Company <u>m s g trucking</u>	Avg. Weekly Earnings _____
Address <u>chilwack</u>	Reason for Leaving _____
City <u>N/A</u> Province <u>B.C</u> Postal Code <u>N/A</u>	If Experienced, Type of Trailer Pulled <u>5 axle</u>
Telephone () _____	Type Equip. Driven <u>8 axle + 3 axle tr</u>
Supervisor _____	Number of Accidents _____ Total KMs _____
Full or Part-Time <u>fuel</u>	Hours or KMs/Week <u>40+</u> States/Regions You Drove In <u>B.C</u>

Period of unemployment (if any) Dates: From (Month/Year) _____ To _____

Ten years are accounted for and there are no gaps between any of the above dates.

Attach an additional page if required to complete 10 year history. If you don't remember phone numbers, please check with directory assistance to find them. (Application cannot be processed without employer's consent.)



OWNER OPERATOR START UP INFORMATION

DATE STARTED 10/25/04

UNIT # Q70

NAME Bill Scott

ADDRESS _____

GROUP INSURANCE - WAIVER _____ SIGN UP

77X 459

PHONE NO. _____

- YEAR 2001

- MODEL Western Star

- SERIAL _____

COMPANY TRAILER YES

NO _____

WORKERS COMPENSATION # _____

(attach copy of valid card)

FLEET # FHMLO

BC TAX _____

ONTARIO TAX _____

SASK TAX _____

QUEBEC TAX _____

MANITOBA TAX _____

NOVA SCOTIA TAX _____

NEW BRUNSWICK TAX _____

NEWFOUNDLAND TAX _____

CHEQUES PAYABLE TO THE ABOVE/OR

REVENUE% 68

Attached

LEASED OPERATOR

MULLEN TRUCKING INC.

DISBURSEMENT

White - File, Green - Operator Settlements, Canary - Human Resources, Pink - Licensing, Goldenrod - Inspection Bay



LATER POSS. bly

REFERENCES

Date: Sept. 27-04

Applicant Name: Bill Scott (270)

City & Province: _____ AB

Driver

Owner Operator

Tractor age & make: 2001 W. Star
no trlr.

References completed by: 0

Reviewed by: h

PREVIOUS EMPLOYERS

Company Name: T-Lane Contact Name: Wally

Would you rehire? Yes No

WCB - Lost time injuries: Yes No

Accidents or Claims: Yes No

2 yrs.

If Yes details: _____

General comments on trust, work ethic, reliability, overall disposition: Very sorry to lose him - good guy on all counts. Hard working, reliable and safe.

Company Name: Rugged H. Haul Contact Name: Bill

Would you rehire? Yes No

WCB - Lost time injuries: Yes No

Accidents or Claims: Yes No

7 mo.

If Yes details: _____

General comments on trust, work ethic, reliability, overall disposition: Super guy - hard worker - committed to cust. service and safety. Hate to see him go.

Bill Scott
g5T

Company Name: _____ Contact Name: _____

Would you rehire? Yes No

WCB - Lost time injuries: Yes No

Accidents or Claims: Yes No

270

If Yes details: _____

General comments on trust, work ethic, reliability, overall disposition: _____

from 1991 to 1994 metro for
was Heavy Duty/ mech for trucks
as an apertbus forman was

Phone

Port coq B.L

Reason for leaving lack of work.

In your own words and in your own handwriting, please state briefly why you want to become a driver for Mullen Trucking Inc.

I would like to become a Lease operator at mullen trucking, because I believe mullen trucking will be in the transportation sector for many years to come. I would like to be part of the mullen team because of all the years experience there, the training program's for Lease operator, the chance to move my Business forward with the help of mullen trucking, and to be able to move Heavy equipment across Canada and the USA. Also with the confidence that I have had proper training, that safety comes first above all else and satisfying the customer to the best of our ability so that they will use us again in the future

Is there anything else about you, your background or experience that you believe has a bearing on your qualifications? I think that being responsible for my own actions over the years has made me very good at Decision making. I've spent a lot of time working on my own and there for makes me very resourceful especially when faced with unexpected problems. which one will face in this Business

PSP Detailed Report

Federal Motor Carrier Safety Administration

Driver Information												
Last Name	First Name	License #	State									
SCOTT	WILLIAM		AB									
Crash Activity												
Crash Summary (Crashes listed represent a driver's involvement in FMCSA-reportable crashes, without any determination as to responsibility.)												
# of Crashes:	0	# of Crashes with Fatalities:	0	# of Crashes with Injuries:	0	# of Towaways:	0					
		# of Fatalities:	0	# of Injuries:	0	# of Hazmat Releases:	0					
Crash Details (Crashes listed represent a driver's involvement in FMCSA-reportable crashes, without any determination as to responsibility.)												
Date	DOT #	Carrier Name	Driver Name	Driver Lic	State	Driver DOB	Rpt St	Report Number	Location	# Fatalities	# Injuries	
Inspection Activity												
Inspection Summary												
Driver Summary				Vehicle Summary				Hazmat Summary				
Driver Inspections:	2			Vehicle Inspections:	2			Hazmat Inspections:	0			
Driver Out-of-service Inspections:	0			Vehicle Out-of-service Inspections:	0			Hazmat Out-of-service Inspections:	0			
Driver Out-of-service Rate:	0%			Vehicle Out-of-service Rate:	0%			Hazmat Out-of-service Rate:	0%			
Inspection Details												
Carrier Info				Driver Info				Inspection Info				
Date	DOT #	Carrier Name	Driver Name	Driver Lic	State	Driver DOB	Rpt St	Report Number	Hazmat Insp	Insp Level	# of Viol	
1	04/30/2010	158799	MULLEN TRUCKING 2005 LTD	SCOTT, WILLIAM		AB		WA	W605001977	N	2	0
2	03/03/2013	158799	MULLEN TRUCKING 2005 LTD	SCOTT, WILLIAM		AB		WA	S72F026256	N	2	1
Vehicle Violation: 392.2-SLLEWA1 State/Local Laws - Excessive weight - 1-2500 lbs over on an axle/axle groups. NON-OOS												

Report executed at: 5/28/2013 9:08:48 AM

MCMIS snapshot date: 04/26/2013

* Violation charged to co-driver ** Post crash violation

ENTERED
E-288

Alberta
REGISTRIES

SCOTT WILLIAM D W



OPERATOR'S LICENCE

No:
Class: 1
Cond/End:
Expires: 2009

SCOTT, William D W

Sex: M DOB:
Issued: 03 AUG 2004



0528-52936

11

#270

Government of Alberta

Interim Operator's Licence

Client's Name: **Scott, William D W**

Operator's Licence Number:

Condition Codes / Endorsements

Class: **1**

MVID:

Special Conditions (Code B)

Registry Agent's Office MVID: **0000-05736**

Transaction Number: **4357013-0200152-010**

Issue Date:

REG3115 (2010/09)

An interim licence validates that you are authorized to operate a motor vehicle. It cannot be used for identification. Plan ahead carry other identification to prove who you are.

An Interim Operator's Licence

- must be carried when operating a motor vehicle,
- must be presented on demand of a peace officer, and
- is valid for 30 days from the date of issue or until you receive your operator's licence in the mail, whichever occurs first.



Signature of Client

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Canadian Occupational Health Resources Inc.
 6111 - 6 Street SE, Calgary, Alberta Canada tel: (403) 243-1122
 T2H 1L9 fax: (403) 243-3686

MEDICAL EXAMINER'S CERTIFICATE
WILLIAM D.W. SCOTT

I certify that I have examined WILLIAM D.W. SCOTT (name on Driver's license) 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 is on file in my office.

