



**Motor Carrier Attachment**

**Bus Driver's DQ File**

**Bryce Canyon City UT, September 20, 2019**

**HWY19MH012**

(13 pages)

# CMV DRIVER'S EMPLOYMENT APPLICATION

(per 49 CFR 391.21)

Date of Hire (print) 09/11/19 Date of Application 09/05/19  
Prospective Employer America Shengjia Inc  
Address [REDACTED]  
City Ontario State CA Zip 91761

## PLEASE READ COMPLETELY

The information requested on this form is required by federal law (49 CFR) to be provided by any driver applying for a commercial driver position as defined in 49 CFR 390.5. Failure to complete required areas can place both the applicant and carrier in violation of federal law. Information provided will be verified by carrier as required under various parts of 49 CFR, including Part 382 and Part 391.

If unsure of question or require help with completing form please ask carrier representative.

PLEASE PRINT CLEARLY AND SIGN YOUR FULL LEGAL NAME AT THE END WHERE REQUIRED.

FALSE STATEMENTS MAY RESULT IN REFUSAL TO HIRE OR IMMEDIATE TERMINATION.

Name Ren Yu Social Security No. [REDACTED]  
Last First Middle

Date of Birth [REDACTED] Document Presented to Verify Age Driver License

Current Address [REDACTED]  
Street City  
State CA Zip Code 91776 Phone [REDACTED] How Long? 7 Yr 3 Months  
yr./mo.  
Previous Addresses (If less than 3 years)  
How Long? \_\_\_\_\_ yr./mo.  
How Long? \_\_\_\_\_ yr./mo.  
How Long? \_\_\_\_\_ yr./mo.

Are you legally authorized to work in the United States as a commercial driver under 49 CFR? YES  NO

Have you ever been convicted of a felony? No

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

Is there any reason you might be unable to perform the functions of the job for which you have applied? Are you applying for ADA consideration?

No

If yes, explain if you wish.

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

# APPLICANT MUST COMPLETE

(answer all questions - please print)

## EMPLOYMENT HISTORY

All applicants must provide the following information for any previous employer during the preceding 3 years. Complete all areas below. Applicants shall also provide an additional 7 years of information for those employers for whom the applicant has operated a commercial motor vehicle (CMV).

(NOTE: List employers in reverse order starting with the most recent. Use additional sheet if necessary.)

CURRENT EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME <u>Dragon Coach LLC</u>		FROM <u>01/10/17</u> TO <u>07/10/2019</u>	
ADDRESS <u>147 W Chestnut Ave</u>		POSITION HELD	
CITY <u>San Gabriel</u>	STATE <u>CA</u>	ZIP <u>91776</u>	SALARY/WAGE
CONTACT PERSON <u>William</u>		PHONE NUMBER [REDACTED]	
REASON FOR LEAVING			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME <u>Sun Cruise</u>		FROM <u>01/10/17</u> TO <u>07/10/17</u>	
ADDRESS <u>428 Cloverleaf Dr. #K</u>		POSITION HELD	
CITY <u>Baldwin park</u>	STATE <u>CA</u>	ZIP <u>91706</u>	SALARY/WAGE
CONTACT PERSON <u>William</u>		PHONE NUMBER [REDACTED]	
REASON FOR LEAVING			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PREVIOUS EMPLOYER		DATES (Mo./Yr.)	
COMPANY NAME		FROM	TO
ADDRESS		POSITION HELD	
CITY	STATE	ZIP	SALARY/WAGE
CONTACT PERSON		PHONE NUMBER	
REASON FOR LEAVING			
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART 40? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### ACCIDENT RECORD

PROVIDE THE FOLLOWING INFORMATION FOR ANY ACCIDENT YOU WERE INVOLVED IN DURING THE PRECEDING 3 YEARS (IF NONE, WRITE, NONE)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, OVERTURN)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
LAST ACCIDENT _____				
NEXT PREVIOUS _____				
NEXT PREVIOUS _____				

