



MOTOR CARRIER FACTORS ATTACHEMENT

Universe Express DQ File for Accident Driver

Randolph, NH

HWY19MH010

(39 pages)

CARRIER CONCEPTS, INC.

LOUISVILLE, KY, 40218

CHECK SHEET FOR DRIVER FILE

Name: Volodymyr Zhukovskyy SSN: Name: Universe Express

Driver SS #: CDL: YES A NO

	Date Requested	Date Completed	Completed By
1. Application of Employment	<u>8-29-18</u>	<u>8-29-18</u>	<u>mm</u>
2. Certification of Compliance	<u>8-29-18</u>	<u>8-29-18</u>	<u>mm</u>
3. Request for Driving Record State: <u>MA</u>	<u>8-29-18</u>	<u>8-29-18</u>	<u>mm</u>
4. Request for Info from Past Employers			
<u>Vlad</u> / <u> </u>	<u>8-30-18</u> / <u> </u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>
<u>Universe Express</u> / <u> </u>	<u>8-30-18</u> / <u> </u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>
<u> </u> / <u> </u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>
<u> </u> / <u> </u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>	<u> </u> / <u> </u>
5. Record of Road Test (non-cdl only)	<u>C</u>	<u>D</u>	<u>L</u>
6. Driver Physical Physician <u>Steven Carter</u>	<u>8-29-18</u>	<u>8-29-18</u>	<u>mm</u>
Expires <u>8-29-20</u>	Medical waiver yes <u> </u> no <u> </u> ← if yes what type <u> </u>	Waiver Expires <u> </u>	
7. Drug Results	<u>8-29-18</u>	<u>8-30-18</u>	<u>mm</u>
8. Drivers Data Sheet	<u>8-29-18</u>	<u>8-29-18</u>	<u>mm</u>
9. Certification of Violations Date Due <u>8-20-19</u> (Date is one year from todays date)			
10. Drivers Receipt	<u>8-29-18</u>	<u>8-29-18</u>	<u>mm</u>
11. Copy of Drivers License	<u>8-29-18</u>	<u>8-29-18</u>	<u>mm</u>
12. Employee Assistance Program	<u>8-29-18</u>	<u>8-29-18</u>	<u>mm</u>
13. Medical Release Form	<u>8-29-18</u>	<u>8-29-18</u>	<u>mm</u>
14. Hours of Service Training	<u>8-29-18</u>	<u>8-29-18</u>	<u>mm</u>
15. Hazmat 215-D Training	<u> </u>	<u> </u>	<u> </u>
16. New Entry Level Training	<u>8-29-18</u>	<u>8-29-18</u>	<u>mm</u>

DRIVER APPLICATION
FOR EMPLOYMENT

DATE 8-29-18

COMPANY Universe Express

ADDRESS [REDACTED]

CITY Louisville STATE Ky ZIP 40220

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, sex, marital status, or the presence of a non-job related medical condition or handicap.

Position(s) applied for _____

Name Zhukovsky Volodymyr V Social Security [REDACTED]
LAST FIRST MIDDLE

Current Address [REDACTED]
W. Springfield STREET MA 01089 PHONE _____
CITY STATE ZIP

Have you lived at the address above for the past 3 years or longer? yes If No, please list your address history for the past 3 years below:

STREET CITY STATE & ZIP CODE Duration: _____

STREET CITY STATE & ZIP CODE Duration: _____

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

Date of Birth [REDACTED] Can you provide proof of age? Yes

In case of emergency notify: Volodymyr Zhukovsky (Dad) Phone: [REDACTED]
Address: [REDACTED] W. Springfield

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

When? From _____ to _____ Position: _____

Reason for leaving _____

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

Who referred you? _____

PHYSICAL HISTORY

List any handicap that prevents you from doing certain kinds of work? None

Are you physically capable of heavy manual work? Yes

Ever injured on the job? NO Give nature and degree of such injuries _____

How much time lost in the past three years for illness? _____

Would you be willing to take a physical examination? Yes

What year did you receive your CDL license? 2018

EMPLOYMENT HISTORY

Must have complete addresses

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years.

Applicants to drive a commercial motor vehicle in interstate commerce shall provide an additional 7 years information those employers for whom the applicant operated such vehicle.
(Note: List employers in reverse order starting with the most recent.)