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SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE Jan 10, 2007
NAME (PRINT)	<input type="checkbox"/> MD <input checked="" type="checkbox"/> OCCUPATIONAL HEALTH NURSE	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING PROVINCE ALBERTA 34629		
DRIVER'S LICENSE # PROVINCE AB		
ADDRESS OF DRIVER Drive Spruce Grove AB		
MEDICAL CERTIFICATE EXPIRATION DATE January 10, 2009		
Distribution: original to the driver, copy to the Motor Carrier and COHR Health		

DRIVER NOTIFICATION FORM

TO:

COMPANY: Mullen Trucking LP

DATE: January 10, 2007

CONFIDENTIAL

APPOINTMENT DATE: January 10, 2007

DRIVER NAME:

RESULTS: (marked with an)

- Express Drug Test Negative
- Express Drug Test Presumptive Positive
- DOT Lab Drug Test Negative
- DOT Lab Drug Test Confirmed Positive

- Breath Alcohol Test Negative
- Breath Alcohol Test Positive
- Audiogram Completed and Meets Requirements
- Medically Fit
- Certificate is for 2 Years
- Certificate is for 1 Year
- Certificate is for 6 months
- Certificate is for 3 months
- Pending

Comments:

Fit to work as driver.

Thank you.

RN, OHNC

COHR, Canadian Occupational Health Resources Inc.

403 243 – 1122

CONSENT FORM

I, William Scott of _____

Do hereby consent for Mullen Trucking LP and Mullen Group:

To collect and retain information contained in my travel documents that I will produce to U.S. and /or Canadian Customs officials for Border clearance.

I understand that this information will be kept in a safe, locked environment at all times and will only be accessible to authorized persons.

I understand that this information will be transmitted to different Regulatory and Government Agencies as required, in accordance with the rules and regulations of the various cross-border Programs.

Upon termination of my employment at Mullen Trucking LP, I understand that this information will no longer be used for any purpose and will be destroyed in accordance with the Company's document retention and destruction policy in place at that time.

Signature _____ Signed this Dec of 8 at 2009

Witness by: J Company name: Mullen Trucking LP

Travel Documents: SELECT (2) OF THE FOLLOWING

Passport #: _____

Birth Certificate #: _____

Citizenship Card #: _____

Fast Card #: _____

Certificate of Naturalization #: _____

Other #s: _____

Drivers License #: _____

Please forward to

at Mullen Trucking LP.

RightFax 8. 2003 2:29PM 7 MCINTYRE AGENCIES 780 454 2494^{2/3} RightFAX No. 8591 P. 1



INSURANCE CORPORATION OF BRITISH COLUMBIA
151 West Papez Road, North Vancouver, BC V7M 1E9

July 08, 2003

Reference #: 932921-1

Attention: Corrine

Fax #: 1-780-454-2494
22596 127 AVE
MAPLE RIDGE BC
V2X 4P6

Customer Name: SCOTT WILLIAM DONALD WILSON

Re: Insurance coverage history and claims experience for SCOTT WILLIAM DONALD WILSON for the past 6 years

This confirms that SCOTT WILLIAM DONALD WILSON carried vehicle insurance with the Insurance Corporation of British Columbia as detailed below:

Policy Number	Insurance Policy Term
	November 30, 2000 to March 20, 2001
	December 09, 1997 to March 14, 2000
	December 16, 1991 to November 30, 1992
	December 14, 1998 to December 14, 1998
	November 29, 2000 to November 29, 2000
	April 02, 1992 to February 05, 1997

The following is the at fault (more than 25% liable) claims experience recorded by the Insurance Corporation of British Columbia for SCOTT WILLIAM DONALD WILSON as an owner or a driver for the past 6 years.

Claim #	Loss Date	Driver	Kinds of Loss		
			Loss	Payment made	Payment outstanding
K008311	25 Aug 2000	yes	Property Damage		no
			Bodily Injury		yes
Y551140	28 May 2001	yes	Loss <i>PC</i>	Payment made	Payment outstanding
			Property Damage		no

Our records indicate that SCOTT WILLIAM DONALD WILSON has B.C. driver's licence number 2005 issued Feb 5/01, 1988 with expiry date of 2005.

Customer Contact
Telephone: (604) 661-2800 Greater Vancouver
1-800-663-3051 Toll free in Canada and USA
Fax: (604) 646-7400



**Workers'
Compensation
Board**

Customer Service

Alberta

9912 - 107 Street
PO Box 2415
Edmonton, Alberta T5J 2S5

Email: es.clearance@wcb.ab.ca
Tel: (780) 498-3999 (1-866-922-9221)
Fax: (780) 498-7999
WCB website: www.wcb.ab.ca

October 25, 2004

Reference Number: 3733721

MULLEN TRUCKING INC.
BOX 87 RR 3
ALDERSYDE, AB T0L0A0

Dear Sir or Madam:

Re: WILLIAM DONALD WILSON SCOTT

The above named subcontractor has an account with the WCB - Alberta in the following industry(ies):

account	trade name(s)/industry	effective date	personal coverage holders
	COYOTE ENTERPRISES		
	GENERAL TRUCKING SERVICES	Oct 22, 2004	WILLIAM DONALD W SCOTT

Please accept this letter as a clearance for this subcontractor under Section 126 of the Workers' Compensation Act, for work completed to the date of this letter, for the industry(ies) listed. If the subcontractor's account is closed, the clearance is effective for work done up to the close date. If work has not yet begun, obtain a clearance prior to releasing final payment.

Section 126 states that you have a responsibility to ensure that your subcontractors' accounts are in good standing. To ensure this clearance has been issued for the correct subcontractor, please verify the subcontractor's address and industry information listed above.

Any holdback on this account may be released for contracts completed, or for work completed to the date of this letter.

If the subcontractor is performing work for you outside Alberta, contact the WCB in that jurisdiction to determine your clearance and other WCB requirements.

Any alteration of this document is strictly prohibited.

Yours truly,

eBusiness Support Team

SAFETY & LOSS PREVENTION

DRIVER SIGN UP / SAFETY CERTIFICATION CHECK LIST

1. PRE-EMPLOYMENT ROAD MANAGEMENT EVALUATION
2. CERTIFICATION OF WRITTEN EXAM TRAINER EVALUATION
3. SIGNED CERTIFICATION OF COMPLIANCE
4. SIGNED DRIVER ABSTRACT AUTHORIZATION
5. SIGNED BRAKE INSPECTOR STATEMENT
6. SIGNED CERTIFICATION OF VIOLATION
7. SIGNED DAILY LOG TRAINING
8. RECENT DRIVERS ABSTRACT
9. PHOTOCOPY OF DRIVERS LICENCE
10. PHOTOCOPY OF MEDICAL CERTIFICATE
11. DRIVER DATA SHEET
12. COMPLETE ICC TEST
13. DRIVER RECEIPTS FOR FMCSR BOOK & SAFETY CODE
14. SAFETY CERTIFICATION NOTE TO DRIVER RELATIONS
15. SAFETY CERTIFICATION APPLICATION INTERVIEW

<input checked="" type="checkbox"/>
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Do we have an Alberta Abst for him?

