



**Motor Carrier Attachment – Accident Driver’s Driver Qualification File**

**Biloxi, MS**

**HWY17MH010**

(46 pages)



# DRIVER RECORD CARD

## PERSONAL INFORMATION

NAME: AMBROSE JR. LOUIS  
(Last) (First) (Middle)

ADDRESS: [REDACTED] [REDACTED]  
(Number) (Street)  
[REDACTED] [REDACTED] [REDACTED]  
(City) (State) (Zip Code)

CELL PHONE: [REDACTED]

SSN: [REDACTED]

CDL: [REDACTED], TEXAS

DATE OF BIRTH: [REDACTED]

HIRE DATE: 9 / 1 / 2015

PRE-EMPLOYMENT DRUG TEST: 8 / 27 / 2015

## PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME: [REDACTED]

PHONE: [REDACTED]

RELATIONSHIP: [REDACTED]

Texas

USA  
TX

**COMMERCIAL  
DRIVER LICENSE**



4a CDL [REDACTED] 9 Class **B**  
4a Iss **03/24/2015** 4b Exp [REDACTED]

3 DOB [REDACTED]  
1 AMBROSE  
2 LOUIS JR

6 [REDACTED]

12 Restrictions **NONE** 9a End **PS**  
14 Hgt **6-00** 15 Sex **M** 18 Eyes **HAZ**

5 DO [REDACTED]  
*Louis Ambrose Jr*



Directive to physician  
has been filed at tel #  
RESTRICTIONS - NONE

Emergency  
contact number

Allergic reaction  
to drugs  
TEXAS ROADSIDE  
ASSISTANCE  
1-800-525-5555

ENDORSEMENTS:  
P-Passenger  
S-School bus



REV 05 01 2007

# DRIVER'S RECEIPT

This issue of the FMCSR Motorcoach/Bus Pocketbook includes all revisions issued on or before August 1, 2014.

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

REMOVABLE PAGE - PULL SLOWLY FROM TOP RIGHT CORNER

[REDACTED] 8/24/15  
DRIVER'S NAME (PLEASE PRINT) DATE

[REDACTED]  
DRIVER'S SIGNATURE

[REDACTED]  
SUPERVISOR OR CARRIER REPRESENTATIVE SIGNATURE

9/14

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

# PSP Detailed Report

Federal Motor Carrier Safety Administration

Driver Information																			
Last Name			First Name				License #			State									
AMBROSE			LOUIS				[REDACTED]			TX									
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 Fatalities:			0			# of Injuries:			# 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:				1				Vehicle Inspections:				1				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	11/29/2012	386083	WASTE MANAGEMENT OF TEXAS INC	AMBROSE JR, LOUIS	[REDACTED]	TX	[REDACTED]	TX	[REDACTED]	N	1	6							

Report executed at: 8/24/2015 1:41:39 PM

MCMIS snapshot date: 07/24/2015

  
 [REDACTED]  
 Louise Impione  
 Safety & Compliance Officer

Vehicle Violation:	393.209(e)	Power steering violations	NON-OOS
Vehicle Violation:	393.203(c)	Hood not securely fastened	NON-OOS
Vehicle Violation:	396.3(a)(1)	Inspection, repair and maintenance of parts & accessories	NON-OOS
Vehicle Violation:	393.55(c)(2)	CMV other than truck-tractor manufactured on or after March 1, 1998 not equipped with an antilock brake system.	NON-OOS
Vehicle Violation:	393.47(e)	Clamp or Roto type brake out-of-adjustment	NON-OOS
Vehicle Violation:	393.53(b)	CMV manufactured after 10/19/94 has an automatic airbrake adjustment system that fails to compensate for wear	NON-OOS

**Violation Summary**

Violation #	Description	# of Violations	# of Out-of-service Violations
393.209(e)	Power steering violations	1	0
393.203(c)	Hood not securely fastened	1	0
396.3(a)(1)	Inspection, repair and maintenance of parts & accessories	1	0
393.55(c)(2)	CMV other than truck-tractor manufactured on or after March 1, 1998 not equipped with an antilock brake system.	1	0
393.47(e)	Clamp or Roto type brake out-of-adjustment	1	0
393.53(b)	CMV manufactured after 10/19/94 has an automatic airbrake adjustment system that fails to compensate for wear	1	0

The summary counts and rates only include violations that were attributable to AMBROSE, LOUIS.

  
  
 Laura Unpietra  
 Safety & Compliance Officer

Report executed at: 8/24/2015 1:41:39 PM

MCMIS snapshot date: 07/24/2015

For an explanation of FMCSA-reportable crashes see: <https://www.psp.fmcsa.dot.gov/psp/FAQ.aspx>.



9314 W Jefferson Blvd # 295  
Dallas - Texas - 75211

USDOT# 2172280  
817-572-4114

### DRIVER EMPLOYMENT APPLICATION

Name (first, middle, last) <b>LOUIS AMBROSE JR.</b>		Hire Date (office use only) <b>9-1-2015</b>	
Applicant must list ALL previous addresses for 3 years prior	Current Address (street, city, state, zip code) [REDACTED]		
	Previous Address (street, city, state, zip code) [REDACTED]		
Phone #	Cell #	Date of Birth	Social Security Number
[REDACTED]		[REDACTED]	
Are you legally authorized to work in the U.S.?		Yes	No
Emergency Contact Name		Relation	
[REDACTED]		[REDACTED]	
Address		Phone Number	
[REDACTED]		[REDACTED]	
<b>DRIVER LICENSE INFORMATION</b>			
Driver License #	State	Type	Expiration Date
[REDACTED]	<b>TX</b>	<b>B</b>	[REDACTED]
<b>DRIVER EXPERIENCE</b>			
Type of Equipment	From (Date)	To (Date)	Approx # of Miles
<b>Bus</b>	<b>6-06</b>	<b>8-21-2015</b>	
Type of Equipment	From (Date)	To (Date)	Approx # of Miles
<b>REQUIRED QUESTIONS- APPLICANT MUST ANSWER:</b>			
Have you ever been denied a license, permit or privilege to operate a motor vehicle?			Yes <input type="radio"/> No <input checked="" type="radio"/>
Has any license, permit or privilege ever been suspended or revoked?			Yes <input type="radio"/> No <input checked="" type="radio"/>
Have you ever been convicted of any criminal act involving the use of a CMV or while driving a CMV?			Yes <input type="radio"/> No <input checked="" type="radio"/>
Have you ever been convicted of any law violation? (Include ANY plea of "Guilty" or "No Contest" except for minor traffic violation)			Yes <input type="radio"/> No <input checked="" type="radio"/>
*****If answered 'Yes' to ANY of the above 4 questions, applicant MUST attach a statement of explanation.*****			
<b>TICKETS / ACCIDENTS – write N/A if none applicable</b>			
<b>Accident Record for Past 3 Years</b>			
Date	Description	# of Injuries / Fatalities	
<b>8-13-15</b>	<b>TURNED TO SKIDED RUB A CAR FRONT END</b>	<b>0</b>	
Date	Description	# of Injuries / Fatalities	
<b>Traffic Convictions &amp; Forfeitures for Past 3 Years</b>			
Date	Location	Charge	Penalty
	<b>N/A</b>	<b>N/A</b>	
Date	Location	Charge	Penalty
<b>8/15</b>	<b>OKLAHOMA</b>	<b>SPEEDING</b>	<b>\$155.00</b>
For additional blocks needed, print another copy of this page			



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**EMPLOYMENT RECORD**

Check here to certify **only** if the driver had **no previous employment with a DOT-regulated employer during past 3 years** (i.e. FMCSR questions below are 'no') \*All applicants must **ALWAYS** report 10 years history\*\*

3x

Employer **ROADRUNNER CHARTERS** From (M/Y) **2/15** To (M/Y) Reason for Leaving **STILL THERE**

Address **8972 TRINITY BLVD. WEST, TX** Phone **817-510-6700** Position **DRIVER**

For this previous employer: Were you subject to the FMCSRs while employed? **Yes** No

For this previous employer: Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40? **Yes** No

✓

Employer **ECHO TRANSPORTATION** From (M/Y) **2/13** To (M/Y) **2/13** Reason for Leaving **TERMINATED**