EMPLOYER -Most recent	DATES FROM	POSITION HELD	Was this job subject to DOT regulations?
Name <u>Alinee Home Improvement</u>	MO. <u>3</u> YR. <u>14</u>	<u>SQR Implied</u>	Yes ___ No <input checked="" type="checkbox"/>
Address _____	TO	REASON FOR LEAVING	Was this job subject to DOT Drug & Alcohol testing? Yes ___ No <input checked="" type="checkbox"/>
City <u>Chicopee</u> State <u>MA</u> Zip _____	MO. <u>4</u> YR. <u>15</u>	<u>for better job</u>	
Phone Number { _____ }			

EMPLOYER	DATES FROM	POSITION HELD	Was this job subject to DOT regulations?
Name <u>Vlad's Transportation</u>	MO. <u>5</u> YR. <u>15</u>	<u>Dispatch</u>	Yes ___ No <input checked="" type="checkbox"/>
Address _____	TO	REASON FOR LEAVING	Was this job subject to DOT Drug & Alcohol testing? Yes ___ No <input checked="" type="checkbox"/>
City <u>W Springfield</u> State <u>MA</u> Zip <u>01089</u>	MO. <u>6</u> YR. <u>16</u>	<u>Went to Universe Express</u>	
Phone Number { _____ }			

EMPLOYER	DATES FROM	POSITION HELD	Was this job subject to DOT regulations?
Name <u>Liquini's Pizza</u>	MO. <u>2</u> YR. <u>10</u>	<u>waiter</u>	Yes ___ No <input checked="" type="checkbox"/>
Address _____	TO	REASON FOR LEAVING	Was this job subject to DOT Drug & Alcohol testing? Yes ___ No <input checked="" type="checkbox"/>
City <u>W Springfield</u> State <u>MA</u> Zip _____	MO. <u>2</u> YR. <u>14</u>	<u>More money</u>	
Phone Number { _____ }			

EMPLOYER	DATES FROM	POSITION HELD	Was this job subject to DOT regulations?
Name <u>Universe Express</u>	MO. <u>6</u> YR. <u>16</u>	<u>Helper</u>	Yes ___ No <input checked="" type="checkbox"/>
Address _____	TO	REASON FOR LEAVING	Was this job subject to DOT Drug & Alcohol testing? Yes ___ No <input checked="" type="checkbox"/>
City <u>Louisville</u> State <u>Ky</u> Zip <u>40220</u>	MO. _____ YR. _____	<u>Still there</u>	
Phone Number { _____ }	<u>present</u>		

EMPLOYER	DATES FROM	POSITION HELD	Was this job subject to DOT regulations?
Name <u>Home School</u>	MO. <u>8</u> YR. <u>04</u>	<u>Student</u>	Yes ___ No <input checked="" type="checkbox"/>
Address _____	TO	REASON FOR LEAVING	Was this job subject to DOT Drug & Alcohol testing? Yes ___ No <input checked="" type="checkbox"/>
City _____ State _____ Zip _____	MO. <u>5</u> YR. <u>16</u>	<u>graduated</u>	
Phone Number { _____ }			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE
(ATTACH SHEET IF MORE SPACE IS NEEDED)

	DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, ETC.)	FATALITIES	INJURIES
LAST ACCIDENT	10/2018	Rear end	0	No
NEXT PREVIOUS	[REDACTED]		0	
NEXT PREVIOUS	[REDACTED]		0	0

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

LOCATION	DATE	CHARGE	PENALTY
MA		None	

ATTACH SHEET IF MORE SPACE IS NEEDED

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4
 LAST SCHOOL ATTENDED: Penn Foster Home School PA CITY

EXPERIENCE AND QUALIFICATION-DRIVER

DRIVER LICENSES	STATE	LICENSE NO.	TYPE	EXP. DATE
	MA	[REDACTED]	CDL	12/1/2021

- A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? YES NO
 B. Has any license, permit or privilege been revoked or suspended? YES NO

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

See attached

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (Van, Tank, Flat, Etc.)	DATES		APPROX. NO. OF MILES
		From	To	
Straight Truck				
Tractor and Semi-Trailer				
Tractor-Two Trailers				
Other	personal vehicle	2009	2018	100,000 +

LIST STATES OPERATED IN FOR LAST FIVE YEARS MA & KY

Show special courses or training that will help you as a driver None

Which safe driving awards do you hold and from whom? None

EXPERIENCE AND QUALIFICATIONS- OTHER

Show any trucking, transportation, or other experience that may help in your work for this company: None

List courses and training other than shown in this application: None

List special equipment or technical materials you can work with (other than those already shown) None

PLEASE READ AND SIGN IN BOTH AREAS BELOW

During the past (3) three years have you tested positive, or refused to test, on any pre-employment drug or alcohol test given by an employer to which you applied for, but did not obtain a safety sensitive work position that was covered by DOT agency drug and alcohol testing rules? YES _____ NO

8/29/18

DATE

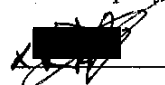


APPLICANTS SIGNATURE

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. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, or personal liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of this company as permitted by law.

8/29/18

DATE



APPLICANTS SIGNATURE

OFFICE USE ONLY

PROCESS RECORD

Applicant hired

Rejected _____

Date Employed 6/2016

Point Employed _____


Department _____

Classification _____

(IF REJECTED, SUMMARY REPORT OF REASONS SHOULD BE PLACED IN FILE)

License Suspendd for DUI and for 40
many points. DUI on 11/4/14, 12/1/16, & 5/2/17. To many points
on 10/28/16.