PHOTOCOPY AND FORWARD COPY OF BOTTOM PORTION TO:

TO: Driver Relations

FROM: Safety & Loss Prevention Department

DATE: Oct 29, 04

DRIVER: Bill Scott

THE ABOVE DRIVER IS SAFETY CERTIFIED

YES
 NO
 With Conditions

COMMENTS - CONDITIONS: _____

SIGNATURE: _____

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VEHICLE DESCRIPTION
 MAKE
 Western Star
 MODEL OR SERIES
 Conventional
 VEHICLE STYLE
 Truck and Trailer
 VEHICLE IDENTIFICATION NUMBER (VIN)
 VEHICLE STATUS
 active

SECTION 2
 YEAR
 2001

VEHICLE ACCESS
 CODE (VAC)

BODY COLOR
 L. Brown Diesel
 LICENCED MASS
 46600 kg
 UNIT NUMBER
 262
 REGULATIONS
 BUS CAPACITY



VALIDATION NUMBER
 APPEARING ON YOUR TAB

SECTION 1

LICENCE PLATE NO.	CLASS	LICENCED MASS	VEHICLE STATUS
	1	46600 kg	active
EXPIRY DATE (Y/M/D)	TYPE OF OPERATION		
2005/03/31	Prorated PSV		
REGISTRATION NUMBER	IF LEASED VEHICLE, LEASING COMPANY NAME AND MVID		
	Scott, William Canadian Western Bank		

SPECIAL CONDITIONS

VEHICLE RECONSTRUCTION / SECONDARY PARTS DESCRIPTION
 MODEL OR SERIES

NAME & ADDRESS OF
 REGISTRANT(S)

ORGANIZATION
 0416-26052

LICENCE PLATE NO.	CLASS
	1
EXPIRY DATE (Y/M/D)	
2005/03/31	

RUGGED HEAVY
 BAY 5
 1430 40 AVE NE
 CALGARY AB



This Certificate to be signed on the back by the registrant(s) and presented on demand of a Peace Officer.

REGISTRY AGENT
 0344-98089
 VALIDATED
 2004/04/13

ISSUED 2004/04/13
 MAXIMUM SERVICE AMOUNT

\$*****20.49



ACKNOWLEDGEMENT OF UNDERSTANDING

As an employee or sub-contractor/owner operator with Mullen Trucking Inc., I hereby certify, warrant, and acknowledge that the Company has provided me with a copy of the "Driver and Owner Operator Reference Manual". I certify that I will return this manual to the Company immediately upon termination from the Company.

I also understand that loss and/or failure to return the manual upon termination will result in a \$100.00 charge against my final pay or settlement.

Employee's/Sub-contractor Name

Bill Scott
(Please Print)

Employee's/Sub-contractor Signature

[Signature]

Date

Oct 26/04



Mullen Trucking Inc.

OWNER OPERATOR EQUIPMENT REQUIREMENTS

Headache rack - <i>must be federally certified</i>	Deck Pins - 6
First Aid Kit	Chains - 12 - 3/8" x 20' C7
Fire Extinguisher - <i>rating 2 of 4 BC - 5 lb</i>	Tail Chains - 6 - 3/8" x 4' C7
Fire Extinguisher - (2) - <i>explosives tractors only - 10 lb</i>	Binders - 12 - 3/8"
Triangle Flares - 1 set	Winch Bar
Triple Tire Chains - 2 sets	Cheater Pipe - 3'
Single Tire Chains	Oversize/Wide load signs - 2 - 18" x 72"
Beacons - <i>installed on tractor</i>	'D' Signs - 2
Strobe - <i>portable</i>	Red Flags - 6
Beacon Covers	O.D. lights - 2 sets
Tarps - 25 x 35 (2) or 3 piece tarp system	Measuring Tape - 25'
LTL tarp - 1	Rubber Straps with hooks - (3 bags)
Load Straps - 14	Portable Winch - 2
Lumber Corners - 16	

HEAVY LICENSE

Chain - 6 - 1/2" x 16'	Tail Chain - 4 - 7/16" x 4'
Chain - 6 - 7/16" x 20'	Portable Winch - 2
Tail Chain - 4 - 1/2" x 4'	Ratchet Binders - 12 - 7/16" to 1/2"

MANDATORY PERSONAL PROTECTIVE EQUIPMENT

Hard Hat
CSA Steel Toed Boots

Safety Glasses
Reflective Stripes (vest)

Coveralls

I HAVE REVIEWED THE EQUIPMENT REQUIREMENTS AND UNDERSTAND THAT I MUST HAVE THIS EQUIPMENT IN MY POSSESSION BEFORE ATTENDING THE DRIVER ORIENTATION IN ALDERSYDE, AB.

red:

Date: Oct 26/04



SUMMARY: OCCUPATIONAL HEALTH ASSESSMENT

DATE: <u>Oct. 29/04</u>	RETURN TO DUTY <input type="checkbox"/> PRE-EMPLOYMENT <input type="checkbox"/> RENEWAL <input checked="" type="checkbox"/>
EMPLOYER: <u>Mullen Trucking</u>	WORK LOCATION: <u>Aldeiside</u>
EMPLOYEE: <u>William (Bill) Scott</u>	POSITION: <u>Driver</u>

BASIC ASSESSMENTS COMPLETED

- | | | | |
|---|------------------------------|---|--|
| <input type="checkbox"/> SUBSTANCE USE SCREENING | <input type="checkbox"/> LAB | <input type="checkbox"/> PRESCREEN | <input checked="" type="checkbox"/> KRAUS-WEBER STRENGTH AND FLEXIBILITY |
| <input checked="" type="checkbox"/> PERSONAL / OCCUPATIONAL HISTORY | | | <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY |
| <input checked="" type="checkbox"/> PHYSICAL ASSESSMENT | | <input type="checkbox"/> ASSESSMENT FOR RESPIRATOR USE | |
| <input checked="" type="checkbox"/> LIFTING SKILLS ASSESSMENT | | <input type="checkbox"/> FIT TO WEAR RESPIRATOR | |
| | | <input type="checkbox"/> NEEDS FURTHER MEDICAL ASSESSMENT | |

COMMENTS OR RESTRICTIONS:

Appears fit for employment as per today evaluation

HEALTH TEACHING DONE:

OVERALL ASSESSMENT

- SATISFACTORY NEEDS FURTHER PHYSICIAN EVALUATION

ADDITIONAL ASSESSMENTS COMPLETED:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> SPIROMETRY | <input type="checkbox"/> GRIP STRENGTH (DYNANOMETER) |
| <input type="checkbox"/> AUDIOGRAM | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> CHEST X-RAY | |

WAS THE EMPLOYER NOTIFIED? YES NO

DATE OF NOTIFICATION: Oct 29/04

NAME OF CONTACT: _____

EXAMINER (PRINT) _____

SIGNATURE _____

FAX TO DRUGTEC AT (403) 720-8009 ASAP AND MAIL ORIGINAL

Drugtec Systems Inc.
Health Services

Authorization for Release of Confidential Medical Information

The reason for the consent has been explained to me and I fully understand the implications. I also understand this information will not be shared with any other persons other than those listed on this form, without further written consent.

I, William ^(Bill) Scott authorize Drugtec Systems Inc to release the information as recorded on the summary page of my health evaluation. I understand and consent that all or part of this occupational health evaluation may be used by the perspective employer for health and safety purposes.

Release to:

Company Name: Mullen Trucking

For the purpose of:

Pre-Employment Assessment

or: _____

I certify that the information that I have provided is correct to the best of my knowledge.

Date: Oct. 29/04

Signed by: [Signature]
EMPLOYEE OR LEGALLY AUTHORIZED REPRESENTATIVE

Signature of Witness: _____

This consent may be rescinded at any time prior to the expiration date at request of the employee, except where action has been taken in reliance on the authorization. Expires 30 days past the day of consent.



I, Bill Scott, have received a Comdata
(PLEASE PRINT)

Calling Card from Mullen Trucking Inc. I understand that I cannot use this card for my own personal use. If it is found that this card is being used for personal use, this may result in grounds for termination and all personal charges will be my responsibility. Further, should my employment or contract be terminated for any reason, I understand that I must return this Calling Card to Mullen Trucking Inc. in Aldersyde, Alberta within twenty-four hours of termination. Failure to do so will result in a charge against me of \$50.00.