Address **9314 W JEFFERSON BLVD. DALLAS, TX** Phone Position **DRIVER**

For this previous employer: Were you subject to the FMCSRs while employed? **Yes** No

For this previous employer: Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40? **Yes** No

✓

Employer **FORT WORTH, ISD** From (M/Y) **6/06** To (M/Y) **9/12** Reason for Leaving **BETTER JOB**

Address **100 N. UNIVERSITY DR FT. WORTH, TX** Phone Position **BUS DRIVER**

For this previous employer: Were you subject to the FMCSRs while employed? **Yes** No

For this previous employer: Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40? **Yes** No

Employer From (M/Y) To (M/Y) Reason for Leaving

Address Phone Position

For this previous employer: Were you subject to the FMCSRs while employed? **Yes** **No**

For this previous employer: Was your job designated as a safety sensitive function in any DOT-regulated mode subject to the drug & alcohol testing requirements of 49 CFR part 40? **Yes** **No**

**DECLARATION OF EMPLOYMENT STATUS (GAPS IN HISTORY)**

You are required to provide complete employment history for the past 10 years. **If you have any gaps in employment longer than 1 month on this page, explain the gaps in these provided boxes:**

Activity During Break From (M/Y) To (M/Y)

In this duration, were you employed by any company or individual: **Yes** **No**

Activity During Break From (M/Y) To (M/Y)

In this duration, were you employed by any company or individual: **Yes** **No**

For additional blocks needed, please make a copy of this form





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**TO BE READ AND SIGNED BY APPLICANT**

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

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

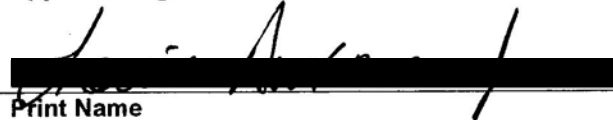
I understand information I provide regarding current and/or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

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

**This certifies 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.**

Applicant Signature

Date



8/24/15

Print Name

Louis Ambrose Jr.



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**FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT**

In accordance with the provisions of Section 604 (b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. Your employer may obtain this information from Equifax, TransUnion, Experian or other vendors of information services.

**Applicant Signature**

**Date**

**Print Name**

**Social Security Number**

**Employer Witness**

**Title**

**Safety & Compliance Officer**

**MANDATORY USE FOR ALL ACCOUNT HOLDERS**

**IMPORTANT NOTICE  
REGARDING BACKGROUND REPORTS FROM THE PSP Online Service**

1. In connection with your application for employment with Echo Tours & Charters L.P. ("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

The Prospective Employer cannot obtain background reports from FMCSA unless you consent in writing.

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

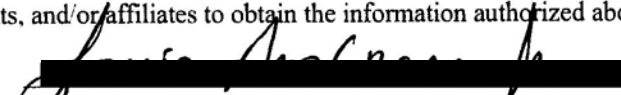
**2. I authorize Echo Tours & Charters L.P to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am consenting to the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.**

3. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I am challenging crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

4. Please note: Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

I have read the above Notice Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this consent form, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: 8/24/15

  
Signature  
Louis Amodeo Jr  
Name (Please Print)

NOTICE: This form is made available to monthly account holders by NICT on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language provided in paragraphs 1-4 of this document to obtain an Applicant's consent. The language must be used in whole, exactly as provided. **The language may be included with other consent forms or language at the discretion of the account holder, provided the four paragraphs remain intact and the language is unchanged.**  
LAST UPDATED 10/29/2012



Full Service Workforce Screening, Testing & Verifications

# FC Background Applicant Consent Document

Client Name: [REDACTED]

Client Code: [REDACTED]

Branch Code: FCCORP

Service Code: FCSERV – FC Service Pkg  
(Please Select)

CURRNT – Current Employee Pkg.

MVR

Authorized Agent: \_\_\_\_\_

Time/Date Sent: \_\_\_\_\_

## NOTICE TO JOB APPLICANTS

Your prospective employer has contracted with **FC Background, LLC**, a Texas licensed, Private Investigations Agency to verify certain information contained in your application for employment, conditional job offer or provided by you during the interview process. The information requested below is necessary to complete this task. This information is **NOT** a part of the application for employment and will be used for the sole purpose of verification of information, and or statements made by you. *Please complete all information requested.*

APPLICANT'S LEGAL NAME: AMBROSE JR LOUIS  
Last Name First M.I.

DAYTIME PHONE #: [REDACTED] EVENING: [REDACTED]

CURRENT HOME ADDRESS: [REDACTED]  
Street City/State Zip

DATE OF BIRTH: [REDACTED] SOCIAL SECURITY #: [REDACTED]  
Month/Day/Year

DRIVER'S LICENSE #: [REDACTED] STATE OF ISSUANCE: TX

It is possible that your employment may be determined in whole or in part by your prospective employer using data from a report supplied by **FC Background, LLC**, 12750 Merit Dr, Dallas, TX 75251. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.

**APPLICANT CONSENT:** I understand and agree that **FC Background, LLC** will verify all or part of the information I have given my prospective employer. I understand that this verification may include an inquiry into my credit history, criminal and civil records felony & misdemeanor and deferred adjudication records, prior employment (including contacting prior employers), education (degree, GPA and attendance) as well as other public record information. I understand I may be required to provide a sample (either urine or hair) for a screening for illegal drugs. I authorize the release of such information as may be necessary to verify the information I have provided. I release and hold harmless from all liability any individual or entity requesting or supplying information with respect to my application for employment.

APPLICANT SIGNATURE: [Signature] DATE: 8/24/15  
[www.fcbackground.com](http://www.fcbackground.com) [www.workercheck.com](http://www.workercheck.com)


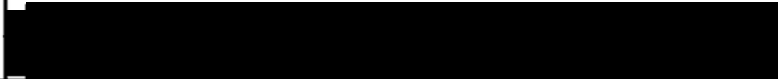
**SCANNED**

FC Background  
 8350 N. Central Expy. Suite 300  
 Dallas, TX 75206  
 972-404-4479

**BACKGROUND REPORT**

Lauro Umpierres  
 Lauro Umpierres/Echo Companies  
 P.O. BOX 532789  
 Grand Prairie, TX 75053



<p><b>APPLICANT:</b>                  Initiated:12:52 pm Central Aug 24, 2015                  Completed:8:17 pm Central Aug 24, 2015                  Modified:11:47 am Central Aug 31, 2015                  Previously screened by FC Background?                  Yes</p>	<p>LOUIS AMBROSE  </p>
<p><b>CRIMINAL RECORDS RESEARCH:</b></p>	<p>Complete - No records found. <b>APPROVED</b></p>
<p><b>IDENTITY VERIFICATION:</b>                  Social Security Verification                   Additional Addresses                  Additional Employers                  Additional Names</p>	<p>Social Security Number validated through credit files.                  Issued 1970 in CA .                  No record of fraudulent use.  </p>
<p><b>DRUG TEST:</b></p>	<p>Drug test not administered to this applicant.</p>

  
 \_\_\_\_\_  
 Lauro Umpierres  
 Safety & Compliance Officer

**Criminal Search**

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**LOUIS AMBROSE**

**Collin County, TX - No Criminal Conviction(s) Found**

**Dallas County, TX - No Criminal Conviction(s) Found**

**Denton County, TX - No Criminal Conviction(s) Found**

**Tarrant County, TX - No Criminal Conviction(s) Found**

**Texas Sex Offender - No Criminal Conviction(s) Found**

**Texas Statewide - No Criminal Conviction(s) Found**

**Badge**

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The badge for this applicant has been made.



**Safety & Compliance Officer**



9314 W Jefferson Blvd # 295  
Dallas - Texas - 75211

USDOT# 2172280  
817-572-4114

**ALCOHOL AND CONTROLLED SUBSTANCE CONSENT AND RELEASE**-applicant MUST answer:

Have you ever refused to be tested for drugs or alcohol?	Yes	<input checked="" type="radio"/> No
Have you ever tested positive for drugs or alcohol?	Yes	<input checked="" type="radio"/> No
Have you ever tested positive for any pre-employment drug or alcohol test for a job which you applied for but did not obtain?	Yes	<input checked="" type="radio"/> No

\*\*\*\*\*If 'Yes' to any of the above questions,  
\*\*\*\*\*applicant must attach a statement of explanation and provide proof of Return to Duty Process.