### TRAFFIC CONVICTIONS

PROVIDE THE FOLLOWING INFORMATION FOR ALL MOTOR VEHICLE VIOLATIONS FOR WHICH YOU WERE CONVICTED OR PLED GUILTY TO DURING THE PRECEDING 3 YEARS (DO NOT INCLUDE PARKING TICKETS) (IF NONE, WRITE, NONE)

LOCATION	DATE	CHARGE	PENALTY

(ATTACH SHEET IF MORE SPACE IS NEEDED)

### EXPERIENCE AND QUALIFICATIONS - DRIVER

List all driver licenses or permits held in the past 3 years

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
	CA	[REDACTED]	BP	[REDACTED]

Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES \_\_\_\_\_ NO

Has any license, permit or privilege ever been suspended or revoked? YES \_\_\_\_\_ NO

IF THE ANSWER TO EITHER QUESTION IS YES, GIVE DETAILS \_\_\_\_\_

### DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT	CIRCLE TYPE OF EQUIPMENT	DATES		APPROX. NO. OF MILES (TOTAL)
		FROM (MM)	TO (MM)	
STRAIGHT TRUCK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT, DUMP REFER)	05/01/10	08/01/13	120,000
TRACTOR AND SEMI-TRAILER <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT DUMP REFER)	05/10/13	10/01/15	28,000
TRACTOR TWO TRAILERS <input type="checkbox"/> YES <input type="checkbox"/> NO	(VAN, TANK, FLAT DUMP REFER)	10/01/15	01/03/16	28,000
MOTORCOACH SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 8 Passengers			
MOTORCOACH - SCHOOL BUS <input type="checkbox"/> YES <input type="checkbox"/> NO	More than 15 Passengers			
OTHER _____				

LIST STATES OPERATED IN FOR LAST FIVE YEARS: \_\_\_\_\_

### Drug & Alcohol Information

In the previous three (3) years have you:

- Violated the Alcohol and Control Substance prohibitions under subpart B of 49CFR Part 382 or 49CFR Part 40? YES  NO
- Failed to undertake or complete a rehabilitation program prescribed by a SAP pursuant to 49CFR 382.605? YES  NO  N/A

Check all that apply:

- I had an alcohol test result of 0.04 or higher? YES  NO  N/A
- I had a Verified Positive Drug Test? YES  NO  N/A
- I refused to test (including verified adulterated or substituted drug test result)? YES  NO  N/A

### TO BE READ AND SIGNED BY APPLICANT

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

Signature: [Signature]

Date: 09/07/2019

## America Shengjia Inc-Employee/ Driver personal record

Name	Ren, Yu			Phone	[REDACTED]		
Address	[REDACTED]				DOB	[REDACTED]	
D/L	[REDACTED]	Class	B	Endorse	P	Hire date	09/11/19
Emg. Contact	Sunny Ren			Phone	Wechat: [REDACTED]		
Address	Same as Driver				Relation	Daughter	

D/L Exp.	Med. Exp.	Pull Notice	Drug Test	Violation	State	Point
[REDACTED]	10/09/19	Apply 09/11/19 Send 09/11/19	09/10/19 Result 09/11/19	N/A	N/A	0

### personal annual review

Review date	Violation point	Accident	Brokeendown	Loss run	Repair Cost

Remark:

**DRIVER PROFICIENCY (CAC 13, 1229) and  
AUTHORIZED VEHICLES (CAC 12, 1234 (b))**

Ren, Yu has demonstrated to me Joanna Young CEO  
Driver's Name Name & Title

That he/she can safely operate the below named vehicles/equipment as was trained for the following:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Straight truck                       | <input type="checkbox"/> Informed on who to report safety concerns to        |
| <input type="checkbox"/> Tractor & trailer combination                   | <input type="checkbox"/> Trained on how to secure a load, Tie down procedure |
| <input type="checkbox"/> Doubles/triples                                 | <input type="checkbox"/> Trained on spotting an improperly loaded vehicle    |
| <input type="checkbox"/> Tank vehicle                                    | <input type="checkbox"/> Trained on safe use of mirrors & blind spots        |
| <input type="checkbox"/> Vehicles less than 10,000 pounds GVWR           | <input type="checkbox"/> Standard shift transmission                         |
| <input type="checkbox"/> Vehicles 10,000 pounds to 26,000 pounds GVWR    | <input checked="" type="checkbox"/> Automatic transmission only              |
| <input checked="" type="checkbox"/> Vehicles 26,001 pounds and more GVWR | <input type="checkbox"/> Air brakes endorsement                              |
| <input type="checkbox"/> Properly hook up a trailer                      | <input type="checkbox"/> Hazardous materials endorsement                     |
| <input type="checkbox"/> Safely operate a dump vehicle                   |  |
| <input type="checkbox"/> Trained to perform a walk around inspection     |  |
| <input type="checkbox"/> Special equipment (specify) _____               |  |

Employee Signature [Redacted] Date 09/11/2018

COPY OF  
DRIVER'S LICENSE  
HERE

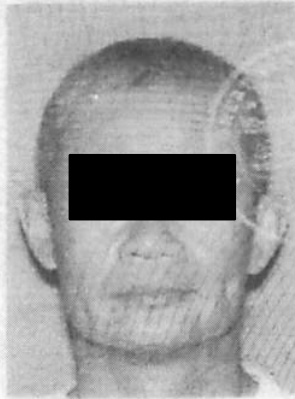
A LONG FORM MEDICAL  
EXAMINATION REPORT IS  
REQUIRED  
  
COPY OF MEDICAL EXAMINER'S  
CERTIFICATE HERE

**Internal Instructions:**

- Dispatch Dept: All new hires must be directed to the Equipment Manager, with this form, for completion of the Driver Proficiency Process
- Equipment Dept: Process completed copy of this form to Payroll for recordkeeping

# CALIFORNIA

## COMMERCIAL DRIVER LICENSE



DL [REDACTED]

EXP [REDACTED]

LN REN

EN YU

DOB [REDACTED]

RSTR CORR LENS  
46 E

CLASS B  
END P

SEX M HAIR BLK EYES BRN

HGT 5'-05" WGT 165 lb

DD [REDACTED] ISS [REDACTED]

CLASS: B - Veh, No A & No MC  
ENDORSEMENTS: P-Psgr

RESTRICTIONS: 46 - Must wear corrective lenses when driving commercially  
E/64-Class A/B-limited to vehicles with automatic transmission



This license is issued as a license to  
drive a motor vehicle; it does not  
establish eligibility for employment,  
voter registration or public benefits.

Rev 04/16/2010

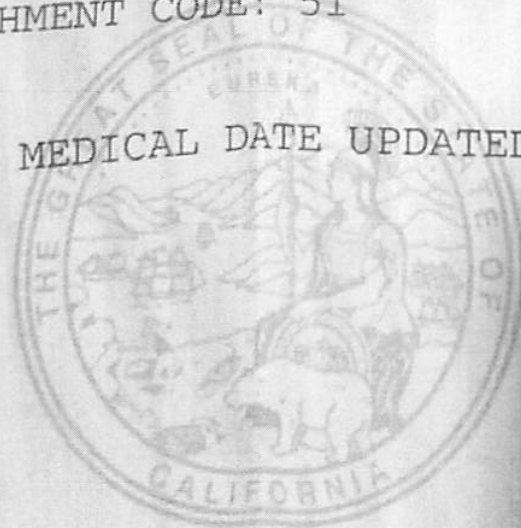




CALIFORNIA DEPARTMENT OF MOTOR VEHICLES  
MEDICAL REPORT UPDATE RECEIPT - NOT A LICENSE OR PERMIT

DL NUMBER: [REDACTED]  
NAME: YU REN  
MEDICAL EXP DATE: 10/09/19  
ATTACHMENT CODE: 51

MEDICAL DATE UPDATED



OFFICE: 685/B3 10/11/17 14:39

這本手冊可在

這本手冊可在 [www.dmv.ca.gov](http://www.dmv.ca.gov) 看得到

Edmund G. Brown Jr., 州長  
Edmund G. Brown Jr. 州長  
Brian P. Kelly, 警長  
Brian P. Kelly 警長  
Jean Shimoto, 局長  
Jean Shimoto 局長  
加利福尼亞州機動車輛管理局