DATE: 10/29/04

SIGNATURE: [Handwritten Signature]

CARD: _____



ACKNOWLEDGMENT OF RECEIPT OF FEDERALLY APPROVED, DRUG TESTING KIT

As an employee of Mullen Trucking Inc. I hereby acknowledge that I have received one (1) Federally approved Drug Testing kit and one (1) Federal Drug Testing and Control Form. Specimen ID number:

I understand that I must, at all times when assigned to a unit, ensure that the Drug Testing Kit and Control Form are in the unit to which I am assigned.

I also understand that loss or failure to return upon termination of Drug Testing Kit and Control Form will result in a \$25.00 charge against my income earned with Mullen Trucking Inc.

Employee's Name: Bill Scott

Employee's Signature: _____

Employer's Designated Representative: _____

Date: 10/24/04



ACKNOWLEDGMENT

RE: IMPORTING OF ALCOHOL, AND/OR TOBACCO PRODUCTS AND/OR ANY FORM OF CONTRABAND

The undersigned acknowledges, understands and agrees to MTL's policy on contraband which states:

"Any person, employee or owner operator who imports any alcohol, tobacco product or other form of contraband other than authorized by law, will be terminated immediately for just cause."

Likewise, any person or employee who accepts or receives any imported alcohol, tobacco product or other form of contraband from any employee or owner operator will be terminated immediately for just cause.

Driver

Date 10/29/04

Fleet Manager

Date 10/29/04





Mullen Trucking Inc.
Truckload Division
Aldersyde, AB

Memorandum to Leased Operators

In an effort to align our record filing process to the requirements of various government and industry standards we find it necessary to request monthly maintenance records from our Leased Operators. We have endeavored to make this report as simple and straight forward as possible while at the same time capturing the information necessary for our records.

The Mid Service check is to be performed between oil changes roughly every 10,000 – 12,000 Km. The more detailed A Service is done at the time of your scheduled oil change. This maintenance must be recorded whether the work is done by the Leased Operator or done in an outside shop. Copies of invoices for the A Service and any other significant repairs i.e.: brakes, suspension, electrical should be attached to and noted on your monthly Maintenance Report. *Reports must be forwarded to the Truck Shop at the end of each month.* Monthly Maintenance Reporting is mandatory and failure to comply with this requirement will result in disciplinary action. Thank you for your co operation with this new process.

Acknowledgement of Understanding

As a Leased Operator with Mullen Trucking Inc., Truckload Division, I hereby certify, warrant and acknowledge that I have read and understand the monthly Maintenance Reporting process that is a requirement of my employment with the Company.

Leased Operators Name:

Bill Scott
(print)

Leased Operator Signature:

Unit Number:

270

Date:

10/29/04

DRIVER_ID	NOTES_DATE	NOTES
SCOB		
SCOB	5/31/2012 1:05:22 PM	2011 - SAFE DRIVING 7YRS
SCOB	9/7/2012 9:40:13 AM	SK LEVEL 3 OVERWEIGHT ON STEER
SCOB	1/7/2013 8:22:24 AM	LOGS NOT CURRENT TALKED
SCOB	3/15/2013 9:17:12 AM	WA LEVEL 2 OVERWEIGHT CITATION \$224 WAS 1300 LBS OVER
SCOB	5/1/2013 12:00:00 AM	2012 - SAFE DRIVING 8YRS

QPADEV0021 DRVCOM
TPERROTT

Mullen Trucking L.P. - Live
DRIVER COMMENTS

5/28/13
11:26:09

Delete code (D) - Date 10/28/04
Driver code SCOB (?) Name SCOTT WILLIAM D (BILL)

Comments

****PROFILE FULL LINE 1 - 64 HARDCOPY FILE*****
65.07/20/09 NB DOT NO VIOL.
66.08/17/09-CSERV-BILLY PHONING CUSTOMERS DIRECT,
SEE FILE TMP
67.09/26/09 MT DOT NO VIOL.
68.07/08/09 CLM MTL-09-47 PREV CHIPPED CARGO WINDO
W
69.11/18/09 OK DOT NO VIOL.
70.01/28/10 MN DOT PREV PERMIT VIOL.
71.02/11/10-AWARDS-SAFE DRIVING 2009 - 5 YEAR
72.02/12/10-QREB-3RD QT 2009-PD IN FULL \$1088.42
73.02/12/10-QREB-4TH QT 2009 PD IN FULL \$1367.20
74.04/21/10 CA DOT NO VIOL.

+

F3=Exit F5=Update F10-Restart

Delete code (D) - Date 10/28/04
Driver code SCOB___ (?) Name SCOTT WILLIAM D (BILL)

Comments

75.04/22/10 WA DOT N/P FRONT PLATE BROKEN OFF
76.04/30/10 WA DOT NO VIOL
77.0930/10 DOT AB LEVEL 3 NO SINGLE JEEP PERMIT NP
78.01/28/11 AWARDS 6 YRS SAFE DRIVING 2010
79.06/08/11 DOT AB LEVEL 1 AIR LEAK AXLE 2 NO PREV
80.10/04/11 CSERV LD REF 438701 WON'T FIT TRI LGT

+

F3=Exit F5=Update F10-Restart

QPADEV0063 DRVCOM
TPERROTT

Mullen Trucking L.P. - Live
DRIVER COMMENTS

1/28/11
09:26:34

delete code (D) - Date 10/28/04
driver code SCOB (?) Name SCOTT WILLIAM D (BILL)

Comments

01.10/25/04-INFO-10YR+ EXP/EXC US & CND EXP/GOOD H
H & OD PREV. WITH RUGGED & T-LANE
02.10/29/04-PASS AUTH FOR WIFE CYNTHIA TILL 102905
03.12/24/04-NO WCB COVERAGE
04.01/14/05-QREB-PD IN FULL-\$570.21-OCT-DEC 2004
05.02/11/05-S&T-PDIC-3 DAY INFO SESSION-02/11/05
06.02/17/05-CSERV-ID REF-324510-DID NOT HAVE ANY S
PACE LEFT TO PIT THAT WAS SAFE FOR TRAVEL
07.02/09/05-REVIEW-90 DAY ALL WELL WANTS OD C FILE
08.02/23/05-NO WCB COVERAGE-GOT IMMEDIATELY
09.04/08/05-S&T COMPLETED R PKG 55&NEEDS REMEDIAL
10.05/11/05-QREB-PD IN FULL-\$710.91-JAN-MAR 2005
11.05/10/05-MISC-DISP VERY FRUSTRATED WITH CONTINU

+

F3=Exit F5=Update F10=Restart

QPADEV0063 DRVCOM
TPERROTT

Mullen Trucking L.P. - Live
DRIVER COMMENTS

1/28/11
09:26:34

Delete code (D) - Date 10/28/04
Driver code SCOB (?) Name SCOTT WILLIAM D (BILL)

Comments

11 CONT-AL CALLS & ALWAYS SAYING REV NOT GD ENIE!
SPOKE TO MC & SHOULD B EASIER 2 DEAL WITH NOW
12 04/29/05-DOT-MD-NO VIOL
13 05/20/05-DOT-WI-SEVERAL VIOL OOS
14 06/20/05-CSEEV-LD REF-332540-NOT AN ISSUE
15 08/23/05-NO WCB COVERAGE
16 09/14/05-DOT-DC-NO VIOL
17 09/28/05-QREB-PD IN FULL-\$821.48-APR-JUNE 2005
18 10/19/05-QREB-PD IN FULL-\$836.34-JUL-SEPT 2005
19 12/06/05-WCB-NO COVERAGE
20 12/31/05-AWARDS-1 YR SAFE DRIVING
21 01/20/06-QREB-\$539.07-PD IN FULL-OCT-DEC 2005
22 02/13/06-DOT-KS-NO VIOL

+

F3=Exit F5=Update F10=Restart

Delete_code (D) - Date 10/28/04
Driver code SCOR (?) Name SCOTT WILLIAM D (BILL)