I understand that, as required by the Federal Motor Carrier Safety Regulations or company policy, all drivers must submit to alcohol and controlled substance testing as a condition of employment. I also understand that any offer of employment will be contingent upon the results of an alcohol and controlled substance test.

Applicants for positions that require driving a commercial motor vehicle (CMV) requiring a CDL at any time will be required to undergo controlled substances and at our discretion, alcohol testing prior to employment and will be subject to further testing throughout their period of employment.

The company's policy is that if a person has ever been in violation of the rules in part 40 (DOT) or 382 (FMCSA) they will NOT be considered eligible for any job which includes operation of a CMV (Greater than 10,000 GVWR) unless they have completed the return to duty process.

CDL drivers will be subject to random and reasonable suspicion drug testing each day they report for work.

Therefore, I agree to submit to the following alcohol and controlled substance tests in accordance and as defined by the Federal Motor Carrier Safety Regulation and this company's policies:

- Pre-Employment, to determine employment eligibility
- Random
- Reasonable Suspicion
- Post Accident
- Follow Up (see company policy)
- Return-to-duty (see company policy)

I certify that I have read, understand, and agree to abide by the condition of this consent and release form.

**Failure to sign this form will prevent this employer from using you as a CMV driver.**

Applicant Signature 	Date 8/24/15
Print Name [Redacted]	Social Security Number [Redacted]
Employer Witness 	Title Safety & Compliance Officer

**FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM**

1111 Newton Street, Gretna, LA 70053  
450 Southlake Boulevard, Richmond, VA 23236

Phone: 800.433.3823  
Fax: 504.361.8298

Alere

Courier Tracking Number

LAB NUMBER

507279407

**STEP 1: To be completed by Collector or Employer Representative**

Specimen ID Number

A. Employer Name, Address, ID No.  Facility Number

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

C. Donor SSN or Employee ID No.:  Location Code: (optional)

D. Specify Testing Authority:  HHS  NRC  DOT - Specify DOT Agency:  FMCSA  FAA  FRA  FTA  PHMSA  USCG

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

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

G. Collection Site Address:  Collector Phone & Fax: (Write phone number in boxes if not pre-printed.)  Collector Number

**STEP 2: To be completed by Collector (Make Remarks when appropriate) Collector reads specimen temperature within 4 minutes.**

Is temperature between 90° and 100°F?  Yes  No, Enter Remark:  Collection:  Split  Single  None Provided, Enter Remark:   Observed, Enter Remark:

Remarks:

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy).**

**STEP 4: Chain of Custody - Initiated by Collector and completed by Test Facility**

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

PRINT Collector Name (First, MI, Last)  /  /  Date Collected (Mo/Dy/Yr)

X  Signature of Collector Time Collected: : :   AM  PM

Specimen Bottle(s) Released To:  Name of Delivery Service

**STEP 5: To be completed by Donor**

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

X  Signature of Donor  PRINT Donor Name (First, MI, Last)  Date (Mo/Dy/Yr)

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

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

**STEP 6: To be completed by the Medical Review Officer - PRIMARY SPECIMEN**

NEGATIVE  POSITIVE for:  DILUTE  TEST CANCELLED

REFUSAL TO TEST because - check reason(s) below:  ADULTERATED (adulterant/reason):  SUBSTITUTED  OTHER:

Remarks:

X  Signature of Medical Review Officer  PRINT Medical Review Officer Name (First, MI, Last)  Date (Mo/Dy/Yr)

**STEP 7: To be completed by the Medical Review Officer - SPLIT SPECIMEN**

RECONFIRMED for:  TEST CANCELLED

FAILED TO RECONFIRM for:

Remarks:

X  Signature of Medical Review Officer  PRINT Medical Review Officer Name (First, MI, Last)  Date (Mo/Dy/Yr)

FILE COPY

COPY 4 - EMPLOYER COPY

Pre-employment

OMB NO. 0930-0158



Pre-employment

**ATTENTION:**

Chris Jarrard  
ECHO Tours and Charters, LP  
9314 W. Jefferson Blvd., # 295  
Dallas, TX 75211

Participant: Louis Ambrose Jr  
Participant ID: [REDACTED]  
SSN: [REDACTED]

**Results of DOT Controlled Substance Test**

Record Status: Negative  
Test Type: Pre-Employment  
Collection Date/Time: 08/26/2015 11:00 AM  
Batch ID: [REDACTED]  
Specimen ID: [REDACTED]  
Date COC Received: [REDACTED]  
Sample Type: Urine  
Test Panel: 5 Substances

Laboratory: Alere Toxicology Services, Inc.  
1111 Newton St.  
Gretna, LA 70053  
Collection Site: AccuTrace Testing  
5612 SW Green Oaks Blvd. Suite D  
Arlington, TX 76017  
Specimen Collector: [REDACTED]  
DOT Admin(s): FMCSA

<u>Test Performed</u>	<u>Result</u>	<u>Test Performed</u>	<u>Result</u>
Amphetamines	Negative	Cocaine	Negative
Marijuana(Cannabinoids)	Negative	Phencyclidine	Negative
Opiates	Negative		

This test was performed, recorded and reported in accordance with CFR 49 Part 40

[Signature]

[Name]

8/27/2015  
Verification Date

Pre-employment

In Compliance

Hire Date  
9-1-2015

# AGREEMENT

The DOT requires **ECHO TOURS AND CHARTERS, LP** to provide covered employees (and representatives of employee organizations) with educational materials that explain DOT regulations regarding drug and alcohol use and abuse, **ECHO TOURS AND CHARTERS, LP** policies and procedures for meeting those regulations, and other information and training concerning the effects of alcohol and controlled substances.

These DOT requirements are covered fully in **ECHO TOURS AND CHARTERS, LP** policy. The DOT also requires FHWA covered employees (and **ECHO TOURS AND CHARTERS, LP** requires all covered employees and representatives of employee organizations) to sign a receipt of the materials. Refusal to sign this form upon receipt of the materials will be grounds for termination of employment.

By signing this receipt you agree that you have received and read and are responsible to understand **ECHO TOURS AND CHARTERS, LP** policy, DOT regulations regarding alcohol and drug use testing. All **ECHO TOURS AND CHARTERS, LP** training materials on this certification form should be addressed to the Safety Director or Human Resource Department.

By signing this receipt, you are agreeing that your questions have been answered to your satisfaction. **ECHO TOURS AND CHARTERS, LP** will retain the original of this form in a separate file along with other **ECHO TOURS AND CHARTERS, LP** records maintained for DOT drug and alcohol testing programs. You are entitled to receive a copy of this and one will be provided upon request.

## CERTIFICATION:

I hereby certify that I have received a copy of **ECHO TOURS AND CHARTERS, LP** Substance Abuse Policy and other educational and training materials which **ECHO TOURS AND CHARTERS LP** is required to provide in accordance with 49 CFR 382.601 [FHWA]; 199.239(a)(1)[RSPA]; 654.71[FTA]; 14 CFR 121 App. J VI A (1)(a)[FAA].

Furthermore, I agree that I am responsible for reading, understanding and obeying all current **ECHO TOURS AND CHARTERS, LP** policies and DOT regulations regarding alcohol and drug use testing and all future changes in or additions to those policies and regulations as they are adopted by **ECHO TOURS AND CHARTERS, LP**

I further understand and agree that I may be subject to disciplinary action and other liability for violating DOT regulations and/or **ECHO TOURS AND CHARTERS, LP** policies.

Prior to signing this Receipt, I have read it carefully and any questions I have regarding the above materials and/or this form has been answered to my satisfaction.

Employee Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Witness Signature \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: 8 / 31 / 15



**AGREEMENT:**

I, the undersigned, certify that I have read and understand TBL, Inc. and all branded companies that it owns, hereinafter referred to as the "Company" Statement of the Policy on Drug and Alcohol Abuse, and have received Training and Materials regarding the property's and effects of substance abuse on the body, at home, and at work, and I have received a copy of that Policy.


By accepting employment with the company, I also, consent to submit to screening for drugs and alcohol abuse and I agree to comply with all the requirements of the company, Federal Motor Carrier, FTA, and any Federal, State, or Local laws and rules governing the use or abuse of drugs and alcohol.