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES  
\*\*\*CUSTOMER RECEIPT COPY\*\*\*  
DRIVER LICENSE/IDENTIFICATION CARD  
INFORMATION REQUEST  
09/09/19

DATE: 09-19-19 TIME: 16:09\*  
DL/NO: [REDACTED]  
B/D: [REDACTED] NAME: REN, YU\*  
RES ADD AS OF 06-08-16:5007 [REDACTED]  
OTH ADD AS OF 04-10-13:5007 [REDACTED]  
IDENTIFYING INFORMATION:  
SEX: MALE\*HAIR: BLACK\*EYES: BRN\*HT: 5-05\*WT: 165\*  
LIC/ISS: 06-08-16\* EXP: [REDACTED] CLASS: B COMMERCIAL\*  
ENDORSEMENTS:  
PASSENGER TRANS\*  
MEDICAL EXPIRES: 10-09-19\*  
MEDICAL CERTIFICATE INFORMATION:  
ISSUE DATE: 10-09-17 EXPIRATION DATE: 10-09-19  
STATUS CODE: C  
MED EXAMINER NUMBER: CA [REDACTED]  
SPECIALTY: CH MED EXAMINER PHONE NUMBER: [REDACTED]  
MED EXAMINER NAME:  
LAST NAME: [REDACTED]  
FIRST NAME: [REDACTED]  
MIDDLE NAME: [REDACTED]  
MED CERT RESTRICTIONS: 1  
SPE EFF DATE: NONE  
DRIVER WAIVER TYPE: NONE  
SELF CERTIFICATION INFORMATION:  
SELF CERTIFICATION CODE: NI  
RESTRICTIONS:  
MUST WEAR CORRECTIVE LENSES WHEN DRIVING\*  
MUST WEAR CORRECTIVE LENSES WHEN DRIVING COMMERCIAL\*  
E-CLASS A/B-LIMITED TO VEHICLE WITH AUTOMATIC TRANSMISSION\*  
COMMERCIAL LICENSE STATUS:  
VALID\*  
LICENSE STATUS:  
VALID\*  
DEPARTMENTAL ACTIONS:  
NONE\*  
CONVICTIONS:  
NONE\*  
FAILURES TO APPEAR:  
NONE\*  
ACCIDENTS:  
NONE\*