Comments

- 23.02/23/06-NO WCB COVERAGE
- 24.04/05/06-CSERV-LD REF-348725-IGT-CNT SCLE 44000
- 25.04/18/06-QRER-\$830.27-PD IN FULL-JAN-MAR 2006
- 26.04/19/06-S&T-R TRAINING COMPLETED, NEEDS REMEDI
- AL & DISTANT SUPERVISION PAPERWORK, GOOD TO GO
- 27.04/28/06-S&T-R TRAININ NO LONGER NEEDS DIST.SUP
- ERVISION. EMAIL FROM SAFETY SEE FILE
- 28.04/27/06-MISC-NEEDS 2 WORK LOCAL 4 AWHILE. FAMI
- LY ISSUES
- 29.05/23/06-CLM#MTL-AL-06-75-DEER STRIKE-\$0-\$5000.
- 00 RESERVE-NON PREV
- 30.06/20/06-S&T-ATTENDED 1 DAY QUALITY TRAINING
- 31.07/26/06-QRER-\$978.85-PD IN FULL-APR-JUNE 2006

+

F3=Exit F5=Update F10-Restart

Delete,code (D) - Date 10/28/04
Driver code SCOR (?) Name SCOTT WILLIAM D (BILL)

Comments

- 32 08/23/06-NO WCB COVERAGE
- 33 10/15/06-CSEEV-NO I.D CALLS OR CHK CALLS
- 34 01/19/07-QREB-\$1047.63-PD IN FULL-OCT-DEC 2006
- 35 02/07/07-AWARDS-2 YRS SAFE DRIVING
- 36 04/03/07-GJOB-DEL FINNING ICE RD EQUIP
- 37 04/17/07-GJOB-ASSISTED FELLOW DRIVER
- 38 06/03/07-DOT-SD-NO VIOL
- 39 07/13/07-GJOB-GRT JOB ON TRYING LOAD
- 40 07/27/07-DOT-NV-PERMIT VIOL-OFF ROUTE
- 41 10/01/07-MTLAL07137-MOOSE RAN INTO UNIT-\$20,000
R-NOT PREVENTABLE
- 42 10/10/07-QREB-\$1598.70-PD IN FULL-JAN-MAR 2007
- 43 10/11/07-QREB-\$1604.21-PD IN FULL-APR-JUNE 2007

+

F3=Exit F5=Update F10-Restart

54

QPADEV0063 DRVCOM
TPERROTT

Mullen Trucking L.P. - Live
DRIVER COMMENTS

1/28/11
09:26:34

Delete code (D) - Date 10/28/04
Driver code SCOB (?) Name SCOTT WILLIAM D (BILL)

Comments

44.10/18/07-QREB-\$1446.37-PD IN FULL-JUL-SEPT 2007
45.10/19/07-MISC-LEASED CO TRK FROM 100307 TO 1018
07-TOTAL COST WAS \$3375
46.01/18/08-AWARDS-3 YEARS SAFE DRIVING
47.04/18/08-MTLAL080047-DRV LOADED EXCAVATOR TARP
WINDOWS WHEN DRV ARRIVD FRNT WIND WAS BROKEN & CO
VER WAS GONE \$1000R-NON PREVENTABLE
48.04/23/08-S&T-2 DAY PDIC 04/22/08-04/23/08
49.05/05/08-EJOB-HELPEB MIDWEST SPEC DRV LOAD
50.05/26/08-NO WCB COVERAGE
51.05/28/08-QREB-\$1415.57-PD IN FULL-OCT-DEC 2007
52.05/29/08-QREB-\$1783.62-PD IN FULL-JAN-MAR 2008
53.06/02/08-DOT-WA-VIOL OF PERMIT

+

F3=Exit F5=Update F10=Restart

QPADEV0063 DRVCOM
TPERROTT

Mullen Trucking L.P. - Live
DRIVER COMMENTS

1/28/11
09:26:34

Delete,code (D) - Date 10/28/04
Driver code SCOB (?) Name SCOTT WILLIAM D (BILL)

Comments

~~54.07/17/08-QRER-\$1355.73-LOST DUE TO CLM#MTIAL084~~
~~7-APRIL-JUNE 2008~~
~~55.10/20/08 CSERV LD REF 397712 LEGIT~~
~~56.10/22/08-QRER-\$1780.47-PD IN FULL 3RD QT 08~~
~~57.12/09/08 CSERV LD REF 0399601 LGT- TIME OFF~~
~~58.12/09/08 CSERV LD REF 0400067 LGT- TIME OFF~~
~~59.11/12/08 CA DOT- NP-OVER HEIGHT PERMIT BY 4"~~
~~60.01/21/09-AWARDS- 4 YEAR SAFE DRIVING~~
~~61.01/23/09-QRER-\$1631.72-PD IN FULL 4TH QT 08~~
~~62.07/06/09-VERBAL WARNING RE LOG FALSIFICATION F~~
~~UEL WHILE OFF DUTY FOR A DAY & IN ANOTHER STATE RM~~
~~63.08/06/09-QRER-\$1199.04-PD IN FULL-APR-JUN 2009~~
~~64.08/07/09-QRER-\$ 689.95-PD IN FULL-1ST QT 2009~~

F3=Exit F5=Update F10-Restart



270

DISTRACTED DRIVING POLICY

Effective January 1, 2010, the following will become the Distracted Driving policy for Mullen Trucking LP. personnel operating vehicles for the purpose of company business:

- Do not operate hand-held cell phones;
- Do not send or read emails;
- Do not send or read text messages;
- Do not operate hand-held audio, video or gaming devices;
- Do not program or adjust GPS devices (built in or portable);
- Do not operate any other portable hand-held devices.

The following actions and devices will be exempt from the policy:

- Hands-free cell phones built in or securely fixed which are used by pressing a single button one time to activate the device for incoming or outgoing calls (it is, however, strongly recommended to pull over when safe and legal to continue the call);
- Pre-programmed and voice-activated GPS devices;
- Two-way radios for industry;
- Use of the above devices while legally parked;
- Calling 911 to report an emergency.

In addition, if you make or receive a telephone call and determine that the other party is driving, end the call as soon as possible by requesting the other party park their vehicle and call you back.

Note: The above policy does not supersede or replace any laws or regulations.

I Bill Scott, have read and agreed to the above policy.

Signed: _____

Date: Feb 4/10



270

Speed Policy

All Mullen Trucking LP insured vehicles are required to adhere to the posted speed limit in any jurisdiction they travel, up to a maximum of 105 kms per hour or 65 miles per hour.

Proof of governed commercial trucks traveling into provinces or states that have mandatory requirements must be on file prior to travel to these locations.

Citations resulting in a violation of this policy will result in loss of Safe Driving Awards and Quarterly Safety rebate.

Two violations of this policy in a twelve month period may result in employment or contract cancellation.

Print Name Bill Scott

Signature _____

Date Feb 14/09



The following will be the criteria used for any Safety program, contest or bonuses at Mullen Trucking LP effective December 1st, 2008.

“Safe Driving Definition”

Safe Driving is defined as having no preventable incidents, or collisions in excess of \$1,000 combined total in any calendar year. No preventable violations, infractions or moving violations that may be chargeable to the driver. Any loss or misuse of company equipment resulting in damage. No violation of the Company Drug & Alcohol Policy.

Name Print Bill Scott

Signature _____

Date Feb 19/09



DISCIPLINARY PROCEDURES

PURPOSE: *To inform our Owner Operators that there are procedures in place for the failure to comply with laws and policies.*

Mullen Trucking LP takes an austere approach to Safety. Our Company complies with that of Federal and Provincial laws as well as governing our own policies. When actions by Owner Operators jeopardize these laws and policies, we must make accountable measures for discipline.