8/29/18


Volodymyr Zhukovskyy

License revoked 5/2/17, 12/1/16

Motor Vehicle Driver's

**CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transport hazardous materials that requires placarding.

The requirements in Part 391 apply to everyone who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transport hazardous materials that require placarding.

DRIVER REQUIREMENTS: Part 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1990.

- 1} You as a commercial vehicle driver, may not possess more than one license. The only exception is if a state requires you to have more than one license. The exception is allowed until January 1, 1990.

If you currently have more than one license, you should keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiply license has been lost, stolen, or destroyed, you should close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2} Part 392.42 and Part 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, Part 383.31 requires that any time you violate traffic law {other than parking,} you must report it to your employing motor carrier and the state that issued you 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 possess:

Driver's License # [REDACTED] State MA Exp. Date 12-21

Driver's Signature: [REDACTED]

Notes: _____

CARRIER CONCEPTS, INC.

LOUISVILLE, KY. 4028

Office: () Office Fax ()

DRIVER NOTIFICATION AND RELEASE

In connection with my application for employment {including contract for services} with you, I understand that a consumer report which may contain public record information is being requested from DAC Services, Tulsa, Oklahoma. This report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such report may contain public record information concerning my driving record, worker's compensation claims, credit, bankruptcy proceedings, etc. from federal, state and other agencies which maintain such records as well as information from DAC concerning {1} previous driving requests made by others from such state agencies; {2} state provided driving record; {3} claims involving me in the files of insurance companies.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE- MENTIONED INFORMATION.

I have the right to make a request to DAC, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request the sources of information; the recipients of any reports on me which DAC has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from DAC, and I agree that such information which DAC has or obtains, and my employment history with you if I am hired, will be supplied by DAC to other companies which subscribe to DAC Services.

Volodymyr Zhukavsky
Please Print Name

[REDACTED]
Social Security Number

[REDACTED]
Applicants Signature

8/25/18
Date

REQUEST FOR INFORMATION
FROM PREVIOUS EMPLOYER

ATTN: HUMAN RESOURCES or
SAFETY DIRECTOR

Mailed or Faxed on:

Please Fax TO: (██████████) 5

TO: _____ DATE: 8/29/18

DRIVER NAME Volodymyr Zhukovskyy SOC. SEC. # ██████████
is attempting to qualify as a driver under DOT Regulations and states that he / she was employed by you as a
_____ from _____ / _____ to _____ / _____.

FEDERAL MOTOR CARRIER SAFETY REGULATIONS REQUIRE THE FOLLOWING INFORMATION

1. Are dates of employment with your company correct as stated above? yes ___ no ___
If not, please provide correct dates. _____
2. Please describe type of work: Single driver operation ___ Team driver operation ___
Long haul ___ Short haul ___ Local ___ Other _____
3. What type of tractor? Diesel tandem ___ Other _____
4. What type of trailer? Flat ___ Van ___ Drop ___ Reefer ___ Other _____
5. What type of cargo? _____
6. Please describe accident experience. _____
7. Please describe cargo damage experience. _____
8. Any compensation for personal injuries? _____
9. License State ___ License no. _____ Class ___ Endorsements ___ Expiration date ___
10. Was driver's license suspended or revoked while in your employ? Yes ___ No ___

11. Per Federal Motor Carrier Safety Regulations Part 382.413/Part 40, the following information is REQUIRED:

- A. Has this person ever tested positive for a controlled substance in the last (3) years? Yes ___ No ___
- B. Has this person ever had an Alcohol Test with a Breath Alcohol Concentration of 0.04 or greater in the last three years? Yes ___ No ___
- C. Has this person refused (includes verified adulterated or substituted results) a controlled substance test and/or alcohol test within the past three years? Yes ___ No ___
- D. Has the individual violated other DOT drug/alcohol regulations in the past 3 years? Yes ___ No ___
- E. Have you received information from a previous employer that this individual violated DOT drug or alcohol regulations in the past three years? Yes ___ No ___

12. Reason for leaving you? Laid off ___ Resigned ___ Discharged ___ Other _____
13. Were trips DOT regulated? Yes ___ No ___
14. Were daily logs prepared? Yes ___ No ___
15. Would he / she be eligible for rehire? Yes ___ No ___
16. Where was he / she employed before coming to you? _____

Date: _____ By: _____
Signature of person giving information/position

I authorize you to release the information to (Co. Name) - Universe Express for purposes of investigation as required by Section 391.23 and 382.413 of the Federal Motor Carrier Safety Regulations.