I understand that my failure to honor the terms of this agreement, will be grounds for termination of my employment or my application for employment with the company.


Employee Signature:  Date: 11-17-16


Employee Printed Name: 

Witness Signature:  Date: 11-17-16

Witnesses Printed Name: **Lauro Umpierres** (Designated Employer Representative) 

The person designated to answer questions regarding company policy on the forgoing statement is:

HR (DAPM)  
  
817-572-4114

Safety Director (DER)  
  
817-572-4114

USDOT# 2172280  
817-572-4114



9314 W Jefferson Blvd # 295  
Dallas - Texas - 75211

**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: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

1. You, as a commercial vehicle driver, may not possess more than one license.
2. If you currently have more than one license, you should keep the license from your state of residence, and return the additional licenses to the states that issued them. Destroying a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.
3. Sections 392.42 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 requires that any time you violate a state or local traffic law (other than parking), you must report it to your employing motor carrier and the state that issued your license within 30 days.

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

The following license is the only one I will possess:

Driver License Number [REDACTED]	State TX	Expiration [REDACTED] 2017
Driver Signature 	Date 8/24/15	

## DRIVER STATEMENT OF ON-DUTY HOURS (For Newly Hired Drivers)

INSTRUCTIONS: Motor carriers, when using a driver for the first time, must obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and the time at which the driver was last relieved from duty prior to beginning work for the carrier, as required by section 395.8(j)(2) of the Federal Motor Carrier Safety Regulations. NOTE: Hours for any work during the preceding 7 days, including any compensated work for a non-motor carrier, must be recorded on this form.

This form should be completed on the day the driver is scheduled to begin driving a commercial motor vehicle, and must be kept on file for at least 6 months.

Driver Name (Print) Ambrose Louis

Employee ID No. 43265

DAY	1 <small>(yesterday)</small>	2	3	4	5	6	7	
DATE	08/31	08/30	08/29	08/28	08/27	08/26	08/25	
HOURS WORKED	0	0	0	0	0	0	0	<b>TOTAL HOURS ZERO</b>

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at

xxxxx  
Time
A.M.  
P.M.
On
xxx  
Day
xxxxx  
Month
xxxx  
Year

*[Signature]*  
Driver's Signature
09/01/2015  
Date

### DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, and performing any compensated work for any non-motor carrier entity.

(check one)

Are you currently working for another employer?  Yes  No

At this time do you intend to work for another employer while still employed by this company?  Yes  No

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

*[Signature]*  
Driver's Signature
09/01/2015  
Date

*[Signature]*  
Company Representative
09/01/2015  
Date

USDOT# 2172280  
817-572-4114



9314 W Jefferson Blvd # 295  
Dallas - Texas - 75211

**ANNUAL REVIEW OF DRIVING RECORD**

**PART A - CERTIFICATION OF VIOLATIONS**

Driver Name

Louis Ambrose JR

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
8/15/15	SPEEDING	OKLAHOMA	VAN

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 license #: [redacted] State: TX Exp. Date: [redacted] 1/21

Change of Address:

If you have moved in the last 12 months, provide your new address here

Drivers Signature: Louis Ambrose JR Today's Date: 8-24-15

**PART B - MVR (Attach MVR to form)**

**PART C - CARRIER'S ANNUAL REVIEW**

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2) This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any 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 controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a CMV pursuant to 391.15., or
- This driver is disqualified to drive a CMV pursuant to company policy

Carrier's Name ECHO COMPANIES	Carrier's Address 5012 MOSSON RD., FORT WORTH, TX 76119
Reviewed by: [redacted]	Title Safety & Compliance Officer
	Date 8-24-2015



www.iiX.com  
(800) 683-8553

**DRIVER RECORD SERVICE REPORT FOR TEXAS**

322814571

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
08/24/2015				000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
AMBROSE LOUIS JR			CDL-B	CLEAR
		DATE OF BIRTH	RESTRICTIONS	
ISSUED	EXPIRES	DRIVER DESCRIPTION		
	/2021			

REPORT PREPARED FOR	COMMENT
ECHO TOURS & CHARTER LP DBA ECHO TRANSPORTATION 5012 MOSSON ROAD FORT WORTH, TX 76119	 Laura Thompson Safety & Compliance Officer

This report is generated for employment purposes only and may not be used for any other purpose. The use and dissemination of the report and information in it must comply with your iiX agreement and the Fair Credit Reporting Act, the Driver's Privacy Protection Act, and any applicable state statute(s). The data in the report from the applicable state agency or service bureau is provided through iiX "as is."

Customer-defined MVR scoring has been applied to this record. Customer is solely responsible for the application and use of the resulting score.

**MISCELLANEOUS AND STATE SPECIFIC INFORMATION**

REQUESTED AS: LOUIS AMBROSE DOB: [REDACTED] LICENSE: [REDACTED]  
 COMM:01: ACTIVE CLEAR B [REDACTED] 2021 SCHOOL BUS,PASS  
 CDL CLASS: B DESC: SINGLE VEHICLE > 26K, TOW < 10K  
 CDL STATUS: CLEAR  
 CDL EXPIRES: [REDACTED]/2021  
 CDL ENDMT: SCHOOL BUS  
 CDL ENDMT: PASSENGER  
 ORIGINAL APPLICATION DATE: [REDACTED] 2006  
 AMOUNT OF HISTORY: 5 YEARS  
 MED CERT STATUS: CERTIFIED  
 MED SELF CERT: NON-EXCEPTED INTERSTATE  
 MED CERT ISSUED: [REDACTED] 2015  
 MED CERT EXPIRES: [REDACTED] 2017  
 ME NAME: [REDACTED]  
 ME LICENSE NUMBER: [REDACTED]  
 ME NATIONAL REG NUMBER: [REDACTED]  
 ME SPECIALTY: DO - OSTEOPATHIC DOCTOR  
 ME TELEPHONE: [REDACTED]  
 ME LICENSING JURISDICTION: TX

I, Louis Ambrose Jr certify  
 that the information provided on this report  
 is true and accurate to the best of my  
 knowledge.  
[Signature] Signature 8/31/15 Date

THIS TYPE OF RECORD WILL REFLECT COMPLETION OF A DRIVING SAFETY COURSE.  
 THIS RECORD REFLECTS CONVICTIONS AND CRASH INVOLVEMENTS THAT ARE ALLOWED TO BE DISPLAYED BY LAW.  
 NO REPORT OF APPROVED DRIVER EDUCATION COURSE.  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

**DRIVING RECORD HISTORY**

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
+++			+++ ASSIGNED VIOLATION CODE +++			581100	0
VIOL	09/30/2008	12/03/2008	MVI INSPECTION VIOLATION LOC: EDGECLIFF VILLA				
+++			+++ ASSIGNED POINT TOTAL +++				0

If you are an iiX Customer, and have questions contact:  
 iiX  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX 77802  
 Telephone: 1-800-683-8553

Refer Consumer to:  
 iiX-FCRA  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX, TX 77802  
 Telephone: 1-866-560-7015

\*\*\* END OF REPORT \*\*\*

**Hire Date**  
 9-1-2015 **Pre-employment**

USDOT# 2172280  
817-572-4114



9314 W Jefferson Blvd # 295  
Dallas - Texas - 75211

**DRIVERS ROAD TEST EXAMINATION**

Drivers Name <b>LOUIS AMBROSSE JR</b>	Phone Number [REDACTED]
Address [REDACTED]	City, State Zip [REDACTED]
Rating of Performance <input checked="" type="checkbox"/> <b>Satisfactory</b>	
<input checked="" type="checkbox"/>	The pre-trip inspection (as required by Sec. 392.7)
<input checked="" type="checkbox"/>	Coupling and uncoupling of combination units, if the equipment he or she may drive includes combination units
<input checked="" type="checkbox"/>	Placing the equipment in operation
<input checked="" type="checkbox"/>	Use of vehicle's controls and emergency equipment
<input checked="" type="checkbox"/>	Operating the vehicle in traffic and while passing other vehicles
<input checked="" type="checkbox"/>	Turning the vehicle
<input checked="" type="checkbox"/>	Braking and slowing the vehicle by means other than braking
<input checked="" type="checkbox"/>	Backing and parking the vehicle

Other: Explain:

Type of Equipment used in giving test  
**Van Hool C-2045**

Examiners Signature  
**[Signature]** Date  
**8-31-2015**

**CERTIFICATION OF ROAD TEST**

Driver's Name <b>LOUIS AMBROSSE JR</b>	Social Security Number [REDACTED]
License Number [REDACTED]	State <b>TX</b>
Type of Power Unit <b>_____</b>	Type of Trailer <b>_____</b>

If a passenger carrier, type of bus  
**Van Hool C-2045**

This is to certify that the above-named driver was given a road test under my supervision on **8-31-15** (date) consisting of approximately **70** miles of driving. It is my considered opinion that this driver possessed sufficient driving to operate safety in the type of commercial motor vehicle listed above.