Mullen Trucking LP reserves the right to determine what actions are serious enough to warrant disciplinary practice to Owner Operators. The following includes examples that may require discipline; all subject to investigation.

- ▶ Failure to immediately report a collision, claim incident or injury that the Owner Operator is personally involved in to a supervisor as required per Company Policy.
- ▶ Failure to notify Mullen Trucking LP of a moving violation, collision or chargeable incident received by the Owner Operator in a vehicle other than one insured and registered to Mullen Trucking LP.
- ▶ The Owner Operator's provincial driver's abstract indicating an accumulation of six or more demerit points. (Abstracts issued from provinces outside Alberta will be evaluated using AB's point structure).
- ▶ Failure to submit required paperwork in a timely fashion: logs, monthly maintenance reports, proof of deliveries, annual/semi annual CVIP, trip envelopes, fuel tax info.
- ▶ Any out of service orders or offences that impact Mullen Trucking LP's Carrier Profile.
- ▶ Moving violations including photo radar or red-light tickets.
- ▶ Violation of Company policies as set out in the Health, Safety and Environmental manual.
- ▶ Deliberate failure to obey reasonable instructions from authorized Company personnel.
- ▶ A verified civilian complaint regarding unsafe or unprofessional driver behaviours.



When Owner Operators actions are serious enough to consider disciplinary action, such discipline will begin at any step depending on the seriousness of the incident.

1. For minor incidents, the Owner Operator will be given verbal warnings and provided with details of the consequences related to the incident. If there are further similar incidents the second step will be used.
2. Written documentation, providing details of the situation and the consequences related to the incident, will be given to the Owner Operator by the appropriate Company official. Upon receipt of the written documentation, the Owner Operator must provide a satisfactory action plan to the Company official outlining improvement measures.
3. If the Owner Operator's performance does not improve and/or further incidents occur, then such action by the Owner Operator could be deemed breach of contract and termination of Owner Operator Service agreement may result.

*Refer to Section 5 (E) and 8 of the Owner Operator's service agreement.
Refer to Section 17 Disciplines and Appeal of the Health, Safety & Environmental Policies and Procedures Manual.*

Dated on this 29 day of march, 2008.

Leased Operators Name:

Bill Scott
(Please print)

Leased Operator Signature: _____

Witness:



80087000001041621

PART 1 - VEHICLE OWNER AND VEHICLE IDENTIFICATION

<input type="checkbox"/> Truck/Truck-Tractor	GVW _____	<input type="checkbox"/> School Bus	Seating Capacity _____
<input type="checkbox"/> Light Truck	GVW _____	<input type="checkbox"/> Commercial Bus	Seating Capacity _____
<input type="checkbox"/> Converter		<input type="checkbox"/> Motor Coach	Seating Capacity _____
<input checked="" type="checkbox"/> Trailer			

Company Name OR Name of Owner of Vehicle MULLEN TRUCKING (2005) LTD				Business Telephone Number _____
Address	Street	Town/City	Province	Postal Code
		ALDERSJDE	AB	T0L-0A0

Vehicle Identification Number _____			
Make KNIGHT	Model JEEP	Year 2002	Unit Number 270T
Odometer Km <input type="checkbox"/> Miles <input type="checkbox"/>	Licence Plate Number _____	Province A.B	

IT IS AN OFFENCE TO FALSIFY OR PRE-SIGN AN INSPECTION CERTIFICATE

PART 2 - CERTIFICATION

I certify the vehicle described in Part 1 has passed the inspections and tests established under the Traffic Safety Act for a Commercial Vehicle

Name of Inspection Facility ALDEN CUSTOM TRAILERS	Inspection Facility Number 13470
Name of Inspection Technician (PRINT clearly) _____	Inspection Technician Number B4198

Inspection Technician Comments
ALL REPAIRS DONE THAT WERE LISTED ON THE OTHER SHEETS / THE NUMBER IS ROICV006251

Office Use Only

Inspection Technician _____	Date of Inspection (year/month/day) 2007 / JAN / 30
--------------------------------	---

This information is collected under the Traffic Safety Act and will be used to administer the Vehicle Inspection Program. For more information, call the Vehicle Safety Section in Edmonton at (780) 427-8901 or toll-free at 310-0000. Mailing address: Alberta Infrastructure and Transportation, Vehicle Safety and Carrier Services Branch, Box 900, Station Main, Edmonton, Alberta T5J 2L8.

Commercial Vehicle Copy **(42)**

Commercial Vehicle Inspection Certificate
Traffic Safety Act

CV 1041623



80087600001041623

PART 1 - VEHICLE OWNER AND VEHICLE IDENTIFICATION

<input type="checkbox"/> Truck/Truck-Tractor	GVW _____	<input type="checkbox"/> School Bus	Seating Capacity _____
<input type="checkbox"/> Light Truck	GVW _____	<input type="checkbox"/> Commercial Bus	Seating Capacity _____
<input type="checkbox"/> Converter		<input type="checkbox"/> Motor Coach	Seating Capacity _____
<input checked="" type="checkbox"/> Trailer			

Company Name OR Name of Owner of Vehicle MULLER TRUCKING (2005) LTD			Business Telephone Number ()	
Address	Street	Town/City	Province	Postal Code
	PO Box 87	ALDERSYDE	AB	T6A 0A6

Vehicle Identification Number			
Make KNIGHT	Model BOOSTER	Year 2002	Unit Number 2706
Odometer	Km <input type="checkbox"/> Miles <input type="checkbox"/>	Licence Plate Number	Province AB

IT IS AN OFFENCE TO FALSIFY OR PRE-SIGN AN INSPECTION CERTIFICATE

PART 2 - CERTIFICATION

I certify the vehicle described in Part 1 has passed the inspections and tests established under the Traffic Safety Act for a Commercial Vehicle.

Name of Inspection Facility ASPEN CUSTOM TRAILERS	Inspection Facility Number 13470
Name of Inspection Technician (PRINT clearly)	Inspection Technician Number B4198

Inspection Technician Comments

All repairs done that were listed on the other sheets / The number is R01EVO06253

Office Use Only

Signature of Inspection Technician

Date of Inspection (year/month/day)
2007 / Jan / 30

This information is collected under the Traffic Safety Act and will be used to administer the Vehicle Inspection Program. For more information, call the Vehicle Safety Section in Edmonton at (780) 427-8901 or toll-free at 310-0000. Mailing address: Alberta Infrastructure and Transportation, Vehicle Safety and Carrier Services Branch, Box 900, Station Main, Edmonton, Alberta T6J 2L8.

COHR

health

6111 - 6th. Street S.E. Calgary, Alberta. T2H 1L9

Canadian Occupational Health Resources Inc.

Tel: (403) 243-1122

Fax: (403) 243-3686

ENTERED
01/10/07

DRIVER NOTIFICATION FORM

TO: _____
COMPANY: Mullen Trucking LP
DATE: January 10, 2007

CONFIDENTIAL

APPOINTMENT DATE: January 10, 2007
DRIVER NAME: William D. W. Scott - 270

RESULTS: (marked with an)

- Express Drug Test Negative
- Express Drug Test Presumptive Positive
- DOT Lab Drug Test Negative
- DOT Lab Drug Test Confirmed Positive

- Breath Alcohol Test Negative
- Breath Alcohol Test Positive
- Audiogram Completed and Meets Requirements
- Medically Fit
- Certificate is for 2 Years
- Certificate is for 1 Year
- Certificate is for 6 months
- Certificate is for 3 months
- Pending

Comments:

Fit to work as driver.

Thank you.

RN, OHNC

COHR, Canadian Occupational Health Resources Inc.
403 243 - 1122

This transmission is intended only for the use of the individual or entity to which it is addressed and may contain information, which is privileged and confidential. If the reader of this message is not the intended recipient, or the employee responsible for delivering this communication to the intended recipient, you are hereby notified that any disclosure, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately. Thank you.