Date 8/29/18 Applicants Signature [Signature]

CARRIER CONCEPTS, INC. ██████████ LOUISVILLE, KY 40218
*** OFFICE PHONE (5) ██████████ ***

REQUEST FOR INFORMATION
FROM PREVIOUS EMPLOYER

ATTN: HUMAN RESOURCES or
SAFETY DIRECTOR

Please Fax TO: [REDACTED]

Mailed or Faxed on:

8-30-18

TO: Vlad Transportation DATE: 8/29/18

DRIVER NAME Volodymyr Zhukovskyy SOC. SEC. # [REDACTED]

is attempting to qualify as a driver under DOT Regulations and states that he / she was employed by you as a
Dispatch from 5/2015 to 6/2016

FEDERAL MOTOR CARRIER SAFETY REGULATIONS REQUIRE THE FOLLOWING INFORMATION

1. Are dates of employment with your company correct as stated above? yes ___ no ___
If not, please provide correct dates. _____
2. Please describe type of work: Single driver operation ___ Team driver operation ___
Long haul ___ Short haul ___ Local ___ Other ___
3. What type of tractor? Diesel tandem ___ Other ___
4. What type of trailer? Flat ___ Van ___ Drop ___ Reefer ___ Other ___
5. What type of cargo? _____
6. Please describe accident experience. _____
7. Please describe cargo damage experience. _____
8. Any compensation for personal injuries? _____
9. License State ___ License no. ___ Class ___ Endorsements ___ Expiration date ___
10. Was driver's license suspended or revoked while in your employ? Yes ___ No ___

11. Per Federal Motor Carrier Safety Regulations Part 382.413/Part 40, the following information is REQUIRED:

- A. Has this person ever tested positive for a controlled substance in the last (3) years? Yes ___ No ___
- B. Has this person ever had an Alcohol Test with a Breath Alcohol Concentration of 0.04 or greater in the last three years? Yes ___ No ___
- C. Has this person refused (includes verified adulterated or substituted results) a controlled substance test and/or alcohol test within the past three years? Yes ___ No ___
- D. Has the individual violated other DOT drug/alcohol regulations in the past 3 years? Yes ___ No ___
- E. Have you received information from a previous employer that this individual violated DOT drug or alcohol regulations in the past three years? Yes ___ No ___

12. Reason for leaving you? Laid off ___ Resigned ___ Discharged ___ Other _____
13. Were trips DOT regulated? Yes ___ No ___
14. Were daily logs prepared? Yes ___ No ___
15. Would he / she be eligible for rehire? Yes ___ No ___
16. Where was he / she employed before coming to you? _____

Date: _____

By: _____

Signature of person giving information/position

I authorize you to release the information to (Co. Name) - Universe Express for purposes of investigation as required by Section 391.23 and 382.413 of the Federal Motor Carrier Safety Regulations.

Date 8/29/18 Applicants Signature [REDACTED]

CARRIER CONCEPTS, INC.

LOUISVILLE, KY 40218

*** OFFICE PHONE ([REDACTED]) ***

REQUEST FOR INFORMATION
FROM PREVIOUS EMPLOYER

ATTN: HUMAN RESOURCES or
SAFETY DIRECTOR

Please Fax TO: ([REDACTED])

Mailed or Faxed on:

8-30-18

TO: Universe Express DATE: 8/29/18

DRIVER NAME Volodymyr Zhukovskyy SOC. SEC. # [REDACTED]

is attempting to qualify as a driver under DOT Regulations and states that he / she was employed by you as a
Helper from 6/2016 to Current

FEDERAL MOTOR CARRIER SAFETY REGULATIONS REQUIRE THE FOLLOWING INFORMATION

1. Are dates of employment with your company correct as stated above? yes ___ no ___
If not, please provide correct dates. _____
2. Please describe type of work: Single driver operation ___ Team driver operation ___
Long haul ___ Short haul ___ Local ___ Other ___
3. What type of tractor? Diesel tandem ___ Other ___
4. What type of trailer? Flat ___ Van ___ Drop ___ Reefer ___ Other ___
5. What type of cargo? _____
6. Please describe accident experience. _____
7. Please describe cargo damage experience. _____
8. Any compensation for personal injuries? _____
9. License State ___ License no. ___ Class ___ Endorsements ___ Expiration date ___
10. Was driver's license suspended or revoked while in your employ? Yes ___ No ___

11. Per Federal Motor Carrier Safety Regulations Part 382.413/Part 40, the following information is REQUIRED:

- A. Has this person ever tested positive for a controlled substance in the last (3) years? Yes ___ No ___
- B. Has this person ever had an Alcohol Test with a Breath Alcohol Concentration of 0.04 or greater in the last three years? Yes ___ No ___
- C. Has this person refused (includes verified adulterated or substituted results) a controlled substance test and/or alcohol test within the past three years? Yes ___ No ___
- D. Has the individual violated other DOT drug/alcohol regulations in the past 3 years? Yes ___ No ___
- E. Have you received information from a previous employer that this individual violated DOT drug or alcohol regulations in the past three years? Yes ___ No ___

12. Reason for leaving you? Laid off ___ Resigned ___ Discharged ___ Other _____
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15. Would he / she be eligible for rehire? Yes ___ No ___
16. Where was he / she employed before coming to you? _____

Date: _____ By: _____
Signature of person giving information/position

I authorize you to release the information to (Co. Name) Universe Express for purposes of investigation as required by Section 391.23 and 382.413 of the Federal Motor Carrier Safety Regulations.