Signature of Examiner  
**[Signature]**  
Title  
**Driver Trainer**

Organization and Address of Examiner  
**Echo Tours & Charters LP**



## Part 391

# QUALIFICATIONS OF DRIVERS AND LONGER COMBINATION VEHICLE (LCV) DRIVER INSTRUCTORS

### **§ 391.25: Annual inquiry and review of driving record.**

(a) Except as provided in subpart G of this part, each motor carrier shall, at least once every 12 months, make an inquiry to obtain the motor vehicle record of each driver it employs, covering at least the preceding 12 months, to the appropriate agency of every State in which the driver held a commercial motor vehicle operator's license or permit during the time period.

**ANNUAL REVIEW OF DRIVING RECORD**

**PART A - CERTIFICATION OF VIOLATIONS**

Driver Name:

*LOUIS AMBROSIO JR*

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
	<i>NONE</i>		

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 license #: [REDACTED] State: Texas Exp. Date: [REDACTED] *1/21*

Change of Address:

If you have moved in the last 12 months, provide your new address here:

Drivers Signature: [REDACTED] Today's Date: 02/01/2017

**PART B - MVR (Attach MVR to form)**

**PART C - CARRIER'S ANNUAL REVIEW**

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2)

This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any 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 controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a CMV pursuant to 391.15., or
- This driver is disqualified to drive a CMV pursuant to company policy

Carrier's Name	Carrier's Address
<b>ECHO TOURS AND CHARTERS L.P.</b>	<b>9314 W Jefferson Blvd - Dallas - Texas - 75211</b>

Reviewed by: *[Signature]* Title: Safety & Compliance Manager Date: 02-06-2017  
**Lauro Umpierres**



www.iiX.com  
(800) 683-8553

# DRIVER RECORD SERVICE REPORT FOR TEXAS

336602737

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
02/06/2017	[REDACTED]	[REDACTED]	[REDACTED]	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
AMBROSE, LOUIS JR		[REDACTED]	CDL-B	CLEAR
[REDACTED]		DATE OF BIRTH	RESTRICTIONS	
[REDACTED]		[REDACTED]		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
[REDACTED]	[REDACTED]/2021			

REPORT PREPARED FOR	COMMENT
ECHO TOURS & CHARTER LP PO BOX 532789 GRAND PRAIRIE, TX 75053-2789	<i>[Signature]</i> Safety & compliance Manager

**This report is generated for employment purposes only and may not be used for any other purpose. iiX does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. The use and dissemination of this report and the information contained therein must comply with your iiX agreement, the Fair Credit Reporting Act, the Driver's Privacy Protection Act, and any applicable state statute(s). The data in the report from the applicable state or service is provided through iiX "as-is", and any information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.**

*Customer-defined MVR scoring has been applied to this record. Customer is solely responsible for the application and use of the resulting score.*

## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: LOUIS AMBROSE DOB: [REDACTED] LICENSE: [REDACTED]  
 COMM:01: ACTIVE CLEAR B [REDACTED] 2021 PASSENGER,SCHOO  
 CDL CLASS: B DESC: SINGLE VEHICLE > 26K, TOW < 10K  
 CDL STATUS: CLEAR  
 CDL EXPIRES: [REDACTED]/2021  
 CDL ENDMT: PASSENGER  
 CDL ENDMT: SCHOOL BUS  
 ORIGINAL ISSUE DATE: [REDACTED]/2006  
 AMOUNT OF HISTORY: 5 YEARS  
 MED CERT: ACTIVE NI 0110201701102019  
 MED CERT1 STATUS: CERTIFIED  
 MED CERT1 SELF CERT: NON-EXCEPTED INTERSTATE  
 MED CERT1 ISSUED: [REDACTED]/2017  
 MED CERT1 EXPIRES: [REDACTED]/2019  
 MED CERT3 EXAMINER NAME: [REDACTED]  
 MED CERT3 EXAMINER SPECIALTY: OSTEOPATHIC DOCTOR  
 MED CERT3 LICENSE JURISDICTION: TEXAS  
 MED CERT3 LICENSE NUMBER: [REDACTED]  
 MED CERT3 NATIONAL REG NUMBER: [REDACTED]  
 MED CERT3 TELEPHONE: [REDACTED]

**I, Louis Ambrose Jr. certify that the information provided on this report is true and accurate to the best of my knowledge.**

*[Signature]* **Signature**      2-17-17 **Date**

THIS TYPE OF RECORD WILL REFLECT COMPLETION OF A DRIVING SAFETY COURSE.  
 THIS RECORD REFLECTS CONVICTIONS AND CRASH INVOLVEMENTS THAT ARE ALLOWED TO BE DISPLAYED BY LAW.  
 NO REPORT OF APPROVED DRIVER EDUCATION COURSE.  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
+++			+++ ASSIGNED VIOLATION CODE +++				
VIOL	07/26/2015	09/14/2015	SPEEDING			421010	4
+++			+++ ASSIGNED VIOLATION CODE +++				
VIOL	09/30/2008	12/03/2008	MVI INSPECTION VIOLATION LOC: EDGECLIFF VILLA			581100	0
+++			+++ ASSIGNED VIOLATION CODE +++				
VIOL	01/29/2016	03/15/2016	SPEEDING LOC: GRAND PRAIRIE			421010	4
+++			+++ CUSTOMER ASSIGNED SCORE TOTAL +++				8



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### DRIVER RECORD SERVICE REPORT FOR TEXAS

336602737

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
02/06/2017	[REDACTED]	[REDACTED]	[REDACTED]	000	2

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
AMBROSE, LOUIS JR		[REDACTED]	CDL-B	CLEAR
[REDACTED]		DATE OF BIRTH	RESTRICTIONS	
[REDACTED]		[REDACTED]		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
[REDACTED]	2021			

If you are an iiX Customer, and have questions contact:  
 iiX  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX 77802  
 Telephone: 1-800-683-8553

Refer Consumer to:  
 iiX-FCRA  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX, TX 77802  
 Telephone: 1-866-560-7015

\*\*\* END OF REPORT \*\*\*

I, LOUIS AMBROSE JR certify  
 that the information provided on this report  
 is true and accurate to the best of my  
 knowledge.

[Signature]      2/17/17  
 Signature      Date

[Signature]  
 Laura Umphress  
 Safety & compliance Manager

USDOT# 2172280  
817-572-4114

ECHO COMPANIES

9314 W Jefferson Blvd # 295  
Dallas - Texas - 75211

**ANNUAL REVIEW OF DRIVING RECORD**

**PART A - CERTIFICATION OF VIOLATIONS**

Driver Name  
AMBROSE, LOUIS

MOTOR CARRIER INSTRUCTIONS: The Company is required by the DOT to perform an annual records check, to ensure the company is aware of any and all traffic violations committed by its drivers, including those in a private auto as well as any in a Commercial Motor Vehicle.