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A "Driver Abstract" is the product name under which the Alberta Government releases specific information from a person's driving record, which contains:

- Name, Address, Date of Birth, List of violations, A Commercial Driver Abstract (CDA) includes Commercial Vehicle Safety Alliance Inspection (CVSA) information and all of the above information with the exception of date of birth, height, weight, and sex. Height, Weight, Issue Date, Current Demerit Points, Suspended Status, Expiration Date, Reinstatement conditions (if any), MVID Number.

PART 1

Bill Scott of Full Name Full Address

declare that my Driver's Licence Number is, my Date of Birth is: month by name, day, year

and I give consent for my: 3 Year, 5 Year, 10 Year Driver Abstract (SDA), 3 Year, 5 Year, 10 Year Commercial Driver Abstract (CDA),

to be released, for the period specified under the subsection 5(1)(a), 5(1)(b)(iii) or 5(1)(b)(v) of AMVIR listed below, to mullen trucking of Name of the person / organization receiving the driver's abstract Full Address

In accordance with the Alberta Motor Vehicle Information Regulation (AMVIR) (choose one of the following subsections):

- 5(1)(a) driver's abstract released to a person known by myself. I acknowledge that the above individual is personally known to me, is not acting as an agent or employee of any other person in this transaction, and is not compensated in any manner for receiving or transferring the driver's abstract to myself. NOTE: This consent is valid for one month after the consent is dated and the information product released cannot be faxed by the registry agent. 5(1)(b)(iii) driver's abstract released to my employer or prospective employer. NOTE: This consent is valid for three months after the consent is dated if it is used by a prospective employer. This consent is valid for three years from the date it is dated or for the length of the employment whichever is shorter if it is used by the current employer. The information product released can be faxed by the registry agent only to the Employer signing PART 2. 5(1)(b)(v) driver's abstract released to a lawyer representing me. NOTE: This consent is valid for three months after the consent is dated. The information product released can be faxed by the registry agent only to the Lawyer signing PART 2.

I agree that Alberta Registries and/or the registry agent are not liable for any damages or losses however caused, in respect to any defect, error or omission in the driver's abstract, or use of the driver's abstract by the person receiving it.

Signature Date Feb 8/13

PART 2 - Declaration for Faxing (This does not apply to subsection 5(1)(a) above)

I / We, Name of Employer or Lawyer of Address

request the driver's abstract, as mentioned above, to be faxed to Fax Number (include area code)

I/We agree that Alberta Registries and/or the registry agent are not liable for any privacy breach after the driver's abstract has been faxed to the above number.

Signature of Employer or Lawyer Date

In accordance with s. 33(c) of the Freedom of Information and Protection of Privacy Act, the Traffic Safety Act, and the Access to Motor Vehicle Information Regulation, specific personal information is collected to confirm the identity of the consenting individual, to uniquely identify the consenting individual on the Registrar's system to produce the information product, and to confirm the identity of the recipient and of the authorized employee of the recipient (if the recipient is an organization). The information is collected to monitor and audit the release of information and to conduct investigations if the Registrar receives complaints about the release. Questions about the collection of this information can be directed to a Service Alberta Information Officer at 780-427-7013, toll free 310-0000 within Alberta. Alternatively, questions may be mailed to Box 3140, Edmonton, AB T5J 2G7, attention Data Access and Contract Management Unit (DACMU).



270

SAFETY PROFILE
FOR THE PERIOD OF December | 2012 to February 28, 2013
Name: Scott, Bill
Driver Classification: "A"

Unit # 270

Date of Hire: 10/25/2004

Miles: 17035

COMPLIANCE AND/OR COMPANY POLICY - REQUIRED

PDIC Due:	ABC Training: 2/4/2010-90%
Quality / THA: 6/20/2006	WHMIS: 4/12/2010
Injury Reduction Training: DUE 2012	TDG Due: 4/12/2013
Work Smart: 2/3/2010-100%	THA Signed: SIGNED

AWARDS	2010 YEARS	2011 YEARS	2012 AVAIL.	DENIED
Safe Driving	6	7	8	
Claim Free	N/A	N/A	N/A	
Years of Service	6	7	8	

MERITS

VIOLATION #	PREV.	NON-PREV.	DESCRIPTION
0	3/3/2013		OVERWEIGHT 1300 LBS \$224 CITATION

CLAIM #	PREV.	NON-PREV.	DESCRIPTION

PLEASE READ, SIGN AND RETURN TO SAFETY

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

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

Driver's Signatur _____

Date: May 6/13

Driver's License No:

Prov: AB

Expiry:

Mullen Trucking LP

PO Box 87

Aldersvde, Alberta

TOL 0A0

Reviewed by: _____

Title: **Safety**

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Summary of Driving Record



00916100007307249

ORDERED BY: Mullen Trucking (2005) Ltd.

MVID: (

SCOTT WILLIAM D W

PAGE: 1

3 Year Driving Record

2012/04/18

MVID:

DATE OF BIRTH: HEIGHT: 191 WEIGHT: 97 SEX: M

CURRENT DEMERIT POINTS:

SUSPENDED: NO

OUTSTANDING REINSTATEMENT CONDITIONS:

LICENCE NUMBER	EXPIRY DATE	ISSUE DATE	CLASS	CONDITIONS
		2009/02/11	1	

Case Number	Description	Demerit/ Merit Points	Suspension Term
** NO INFORMATION TO REPORT **			

Licensing and Registry Services

Check the telephone directory under Licensing and Registry Services to find the authorized Registry Agent nearest you. Visit Service Alberta's website at www.servicealberta.gov.ab.ca

Driver Examination Services

Arrangements for a Driver Examination may be made at your nearest Registry Agent office. Please refer to your telephone directory. Visit Transportation's website at <http://www.transportation.alberta.ca>

Suspension Inquiries

NOTE: For all telephone suspension inquiries you must provide your operator's licence number or other personal information as requested.

Driver Fitness and Monitoring can be contacted for all suspension inquiries (**except** those related to the Alberta Transportation Safety Board which includes scheduling of hearings).

Telephone:
780-427-8230 or Toll Free by dialling 310-0000
Main Floor, Twin Atria Building
4999 – 98 Avenue
Edmonton AB T6B 2X3

Motor Vehicle Accident Recoveries

suspension inquiries (judgment debts only) can be made by contacting:

Telephone:
780-422-5458 or Toll Free by dialling 310-0000
Box 11421
Edmonton AB T5J 3K6

Driver Programs

If you are required to attend a Planning Ahead or Impact course to reinstate driving privileges, please make arrangements by calling the Alberta Motor Association, Edmonton Telephone: 780-430-8811 or Toll Free at 1-800-272-5698.

When registering please provide your:

- Name
- Birth Date
- Operator's Licence Number or MVID Number
- Name of course required

Your Notice of Suspension OR a Suspension Verification form (which can be obtained at any Registry Agent office) must be presented at the time of registration or course attendance. Contact Driver Fitness and Monitoring if you have questions regarding your Notice of Suspension.

Alberta Transportation Safety Board (ATSB)

inquiries for scheduling of hearings, and **ONLY** ATSB related suspensions, can be made by contacting the North or South Region. For all other suspensions please contact Driver Fitness and Monitoring – see left hand column.

North Region – Toll Free by dialling 310-0000
Telephone: 780-427-7178 Fax: 780-422-9739
Main Floor, Twin Atria Building
4999 – 98 Avenue
Edmonton AB T6B 2X3

South Region – Toll Free by dialling 310-0000
Telephone: 403-297-3466 Fax: 403-291-4139
Main Floor, Willowglen Business Park
West Entrance, 803 Manning Road NE
Calgary AB T2E 7M8

WARNING

Information contained in an abstract (Summary of Driving Record) that identifies a young person as having been dealt with under the *Youth Justice Act (Alberta)* or the *Youth Criminal Justice Act (Canada)* is subject to use, access, disclosure and publication prohibitions under both of these Acts.