Date 8/29/18 Applicants Signature [REDACTED]
CARRIER CONCEPTS, INC. [REDACTED] LOUISVILLE, KY 40218
*** OFFICE PHONE [REDACTED] ***

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 1 minute 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: Zhukousky First Name: Volodymyr in accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be 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):

- Wearing corrective lenses
- Wearing hearing aid
- Accompanied by a _____ waiver/exemption
- Accompanied by a Skill Performance Evaluation (SPE) Certificate
- Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- Qualified by operation of 49 CFR 391.64 (Federal)
- Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

8/29/20

<p>Medical Examiner's Signature <u>[Signature]</u></p> <hr/> <p>Medical Examiner's Name (please print or type) STEVEN CARTER</p> <hr/> <p>Medical Examiner's State License, Certificate, or Registration Number [Redacted]</p>	<p>Medical Examiner's Telephone Number 502-491-7652</p> <hr/> <p><input type="radio"/> MD <input type="radio"/> Physician Assistant <input type="radio"/> Advanced Practice Nurse <input type="radio"/> DO <input checked="" type="radio"/> Chiropractor <input type="radio"/> Other Practitioner (specify) _____</p> <hr/> <p>Issuing State KY</p>	<p>Date Certificate Signed 8/29/18</p> <hr/> <p>National Registry Number [Redacted]</p>
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<p>Driver's Signature <u>[Signature]</u></p> <hr/> <p>Driver's Address Street Address: [Redacted]</p>	<p>Driver's License Number [Redacted]</p>	<p>Issuing State/Province MA</p>	<p>CLP/CDL Applicant/Holder City: <u>W. Springfield</u> State/Province: <u>MA</u> Zip Code: <u>01089</u> <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

MEDICAL EXAMINER VERIFICATION

DATE: 8-29-18

DRIVER NAME: Volodymyr Zhukovskyy

DOCTOR NAME: Steve Carter

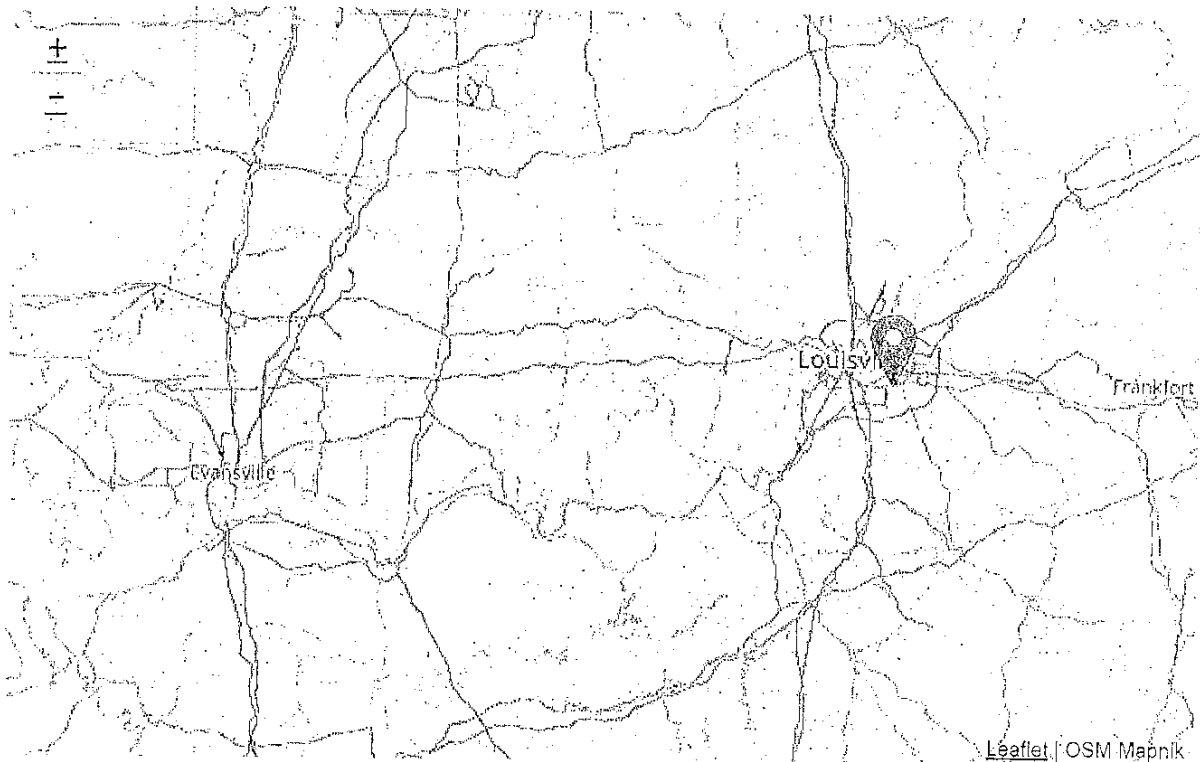
NATIONAL REGISTRY: [REDACTED]