\* \* \* END \* \* \*





Email: mro@drsmro.com  
 Phone: (800) 526-9341  
 Fax: (800) 547-2966

# NEGATIVE RESULT

<p style="text-align: center;"><u>Company Information</u></p> <p>AMERICA SHENGJIA INC DBA TT HOLIDAY</p> <p>Phone: [REDACTED]        Protocol: [REDACTED]        LAB: Phamatech ( )        Account Number: SWHCD090618</p>	<p style="text-align: center;"><b>TEST(S)</b></p> <p>DOT w/ MRO DOT w/ MRO</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>Screen Cutoff</u></th> <th style="width: 20%; text-align: center;"><u>Confirm Cutoff</u></th> </tr> </thead> <tbody> <tr><td>Negative</td><td>MARIJUANA METABOLITE</td><td>50ng/ml 15ng/ml</td></tr> <tr><td>Negative</td><td>6-ACETYLMORPHINE</td><td>10ng/ml 10ng/ml</td></tr> <tr><td>Negative</td><td>AMPHETAMINE/METHAMPHETAMINE</td><td>500ng/mL 250ng/mL</td></tr> <tr><td>Negative</td><td>COCAINE METABOLITE</td><td>150ng/mL 100ng/mL</td></tr> <tr><td>Negative</td><td>CODEINE/MORPHINE</td><td>2000ng/mL 2000ng/mL</td></tr> <tr><td>Negative</td><td>HYDROCODONE/HYDROMORPHON</td><td>300ng/mL 100ng/mL</td></tr> <tr><td>Negative</td><td>MDMA/MDA</td><td>500ng/mL 250ng/mL</td></tr> <tr><td>Negative</td><td>OXYCODONE/OXYMORPHONE</td><td>100ng/mL 100ng/mL</td></tr> <tr><td>Negative</td><td>PHENCYCLIDINE</td><td>25ng/mL 25ng/mL</td></tr> <tr><td></td><td>VALIDITY CREATININE/SPGR</td><td>mg/dL mg/dL</td></tr> <tr><td></td><td>VALIDITY OXIDANT</td><td>mcg/mL mcg/mL</td></tr> <tr><td></td><td>VALIDITY PH</td><td></td></tr> </tbody> </table>		<u>Screen Cutoff</u>	<u>Confirm Cutoff</u>	Negative	MARIJUANA METABOLITE	50ng/ml 15ng/ml	Negative	6-ACETYLMORPHINE	10ng/ml 10ng/ml	Negative	AMPHETAMINE/METHAMPHETAMINE	500ng/mL 250ng/mL	Negative	COCAINE METABOLITE	150ng/mL 100ng/mL	Negative	CODEINE/MORPHINE	2000ng/mL 2000ng/mL	Negative	HYDROCODONE/HYDROMORPHON	300ng/mL 100ng/mL	Negative	MDMA/MDA	500ng/mL 250ng/mL	Negative	OXYCODONE/OXYMORPHONE	100ng/mL 100ng/mL	Negative	PHENCYCLIDINE	25ng/mL 25ng/mL		VALIDITY CREATININE/SPGR	mg/dL mg/dL		VALIDITY OXIDANT	mcg/mL mcg/mL		VALIDITY PH	
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	VALIDITY PH																																							
<p style="text-align: center;"><u>Donor Information</u></p> <p>Name: REN,YU        SSN: [REDACTED]        Spec. #: 1001161546        Accession#: 10695231        Alt ID: [REDACTED]</p>																																								
<p style="text-align: center;"><u>Test Information</u></p> <p>Test Reason: Pre-Employment        Mode: FMCSA        Date of Collection: 9/10/2019        Recv'd CCF: 9/10/2019        MRO Verified/Sent: 9/11/2019        Re-Print Date: 9/11/2019        Spec Type: Urine        Clin Info:</p>																																								
<p style="text-align: center;"><u>Collection Site Information</u></p> <p>[REDACTED]        SW HEALTH CARE CLINIC</p>																																								
<p>ID: [REDACTED] AMERICA SHENGJIA INC DBA TT HOLIDAY</p>																																								

[Signature]  
 [REDACTED]

Dana Carasig, MD-MRO

546 Franklin Ave. Massapequa, NY 11758

(800) 526-9341

This Controlled Substance test result has been received by a certified Medical Review Officer and is hereby released to the above named employer in accordance with CFR 49 part 40. Please retain this document in a confidential manner.

**CONFIDENTIALITY AND UNAUTHORIZED USE STATEMENT**

This document and any files transmitted with it are confidential and intended solely for the assigned designated employer representative and/or drug program administrator to whom this is addressed. If you are not the named addressee you should not disseminate, distribute or copy this report. Any use or dissemination of this report, or the data contained within, outside of its intended purpose by anyone is strictly prohibited. Any modification of this report by anyone is strictly prohibited. Any issues arising from the unauthorized use, distribution or modification of this report will become the sole responsibility and liability of the entity responsible for these unauthorized actions. If you have received this electronic message in error, please notify us immediately by telephone at (800) 526-9341.