BE ADVISED that it is an offence to use, access, disclose or publish the information contained in an abstract in any way that contravenes these Acts.

SAFETY PROFILE
FOR THE PERIOD OF SEPT 01, 2011 to NOV 30, 2011

Name: **Scott, Bill**
 Driver Classification: **"A"**

Unit # **270**

Date of Hire: **25-Oct-04**

Miles: **19022**

COMPLIANCE AND/OR COMPANY POLICY - REQUIRED

PDIC Due:	ABC Training: 2/4/2010-90%
Quality / THA: 6/20/2006	WHMIS: 4/12/2010
Injury Reduction Training: DUE 2012	TDG Due: 4/12/2013
Work Smart: 2/3/2010-100%	THA Signed: SIGNED

AWARDS

	2009 YEARS	2010 YEARS	2011 AVAIL.	DENIED
Safe Driving	5	6	7	
Claim Free	N/A	N/A	N/A	
Years of Service	5	6	7	

MERITS

VIOLATION #

PREV.	NON-PREV.	DESCRIPTION
	06/08/2011	SMALL AIRLEAK UPON APPLICATION AXLE 2

CLAIM #

PREV.	NON-PREV.	DESCRIPTION

PLEASE READ, SIGN AND RETURN TO SAFETY

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

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

Driver's Signature: _____

Date: Dec 2/11

Driver's License No: _____

Prov: AB

Expiry: _____

Mullen Trucking LP

PO Box 87

Aldersyde, Alberta

T0L 0A0

Reviewed by: _____ Title: **Safety**

270

SAFETY PROFILE
FOR THE PERIOD OF March 1, 2011 to May 31, 2011

Name: **Scott, Bill**
Driver Classification: **"A"**

Unit # **270**

Date of Hire: **25-Oct-04**

Miles: **15675**

COMPLIANCE AND/OR COMPANY POLICY - REQUIRED

PDIC Due:	ABC Training: 2/4/2010-90%
Quality / THA: 6/20/2006	WHMIS: 4/12/2010
Injury Reduction Training: DUE 2012	TDG Due: 4/12/2013
Work Smart: 2/3/2010-100%	THA Signed: SIGNED

AWARDS	2008 YEARS	2009 YEARS	2010 AVAIL.	DENIED
Safe Driving	4	5	6	
Claim Free	N/A	N/A	N/A	
Years of Service	4	5	6	

MERITS

VIOLATION #	PREV.	NON-PREV.	DESCRIPTION
AB458970		06/08/2011	SMALL AIRLEAK UPON APPLICATION AXLE 2

CLAIM #	PREV.	NON-PREV.	DESCRIPTION

PLEASE READ, SIGN AND RETURN TO SAFETY

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

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

Driver's Signature: X _____ Date: July 31/11

Driver's License No: _____ Prov: **AB** Expiry: _____

Mullen Trucking LP PO Box 87 Aldersyde, Alberta T0L 0A0

Reviewed by: _____ Title: **Safety**

CERTIFICATE OF ROAD TEST

Instructions to Carrier: If the road test is successfully completed, the person who gave it must complete this certificate of road test in duplicate, retain the original in the files of the employing carrier, and provide a copy to the person examined. (See 391.31 (e) (f) (g) (1) (2) of the Motor Carrier Safety Regulations).

Drivers Name: Bill Scott Social Ins. # (OPTIONAL): _____
Operator's Licence #: _____ Province: Ab
Type of Power Unit: Kenworth T-800 Type of Trailer(s): 48 Flat
~~Wester St~~

This is to certify that the above named driver was given a road test under my supervision on Oct 25, 2004 consisting of approximately 60 miles of driving. It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Signature of Examiner

Operational Support Services
Title

Mullen Trucking Inc., P.O. Box 87, Aldersyde, Alberta, T0L 0A0
Organization and Address of Examiner

CERTIFICATION OF WRITTEN EXAMINATION

Instruction to Carrier: After the examinee completes the written examination, the person who administered the examination must advise the examinee of the correct answers to any questions answered incorrectly, and must complete this certificate of written examination, in duplicate. The original of this certificate must be retained by the carrier with a list of the question asked on the examination and person's answers to those questions. A copy of this certificate must be provided also to the person examined. (See 391.35 (f) (g) (h) (1) (2) (3) of the Motor Carrier Safety Regulations.)

This is to certify that the person whose signature appears below has completed the written examination under my supervision in accordance with provisions of 391.35 of the Motor Carrier Safety Regulations.

Signature of Person Taking Examination

Oct 25 / 04
Date of Examination

Mullen Trucking Inc., Aldersyde, Alberta
Location of Examination

Signature of Examiner

Operational Support Services
Title of Examiner

Mullen Trucking Inc., P.O. Box 87, Aldersyde, Alberta, T0L 0A0
Organization and Address of Examiner

BRAKE INSPECTOR QUALIFICATIONS STATEMENT

In accordance with the requirements of FMCSR 396.25, (Effective January 1, 1992) each person who performs any brake service, repairs, maintenance, or adjustments **must be qualified**, and a statement of experience/training kept on file. Below is the statement of experience and/or training to verify the individual is qualified to perform the various brake tasks.

Date of Experience/Training	Employer/Training	Brake Related Experience
Oct 28/04 to Present	Mullen Trucking Inc. Aldersyde, Alberta	Company Training Daily on Hwy Brake Adj.
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

Driver: _____

Date: Oct 29/04

The motor carrier is responsible to insure all persons performing brake related tasks are qualified. The evidence in the able statement (i.e. minimum 1 year experience and/or training) qualified the individual to perform the following tasks:

- INSPECT BRAKES
- ADJUST BRAKES
- REPAIR BRAKES

Employer/Agent: _____

Date: Oct 29, 04

Title: Operational Support Services

FMCSR 396.25 (e): No motor carrier shall employ any person as a brake inspector unless the evidence of the inspector's qualifications, required under this section is maintained by the motor carrier at its principal place of business, or at the location at which the brake inspector is employed. **The evidence must be maintained for the period during which the brake inspector is employed in that capacity and for one year thereafter.**

MOTOR VEHICLE DRIVER'S CERTIFICATE OF VIOLATIONS

MOTOR CARRIER INSTRUCTION: 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 has forfeited bond or collateral during the preceding 12 months. (Section 391.27)

Driver's who have provided information required by section 383.31 need not repeat that information here.

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

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.

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.

Driver's Licence #: _____ Prov.: Ab Expiry Date: _____

Oct 29 / 04
(Date of Certification)

[Signature]
(Driver's Signature)

Mullen Trucking Inc.
(Motor Carrier's Name)

P.O. Box 87, Aldersyde, Alberta, T0L 0A0
(Motor Carrier's Address)

[Signature]
(Reviewed by: Signature)

Operational Support Services
(Title)



**DRUGTEC
SYSTEMS INC.**
MEDICAL SERVICES AND
CONTROLLED SUBSTANCE TESTING

**RN MEDICAL
EVALUATION**

This card certifies that William Scott
has successfully completed an occupational assessment consistent with
his/her position.
A completed assessment is on file at Drugtec Systems Inc.'s office.
Qualified only when wearing: Corrective Lenses Hearing Aid
Qualification expires on: Oct. 29, 2006
Renewal suggested every 2 years.

Examiner Signature
Drugtec Systems Palmyra, Pa.
Examiner Company
Oct. 29/04
Date

Employee Signature
©DRUGTEC SYSTEMS INC. MULLEN TRUCKING Questions... call 1-888-DRUGTEC (378-4832)