AS OF TODAY, THE DOCTOR LISTED ON THE CURRENT MEDICAL
CERTIFICATE IS CORRECT AND WAS VERIFIED BY:

[REDACTED]



National Registry of Certified Medical Examiners Search



Dr. Steven A Carter Doctor of Chiropractic
Dr. Steven Carter
[REDACTED]
Louisville, KY 40218
[REDACTED]
Distance: 0.00 miles
National Registry Number: [REDACTED]
Certification Date: 12/18/13

[Submit Feedback >](#)

DRIVER DATA SHEET
For Casuals, New Hires & Temporary Employees

Name {please print} Volodymyr Zhukovskyy
 Social Security number [REDACTED]
 Motor Vehicle Operator's License Number [REDACTED]
 Type of License CDL A Issuing State MA

Instructions: Motor carriers when using a driver for the first time or intermittently shall obtain from the driver a signed statement giving the total time on duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8{j}{2} Federal Motor Carrier Safety Regulations.

DAY	1	2	3	4	5	6	7
DATE	/	/	/	/	/	/	/
HOURS WORKED				N/A			

N/A
HIRE DATE
6/2016

I hereby certify the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at _____
 on _____ {time}
 {day} {month} {year}

Signature [REDACTED] Date 8/25/18

Witness [REDACTED] Date 8/25/18

Employment Check List for Intermittent, Casual, or Occasional Driver

The qualification file for an intermittent, casual, or occasional driver employed under the in Sec.391.63 must include the following forms as per Section 391.51{d} Federal Motor Carrier Safety Regulations.

1. Medical Examiner's Certificate- The medical examiner's certificate of his physical qualification to drive a motor vehicle or a legible photographic copy of the certificate pursuant to Sec.391.43.
2. Certificate of Driver's Road Test- The certificate of driver's road test issued to the driver pursuant to Sec.391.31{e}, or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test pursuant to Sec.391.31.

CARRIER CONCEPTS INC.

Certification of Violations

Violation List/Annual Review

Driver's Name: Volodymyr Zhukovskyy SS# [REDACTED]
State of License: MA License # [REDACTED]

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

Date of Conviction	Offense	Location	Type of Vehicle Operated
	None		

If no violations, please indicate by writing the word "NONE".

Today's Date: 8/29/18 Driver's Signature: [REDACTED]

Company: * UNIVERSE EXPRESS LLC Address: [REDACTED] LOUISVILLE, KY 40220

Reviewed By: [REDACTED] Title: Safety Consultant

Annual Review and Evaluation of Driver's Record: In accordance with Section 391.25, Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.27, has been reviewed for the past 12 months.

Compared against MVR dated 8-20-18, violation list concurs with the MVR.

Company: * UNIVERSE EXPRESS LLC Address: [REDACTED] LOUISVILLE, KY 40220

Reviewed By: [REDACTED] Title: Safety Consultant

MVR Express

Date MVR Request Submitted: Aug 20, 2018 5:25 AM PDT

Complete - MVR Record Found

MVR Request Completion Date: Aug 20, 2018 5:25 AM PDT

Driver Personal Information

State: Massachusetts
License: [REDACTED]
ZHUROVSKYY, VOLODYMYR V
[REDACTED]
W SPRINGFIELD, MA 01089-4213

DOB: [REDACTED] SEX: Male; HGT: 5' 10"; EYES: Brown

Requested As: [REDACTED] VOLODYMYR ZHUROVSKYY

AKA: ZHUROVSKYY, VOLODYMYR Name Type: Legal Name Name Commence: [REDACTED]
[REDACTED] Name Cease: [REDACTED]
ZHUROVSKYY, VOLODYMYR V Name Type: Legal Name Name Commence: [REDACTED]
[REDACTED]
ZHUROVSKYY, VOLODYMYR Name Type: AAMVA Legal Name Name Commence:
[REDACTED]

Driver License Information

Class	Issued	Expires	Status	Restrictions
CDL-A	Aug [REDACTED] 2018	Dec [REDACTED] 2021	Active	Automatic Transmission (CMV)

Miscellaneous / State Specific Information

Type	Description
LICTYPE	Class A Commercial License
CLASS	A - COMB VEH>26,000 GVWR, TOWED UNIT>10,001 GVWR
MISC	Passenger License Status: Active Commercial License Status: Active Commercial Permit Status: None
MISC	Current License Card Format: Horizontal
MISC	Additional Restriction Information: Restriction: E Automatic Transmission (CMV) Restriction Start: 08 /03/2018 Restriction End: 12 [REDACTED] 2021 Restriction Printed: Y Restriction Active: Y
MISC	Unique Atlas Key: 1 [REDACTED]
MISC	Address County: HAMPDEN
MISC	Address Country: USA
MISC	Address Commence: 05/21/2017

MISC Driver Education Completed: Y

MISC Previous License State: Ohio

PREVIOUS LICENSE [REDACTED] 944504 Type: [REDACTED] Expiration Date: 12

PREVIOUS LICENSE [REDACTED]