Please list on the following lines all violations of motor vehicle traffic laws and ordinances (other than violations for parking only) of which you have been convicted, or on account of which you have forfeited bond or collateral during the last 12 months. (Per FMCSR 391.27)

I certify that the following is a true and complete list of traffic violations required to be listed for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle Operated
NONE	NONE	NONE	NONE

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 license #: [REDACTED] State: Texas Exp. Date: [REDACTED] 2021

Change of Address:

If you have moved in the last 12 months, provide your new address here

Drivers Signature [REDACTED] Today's Date 02/01/2016

**PART B - MVR (Attach MVR to form)**

**PART C - CARRIER'S ANNUAL REVIEW**

Carrier's annual review of driving record and certification of continued qualification as required by FMCSR 391.25(c)(2)  
This day I have reviewed the driving record of the above named driver in accordance with 391.25 of the FMCSRs. I considered any evidence that the driver has violated applicable provisions of the FMCSRs and the HMRs (if applicable). I considered the driver's accident record and any evidence that he/she has violated any 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 controlled substances, that indicate the driver has exhibited a disregard for the safety of the public. Having done so, I find that:

- The driver meets the minimum requirements for safe driving, or
- The driver is disqualified to drive a CMV pursuant to 391.15., or
- This driver is disqualified to drive a CMV pursuant to company policy

Carrier's Name: ECHO TOURS AND CHARTERS L.P.	Carrier's Address 9314 W Jefferson Blvd # 295 - Dallas - TX - 75211
Reviewed by: [REDACTED]	Title Safety and Compliance Officer Date 2-12-2016



www.iiX.com  
(800) 683-8553

### DRIVER RECORD SERVICE REPORT FOR TEXAS

326968858

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
02/12/2016				000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
AMBROSE, LOUIS JR			CDL-B	CLEAR
		DATE OF BIRTH	RESTRICTIONS	
ISSUED	EXPIRES	DRIVER DESCRIPTION		
	2021			

REPORT PREPARED FOR	COMMENT
ECHO TOURS & CHARTER LP DBA ECHO TRANSPORTATION PO BOX 532789 GRAND PRAIRIE, TX 75053	<i>[Signature]</i> Safety Officer

This report is generated for employment purposes only and may not be used for any other purpose. iiX does not guarantee the accuracy or truthfulness of the information as to the subject of the investigation, but only that it is accurately copied from public records. The use and dissemination of this report and the information contained therein must comply with your iiX agreement, the Fair Credit Reporting Act, the Driver's Privacy Protection Act, and any applicable state statute(s). The data in the report from the applicable state or service is provided through iiX "as-is", and any information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the consumer who is the subject of the report.

Customer-defined MVR scoring has been applied to this record. Customer is solely responsible for the application and use of the resulting score.

#### MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: LOUIS AMBROSE DOB: [REDACTED] LICENSE: [REDACTED]  
 COMM:01: ACTIVE CLEAR B 03212021 PASSENGER,SCHOO  
 CDL CLASS: B DESC: SINGLE VEHICLE > 26K, TOW < 10K  
 CDL STATUS: CLEAR  
 CDL EXPIRES: [REDACTED]/2021  
 CDL ENDMT: PASSENGER  
 CDL ENDMT: SCHOOL BUS  
 ORIGINAL APPLICATION DATE: [REDACTED] 2006  
 AMOUNT OF HISTORY: 5 YEARS  
 MED CERT STATUS: CERTIFIED  
 MED SELF CERT: NON-EXCEPTED INTERSTATE  
 MED CERT ISSUED: [REDACTED]/2015  
 MED CERT EXPIRES: [REDACTED]/2017  
 ME NAME: [REDACTED]  
 ME LICENSE NUMBER: [REDACTED]  
 ME NATIONAL REG NUMBER: [REDACTED]  
 ME SPECIALTY: DO - OSTEOPATHIC DOCTOR  
 ME TELEPHONE: [REDACTED]  
 ME LICENSING JURISDICTION: TX

I, LOUIS AMBROSE JR certify that the information provided on this report is true and accurate to the best of my knowledge.  
[Signature] 2/12/16  
 Signature Date

THIS TYPE OF RECORD WILL REFLECT COMPLETION OF A DRIVING SAFETY COURSE.  
 THIS RECORD REFLECTS CONVICTIONS AND CRASH INVOLVEMENTS THAT ARE ALLOWED TO BE DISPLAYED BY LAW.  
 NO REPORT OF APPROVED DRIVER EDUCATION COURSE.  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

#### DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
+-+			+++ ASSIGNED VIOLATION CODE +++				
VIOL	07/26/2015	09/14/2015	SPEEDING			421010	4
+-+			+++ ASSIGNED VIOLATION CODE +++				
VIOL	09/30/2008	12/03/2008	MVI INSPECTION VIOLATION LOC: EDGECLIFF VILLA			581100	0
+-+			+++ ASSIGNED POINT TOTAL +++				4



www.iiX.com  
(800) 683-8553

# DRIVER RECORD SERVICE REPORT FOR TEXAS

326968858

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
02/12/2016	[REDACTED]	[REDACTED]	[REDACTED]	000	2

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
AMBROSE, LOUIS JR		[REDACTED]	CDL-B	CLEAR
[REDACTED]		DATE OF BIRTH	RESTRICTIONS	
[REDACTED]		[REDACTED]		
ISSUED	EXPIRES	DRIVER DESCRIPTION		
	[REDACTED] 2021			

If you are an iiX Customer, and have questions contact:  
 iiX  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX 77802  
 Telephone: 1-800-683-8553

Refer Consumer to:  
 iiX-FCRA  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX, TX 77802  
 Telephone: 1-866-560-7015

\*\*\* END OF REPORT \*\*\*

  
 \_\_\_\_\_  
 Safety & Compliance Officer

I, [REDACTED] certify  
 that the information provided on this report  
 is true and accurate to the best of my  
 knowledge.

[REDACTED]  
 Signature

2/12/16  
 Date

Echo Tours & Charters L.P.  
P.O. Box 532 T89  
Grand Prairie, Tx 75053



Roadrunner  
8972 Trinity Blvd.  
Hurst, Tx 76053

Done 1.

9-14-15

First Request  
Laise Ambrose



[Redacted]

**From:** [Redacted]  
**Sent:** Monday, September 14, 2015 2:26 PM  
**To:** Michael Casas  
**Subject:** FW: Successful transmission to [Redacted]

**Lauro Umpierres**  
Safety & Compliance Manager  
Echo Transportation



Office 817.572.4114 Ext: 7460  
Fax 800.861.3113

[Redacted]  
9314 W Jefferson Blvd # 295  
Dallas, TX 75211

Confirmation on  
back-side

People powered....Safety Driven



**From:** send@mail.efax.com [mailto:send@mail.efax.com]  
**Sent:** Monday, September 14, 2015 2:23 PM  
**To:** [Redacted]  
**Subject:** [Redacted]



# LOUIS Ambrose

FILE MESSAGE


Louis Ambrose-Safety performance history records request - Message (HTML)

Ignore X Meeting Request To Manager Rules -  
Junk - Delete Reply Reply All Forward More - Team Email Done OneNote  
Delete Respond Reply & Delete Create New Move Mark Unread Categorize Follow Up Translate Find Related - Select - Zoom

Mon 9/14/2015 1:55 PM

Michael Casas  
Louis Ambrose-Safety performance history records request

To: Laura Lipperiet

Message  Louis Ambrose - requesting history records.pdf (134 KB)

Michael Casas Drivers Report for Chamer 21869



2:30 PM  
9/14/2015



9314 W Jefferson Blvd # 295  
Dallas - Texas - 75211

USDOT# 2172280  
817-572-4114

**SAFETY PERFORMANCE HISTORY RECORDS REQUEST**

Section 1 To be Completed by Prospective Employee

I, (first, middle, last) Louis Ambrose JR Social Security Number [REDACTED] Date of Birth [REDACTED]

Hereby Authorize My PREVIOUS Employer:

ROADRUNNER

PREVIOUS Employer Address (Street) 8972 TRINITY BLVD Previous Employer Phone # 817-510-6700

PREVIOUS Employer Address (City, State, Zip) 8972 TRINITY BLVD, HURST, TX 76053 Previous Employer Fax # 817 355 1511

To release and forward the information requested by sections 2 and 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years (M/Y of employment dates) from 2/15 to STILL THERE

To My Prospective Employer: Echo Tours & Charters L.P Ph: 817-572-4114 Fax: Lauro Umpierres  
PO BOX 532789 - Grand Prairie - Tx - 75053 Attention: lumpierres@echotransportation.com

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

\*\*\*Applicant Signature: [Signature] Date 8/24/15

Section 2 To be Completed by PREVIOUS Employer

The applicant named above was employed by us: Yes No

Employment Dates: From M/Y To M/Y

Did he/she drive a motor vehicle for you? Yes No

If yes, what type of vehicle? Straight Truck  Tractor Trailer  Other

Reason for leaving your employ: Discharged  Resignation  Lay Off  Military Duty

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

Complete the following for any accidents included on your accident register (§390.15(b) involving the applicant in the 3 years prior to the applicant signature date shown above.