**Updated Results: August 30, 2019**

This report outlines the driver's history across all motor carriers.

### Driver Information

<b>Last Name:</b> <a href="#">REN</a>	<b>First Name:</b> YU
<b>License #:</b> [REDACTED]	<b>License State:</b> CA

### Crash Activity (within 5 years)

No Crash Activity

### Inspection Activity (within 3 years)

#### Inspection Summary

Driver Summary		Vehicle Summary		HM Summary	
Driver Inspection:	3	VH Inspection:	3	HM Inspection:	0
Driver OOS Insp:	0	VH OOS Insp:	1	HM OOS Insp:	0
Driver OOS Rate:	0%	VH OOS Rate:	33%	HM OOS Rate:	0%

#### Inspection Details

	Carrier Info		Driver Info				Inspection Info						
	Date	DOT #	Name	Name	License #	License State	DOB	Report State	Report #	Insp Level	HM Insp?	Post Crash Insp?	# of Viol
1	3/15/2019	<a href="#">2392815</a>	DRAGON COACH LLC	REN, YU	[REDACTED]	CA	[REDACTED]	CA	<a href="#">2004503207</a>	1	No	No	0
2	2/12/2018	<a href="#">2817047</a>	SUN CRUISE INC	REN, YU	[REDACTED]	CA	[REDACTED]	CA	<a href="#">2004502313</a>	1	No	No	4
Vehicle Violation:		392.2	Violation of Local Laws - Explain:				NON-OOS						
		393.11	No or defective lighting devices or reflective material as required				NON-OOS						
		393.11	No or defective lighting devices or reflective material as required				NON-OOS						
		393.83(A)	Exhaust system location				NON-OOS						
3	9/22/2017	<a href="#">2817047</a>	SUN CRUISE INC	REN, YU	[REDACTED]	CA	[REDACTED]	AZ	<a href="#">00G0071879</a>	1	No	No	2
Vehicle Violation:		393.9(A)	Inoperable Required Lamp				NON-OOS						
		393.209(D)	Steering system components worn, welded, or missing				OOS						

#### Violation Summary

Violation #	Description	# of Violations	# of OOS Violations
392.2	Violation of Local Laws - Explain:	1	0
393.11	No or defective lighting devices or reflective material as required	2	0
393.209(D)	Steering system components worn, welded, or missing	1	1
393.83(A)	Exhaust system location	1	0
393.9(A)	Inoperable Required Lamp	1	0

#### WARNING

FMCSA does not guarantee that all events displayed for a driver are relevant to that driver, nor can it be guaranteed that all relevant events for a driver are displayed. Therefore, FMCSA recommends that FMCSA and State enforcement personnel recognize that the results of DIR do not provide definitive driver histories.

2019/9/22

Gmail - Add new driver Ren, Yu

Tue, Sep 10, 2019 at 11:05 AM

LansCustomerService <customerservice@lans.com>  
To: TT Holiday <tt.holiday@lans.com>  
Cc: Tommy Lan <tommy.lan@lans.com>

Dear Joanna,

Driver Ren, Yu has been added to your policy without premium change, eff 09/10/2019

If you have any further questions, please do not hesitate to call.

Thank You!

Office Hour: M-F 10:00 A.M to 5:30 P.m (Pacific Time)  
Tel: 626-573-5811  
Fax: 626-280-3478  
Email: <customerservice@lans.com>

Notice: This email is intended only for the person(s) named in the message header. Unless otherwise indicated, it contains information that is confidential, privileged and/or exempt from disclosure under applicable law. If you have received this message in error, please notify the sender of the error and delete the message. Thank you.

[Quoted text hidden]

---

TT Holiday <tt.holiday@lans.com>  
To: LansCustomerService <customerservice@lans.com>  
Cc: Tommy Lan <tommy.lan@lans.com>

Tue, Sep 10, 2019 at 11:06 AM

Thank you for your help!  
[Quoted text hidden] -