PREVIOUS LICENSE [REDACTED]

PREVIOUS LICENSE [REDACTED]

PREVIOUS LICENSE [REDACTED]

PREVIOUS LICENSE [REDACTED]

PREVIOUS LICENSE [REDACTED]

PREVIOUS LICENSE [REDACTED]

Medical Certificate Information

Type	Description
CDL Medical Self Certification	NI - Non-Excepted Interstate
Status	C - Certified
Issue Date	05 [REDACTED] 2018
Expiration Date	05 [REDACTED] 2020
Medical Examiner Name	STEPHEN GOBEILLE
Specialty	DO - Osteopathic Doctor
Licensing Jurisdiction	MA
Phone Number	[REDACTED]

Registry Number

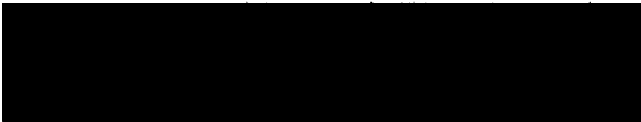


License Number



Driving Record Information

Type	V/S Date	C/R Date	Description	Violation Code			Pts
				State	ACD	HR	
REVO	Dec 31, 2016	May 2, 2017	Non-ACD withdrawal LOCATION: OH OH Sanction Type: Revoked Sanction Reason: NDR Violation Sanction Indefinite: Y		W00		



A61

SUSP	Jul 16, 2014	Dec 1, 2016	DUI of alcohol LOCATION: MA Westfield Police Dept. WESTFIELD DISTRICT COURT Sanction Type: Suspended		A21		
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W00

SUSP	Oct 7, 2014	Oct 28, 2016	Accumulation of convictions or points LOCATION: MA Sanction Type: Suspended Sanction Indefinite: Y		W01		
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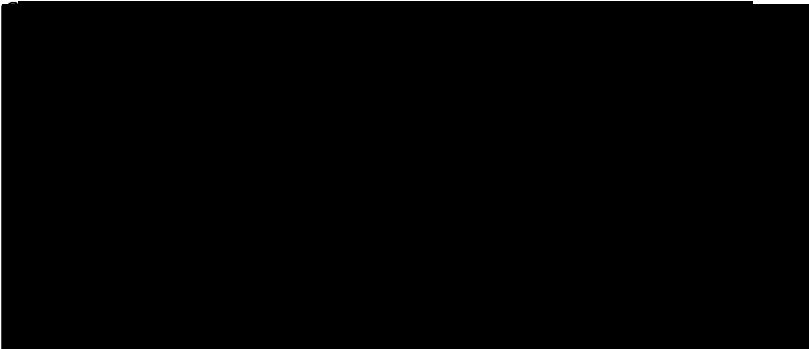
W01

SUSP	Apr 13, 2014	Sep 26, 2015	Accumulation of convictions or points LOCATION: MA Sanction Type: Suspended Sanction Indefinite: Y		W01		
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W01



A98



A21

Citation Code: [REDACTED]
Officer Id: 0127
Violator Type: Operator
Vehicle Plate Type: Passenger Normal
Vehicle Registration: MA [REDACTED]
Crash: Y
Statute: Chapter: 90 Section: 24 Subsection J
Offense Surchargeable Status: 5

C
F
F
C
C
C
S

Conviction Surchargeable: Y

[REDACTED]

E01

[REDACTED]

ADMI [REDACTED]

ADMI [REDACTED]

A98

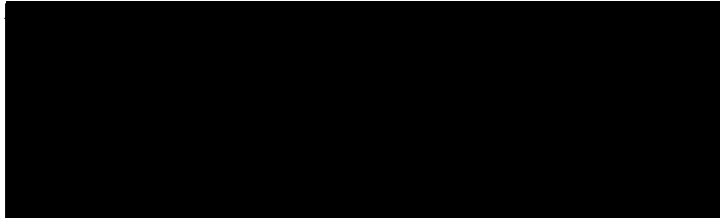
ACCI [REDACTED]

4



ACCI

3



Information reported may be limited in accordance with the Fair Credit Reporting Act and applicable state law.

V/S Date - Violation/Suspension date

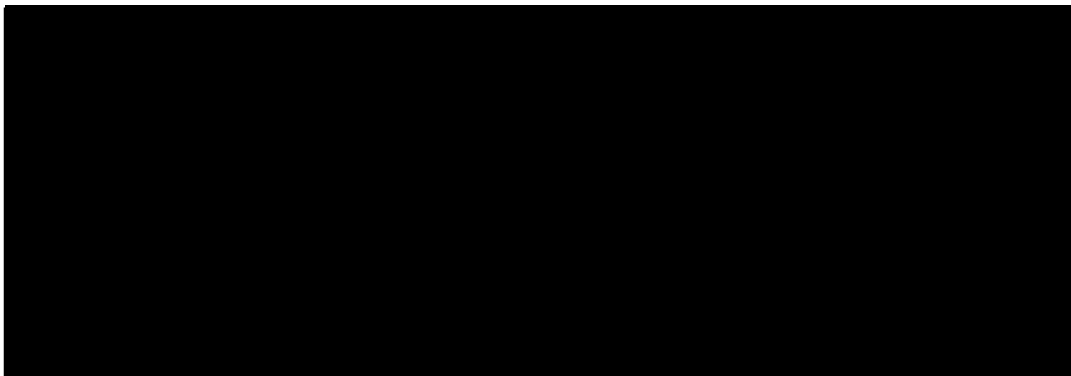
C/R Date - Conviction/Reinstatement date