If there is no accident register data for this driver, check here  and sign below, then complete Section 3.

Date	Location	No of Injuries	No of Fatalities	Hazmat Spill

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

Previous Employer Signature Title Date



9314 W Jefferson Blvd # 295  
Dallas - Texas - 75211

USDOT# 2172280  
817-572-4114

SAFETY PERFORMANCE HISTORY RECORDS REQUEST CONTINUED		
Section 3 To be Completed by Previous Employer		
If the applicant was NOT subject to DOT testing requirements while employed by you, please check here <input type="checkbox"/> , fill in the dates of employment, complete the bottom of Section 3, sign, and return. M/Y _____ to M/Y _____		
Has this person had an alcohol test with a result of 0.04 or higher?	Yes	No
Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	Yes	No
Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test?	Yes	No
Has this person committed other violations of Subpart B of Part 382 or Part 40?	Yes	No
If this person has violated a DOT drug & alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	Yes	No N/A
For a driver who successfully complete a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes	No N/A
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.		
Previous Employer Print Name	Company/Title	
Phone		
Address (Street, City, State, Zip)		
Signature	Date	

Section 4 To be Completed by Prospective Employer as a record of communication attempts:			
1 This form was	Faxed	Mailed	Other
By	<del>Michael Casas</del>	On (Date)	8/24/15
2 This form was	Faxed	Mailed	Other <u>Called at 3:15 pm, Mr, Dwayne will be emailing request. Dwayne is safety</u>
By	<del>Michael Casas</del>	On (Date)	8/31/15
3 This form was	Faxed	Mailed	Other <u>Email</u>
By	<del>Michael Casas</del>	On (Date)	9/14/15
Received back: (Date)	Fax	Mail	Other

PREVIOUS Employer Address (Street)  
**100 N. UNIVERSITY DR**

PREVIOUS Employer Address (City, State, Zip)  
**100 N. UNIVERSITY DR Ft. Worth, TX 76107**

Previous Employer Fax#

To release and forward the information requested by sections 2 and 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years (M/Y of employment dates) from **6/06** to **9/12**

To My Prospective Employer:  
**Echo Tours & Charters L.P**  
**PO BOX 532789 - Grand Prairie - Tx - 75053**

Ph: 817-572-4114 | Fax:  
 Attention: **Lauro Umpierrez**  
**lumpierrez@echotransportation.com**

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

\*\*Applicant Signature: *[Signature]* Date **8/24/15**

Section 2 To be completed by PREVIOUS Employer

The applicant named above was employed by us:  Yes  No

Employment Dates: From M/Y **8/06** To M/Y **5/12** **6-6** **9-12**

Did he/she drive a motor vehicle for you?  Yes  No

If yes, what type of vehicle?  
 Straight Truck  Tractor Trailer  Other **Bus**

**REVISED**

Reason for leaving your employ: Discharged  Resignation  Lay Off  Military Duty

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

Complete the following for any accidents included on your accident register (§390.15(b) involving the applicant in the 3 years prior to the applicant signature date shown above.  
 If there is no accident register data for this driver, check here  and sign below, then complete Section 3.

Date	Location	No of Injuries	No of Fatalities	Hazmat Spill

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

Previous Employer Signature: *[Signature]* Title: **Supervisor** Date: **9/1/15**

Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	Yes	<input checked="" type="radio"/> No
Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test?	Yes	<input checked="" type="radio"/> No
Has this person committed other violations of Subpart B of Part 382 or Part 40?	Yes	<input checked="" type="radio"/> No
If this person has violated a DOT drug & alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	Yes	No <input checked="" type="radio"/> N/A
For a driver who successfully complete a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes	No <input checked="" type="radio"/> N/A
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.		
Previous Employer Print Name	Company/Title	
<del>XXXXXXXXXX</del>	FWISO	
Phone	817 815 7900	
Address (Street, City, State, Zip)	100 N University Dr Fort Worth TX 76107	
Signature	Date 9/1/15	
<del>XXXXXXXXXX</del>		

Section 4 To be Completed by Prospective Employer as a record of communication attempts:			
1 This form was	Faxed	<input checked="" type="radio"/> Mailed	Other
By	<del>XXXXXXXXXX</del>	On (Date)	8/24/15
2 This form was	Faxed	Mailed	Other
By		On (Date)	
3 This form was	Faxed	Mailed	Other
By		On (Date)	
Received back: (Date)	Fax	Mail	Other

PREVIOUS Employer Address (Street) <b>100 N. UNIVERSITY DR</b>		PREVIOUS Employer Fax #
PREVIOUS Employer Address (City, State, Zip) <b>100 N. UNIVERSITY DR FT. WORTH, TX 76107</b>		
To release and forward the information requested by sections 2 and 3 of this document concerning my Alcohol and Controlled Substance Testing records within the previous 3 years (M/Y of employment dates) from <u>6/06</u> to <u>9/12</u>		
To My Prospective Employer: <b>Echo Tours &amp; Charters L.P PO BOX 532789 - Grand Prairie - Tx - 75053</b>	Ph: 817-572-4114 Attention: <del>Lauro Umpierres</del>	Fax:
In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, letter, or e-mail.		
***Applicant Signature:		Date <u>8/24/15</u>

Section 2 To be Completed by PREVIOUS Employer				
The applicant named above was employed by us:		Yes	No	
Employment Dates:	From M/Y	To M/Y		
Did he/she drive a motor vehicle for you?		Yes	No	
If yes, what type of vehicle?		Straight Truck <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Other <input type="checkbox"/>		
Reason for leaving your employ:		Discharged <input type="checkbox"/>	Resignation <input type="checkbox"/>	Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/>
If there is no safety performance history to report, check here <input type="checkbox"/> , sign below & return				
Complete the following for any accidents included on your accident register (§390.15(b) involving the applicant in the 3 years prior to the applicant signature date shown above. If there is no accident register data for this driver, check here <input type="checkbox"/> and sign below, then complete Section 3.				
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Date	Location	No of Injuries	No of Fatalities	Hazmat Spill
Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies.				
Previous Employer Signature		Title	Date	

Has this person tested positive, adulterated or substituted a test specimen for controlled substances?	Yes	No	
Has this person refused to submit to a post accident, random, reasonable suspicion or follow up controlled substance test?	Yes	No	
Has this person committed other violations of Subpart B of Part 382 or Part 40?	Yes	No	
If this person has violated a DOT drug & alcohol regulation did this person complete a SAP prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation with this form.	Yes	No	N/A
For a driver who successfully complete a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	Yes	No	N/A
In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown in Section 1.			
Previous Employer Print Name	Company/Title		
Phone			
Address (Street, City, State, Zip)			
Signature	Date		

Section 4 To be Completed by <b>Prospective</b> Employer as a record of communication attempts:			
1 This form was	Faxed	<u>Mailed</u>	Other
By	<del>Michael Casas</del> On (Date) 8/24/15		
2 This form was	Faxed	<u>Mailed</u>	Other
By	<del>Michael Casas</del> On (Date) 9/01/15		
3 This form was	Faxed	Mailed	Other
By	On (Date)		
Received back: (Date)	Fax	Mail	Other



**Public Burden Statement**

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 20 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

## Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined Last Name: **Ambrose** First Name: **Louis** in accordance with (please check one)

the Federal Motor Carrier Safety Regulations (49 CFR 39141-39149) and with knowledge of the driving duties, I find this person qualified, and if applicable, only when (check all that apply) OR

the Federal Motor Carrier Safety Regulations (49 CFR 39141-39149) with any applicable State variances (which will be only valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Accompanied by a waiver/person                                  | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) (Federal) |
| <input type="checkbox"/> Wearing hearing aid       | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) Certificate | <input type="checkbox"/> Qualified by operation of (49 CFR 391.62) (Federal)               |
|  |  | <input type="checkbox"/> Grandfathered from State requirement (State)                      |

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

Medical Examiner's Certificate Expiration Date

01/10/2019

Signature of Medical Examiner

Medical Examiner's Telephone Number: 817-332-0680  
Date Certificate Signed: 01/10/2017

Medical Examiner Name (please print or type)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> MD            | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Advanced Practice Nurse |
| <input checked="" type="checkbox"/> DO | <input type="checkbox"/> Chiropractor        | <input type="checkbox"/> Other Practitioner      |

Medical Examiner's State License, Certificate, or Registration Number

Issuing State: TX

National Registry Number

Signature of Driver

Driver's License Number

Issuing State/Province

TX

Address of Driver

CLP/CDL Applicant/Holder

Yes  No

Home > Medical Examiner Search Results

[Print](#)

You searched for Medical Examiners with NRID #1641774727 Showing Results Page 1 of 1

**Map Results:**

.....

1 [REDACTED]  
 Doctor of Osteopathy National Registry # [REDACTED]  
 Certification Date 3/9/2016

Nova Medical Centers  
 Employer Nova Healthcare, P A  
 1106 Aiston Ave Ste 120, Ft Worth, TX 76104  
 817-332-0660 Fax 817-332-0770  
 Hours of Operation

[No Website](#) | [Email](#) | [Get Directions](#)

**Search for Medical Examiner**

Last Name First Name

National Registry ID # [REDACTED]

Business Name [REDACTED]

Employer Name [REDACTED]

Medical Profession [REDACTED]

City [REDACTED] State [REDACTED]

Zip Code [REDACTED] Radius [REDACTED] Search

OR [REDACTED] 25 [REDACTED] Search



[Feedback](#) [Privacy Policy](#) | [USA.gov](#) | [Freedom of Information Act \(FOIA\)](#) | [Accessibility](#) | [OIG Hotline](#) | [Web Policies and Important Links](#) | [Site Map](#) | [Plugins](#)  
National Registry Privacy Act

Federal Motor Carrier Safety Administration  
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5650 • TTY: 1-800-877-8339 • [Field Office Contacts](#)

Texas Department of Public Safety  
Driver License Division  
**License Eligibility**

## View Requirements

If you are not ~~LOUIS AMBRICE~~, please log out and report this issue to [REDACTED]. Thank you.

The requirements associated with your license eligibility are divided into the following four sections:

- Medical Certificate Information (if applicable)
- Compliance Requirements
- Other Requirements
- Fees

Please read each section carefully and follow all of the instructions.

**STATUS: Your license status is currently ELIGIBLE. A status of "eligible" means you are allowed to drive if you have a valid driver license in your possession. If you do not have a valid driver license, you are eligible to apply for one. Just stop by any Driver License Office location.**

### Medical Certificate Information

Medical Certificate Status Code	Certified
CDL Self Certification Category	Non-Excepted Interstate
Medical Certificate Issue Date	01/10/2017
Medical Certificate Expiration Date	01/10/2019
Waiver/Exempt Effective Date	NONE

MEDICAL EXAMINER'S CERTIFICATE				
I certify that I have examined _____ In accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:				
<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)			
<input type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)			
<input type="checkbox"/> accompanied by a _____ waiver exemption	<input type="checkbox"/> qualified by operator 49 CFR 391.64			
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.				
Signature of Medical Examiner:	Medical Examiner Phone	Examination Date		
Medical Examiner Name (Print)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner		
Medical Examiner License Number and State of Issue	NRCME - National Registry Number			
Driver Signature	Intrastate only <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	Drivers License Number	State
Driver Address				
Medical Certificate Expiration Date				

2 years!



Home > Medical Examiner Search Results

Print

You searched for Medical Examiners with [REDACTED] Showing Results Page 1 of 1

Map Results:

.....

1 T [REDACTED]  
 Doctor of Osteopathy, National Registry # [REDACTED]  
 Certification Date: [REDACTED]

AMEC  
 Employer: AMEC  
 912 E. Park Row, Arlington, TX, 76010  
 817-277-2977, Fax: 817-277-4750  
 Hours of Operation:

No Website | Email [REDACTED] | Get Directions [REDACTED]

Search for Medical Examiner

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

National Registry ID # \_\_\_\_\_

Business Name \_\_\_\_\_

Employer Name \_\_\_\_\_

Medical Profession \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

OR Zip Code \_\_\_\_\_ Radius \_\_\_\_\_ Search





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(800) 683-8553

# DRIVER RECORD SERVICE REPORT FOR TEXAS

3228145/1

REPORT DATE	REQUESTOR	ACCT#	SEQUENCE#	BILL CODE	PAGE
08/24/2015	[REDACTED]	[REDACTED]	[REDACTED]	000	1

LICENSEE NAME/ADDRESS		LICENSE NUMBER	LICENSE CLASS	STATUS
AMBROSE, LOUIS JR		[REDACTED]	CDL-B	CLEAR
[REDACTED]		DATE OF BIRTH	RESTRICTIONS	
ISSUED	EXPIRES	DRIVER DESCRIPTION		
	2021			

REPORT PREPARED FOR	COMMENT
ECHO TOURS & CHARTER LP DBA ECHO TRANSPORTATION 5012 MOSSON ROAD FORT WORTH, TX 76119	<b>REVISED</b> [REDACTED] Safety & Compliance Officer

This report is generated for employment purposes only and may not be used for any other purpose. The use and dissemination of the report and information in it must comply with your iiX agreement and the Fair Credit Reporting Act, the Driver's Privacy Protection Act, and any applicable state statute(s). The data in the report from the applicable state agency or service bureau is provided through iiX "as is."

Customer-defined MVR scoring has been applied to this record. Customer is solely responsible for the application and use of the resulting score.

## MISCELLANEOUS AND STATE SPECIFIC INFORMATION

REQUESTED AS: LOUIS AMBROSE DOB: [REDACTED] LICENSE: [REDACTED]  
 COMM:01: ACTIVE CLEAR B [REDACTED] 2021 SCHOOL BUS,PASS  
 CDL CLASS: B DESC: SINGLE VEHICLE > 26K, TOW < 10K  
 CDL STATUS: CLEAR  
 CDL EXPIRES: [REDACTED] 2021  
 CDL ENDMT: SCHOOL BUS  
 CDL ENDMT: PASSENGER  
 ORIGINAL APPLICATION DATE: [REDACTED]  
 AMOUNT OF HISTORY: 5 YEARS  
 MED CERT STATUS: CERTIFIED  
 MED SELF CERT: NON-EXCEPTED INTERSTATE  
 MED CERT ISSUED: 01/26/2015  
 MED CERT EXPIRES: 01/26/2017  
 ME NAME: [REDACTED]  
 ME LICENSE NUMBER: [REDACTED]  
 ME NATIONAL REG NUMBER: [REDACTED]  
 ME SPECIALTY: DO - OSTEOPATHIC DOCTOR  
 ME TELEPHONE: (817)277-2977  
 ME LICENSING JURISDICTION: TX  
 THIS TYPE OF RECORD WILL REFLECT COMPLETION OF A DRIVING SAFETY COURSE.  
 THIS RECORD REFLECTS CONVICTIONS AND CRASH INVOLVEMENTS THAT ARE ALLOWED TO BE DISPLAYED BY LAW.  
 NO REPORT OF APPROVED DRIVER EDUCATION COURSE.  
 NOTE Request match analysis: dl=Y, ln=Y, fn=Y, dob=Y

I, Louis Ambrose Jr certify  
 that the information provided on this report  
 is true and accurate to the best of my  
 knowledge.

[Signature]  
 Signature 8/31/15  
 Date

## DRIVING RECORD HISTORY

TYPE	VIOL/SUS	CONV/REI	DESCRIPTION	CODE	POINTS	SVC	SCORE
+++			+++ ASSIGNED VIOLATION CODE +++			581100	0
VIOL	09/30/2008	12/03/2008	MVI INSPECTION VIOLATION LOC: EDGECLIFF VILLA				
+++			+++ ASSIGNED POINT TOTAL +++				0

If you are an iiX Customer, and have questions contact:  
 iiX  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX 77802  
 Telephone: 1-800-683-8553

Refer Consumer to:  
 iiX-FCRA  
 1716 Briarcrest Dr Ste 200  
 Bryan, TX, TX 77802  
 Telephone: 1-866-560-7015

\*\*\* END OF REPORT \*\*\*