Activity Log


Activity	Date/Time	Performed By	Recipient	Result
Report Submitted	Aug 20, 2018 5:25 AM PDT	Carrier Concepts		

¹ "Complete" indicates that this request has been processed to conclusion. Please review the report details in their entirety to evaluate any potential discrepancies or records related to this request.

All times listed in America/Los_Angeles timezone



MASSACHUSETTS COMMERCIAL
DRIVER'S LICENSE
NOT FOR FEDERAL ID



4D EXPIRES: 12/31/2024
DOB: [REDACTED]
1 CLASS: A 12 REST: E 16 END: NONE
1 NAME: ZHUKOVSKYY
2 SURNAME: VOLODYMYR V.
3 ADDRESS: [REDACTED]
4 CITY/TOWN/VILLAGE: W SPRINGFIELD, MA 01089-4213
18 EYES: BRO
19 SEX: M 20 HGT: 5'-10"

CARRIER CONCEPTS, INC.

[REDACTED]

LOUISVILLE, KY. 40218

P: [REDACTED] F: [REDACTED]

**AUTHORIZATION TO RELEASE
INFORMATION**

DATE: _____

NAME: Volodymyr Zhukovskyy

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY: _____ - _____ [REDACTED] DATE OF BIRTH: [REDACTED]

I, Volodymyr Zhukovskyy, DO AUTHORIZE,

_____ TO RELEASE INFORMATION FROM MY
MEDICAL RECORDS. I AM REQUESTING, AT THIS TIME A COPY OF MY LONG FORM PHYSICAL.
I RELEASE YOU FROM ANY LIABILITY THAT MAY BE INCURRED BY GIVING THIS
INFORMATION TO CARRIER CONCEPTS, INC.

DRIVER SIGNATURE: X [REDACTED] DATE: _____

WITNESS SIGNATURE: [REDACTED] DATE: _____

CARRIER CONCEPTS, INC.

PLEASE FAX COPIES TO [REDACTED]

DATE 8/29/18
DRIVER Volodymyr Zhukovskyy
SOCIAL SECURITY NO. [REDACTED]

This is to certify that the above name individual:

- Completed an orientation on Drug Abuse & Alcohol abuse in accordance with 382-601b of FMCSR
- Member Carrier Concepts, Inc. Drug Testing Consortium
- Member of Universe Express Company Testing

Carrier Concepts

[REDACTED]
Louisville, KY 40218

[REDACTED] Owner

Phone (502) 491-5291

Driver Name: Universe Express Instructor: David Perry

Company: _____ Date: _____

Hours of Service Quiz

Directions: Please read each statement carefully and circle the response that best answers the questions.

1. You must keep your current day's log plus the previous seven days':
 - A. To prove that you are working enough hours
 - B. In your possession and available for inspection while on duty
 - C. At home
 - D. All the above
2. Which task would not be included in the definition of on – duty time:
 - A. Time spent driving
 - B. Time resting in the sleeper berth
 - C. Waiting for your cargo to be loaded or unloaded
 - D. Attending a company – required training session
3. After how many hours of driving, you must have at least 10 consecutive hours of off – duty or sleeper – berth time before you can drive again:
 - A. 8
 - B. 11
 - C. 12
 - D. 15
4. True or false: Under both the 60- and 70- hour limits, you may continue to perform non – driving duties after you've reached the limits.
 - A. True
 - B. False
5. After how many consecutive hours after coming on duty, you must have 10 consecutive hours of rest before you can drive again:
 - A. 8
 - B. 10
 - C. 12
 - D. 14

-0/10

6. **The 60/70-hour rule has to do with:**
- A. 60 hours of driving/70 hours of rest
 - B. The number of on-duty hours a driver may accumulate in a 7- or 8-day period before he or she may not drive
 - C. 60 hours of on-duty time/70 hours of rest
 - D. 70 hours of driving/60 hours of rest
7. **You may use the 34-hour restart to “reset” your 60/70-hour clock if:**
- A. You have at least 34 consecutive hours off duty
 - B. Your off-duty time includes two periods of time between 1:00 p.m. and 5:00 p.m.
 - C. You have at least 24 consecutive hours off duty
 - D. All the above
8. **After 11 hours of driving time you must:**
- A. Stop working and go home
 - B. Work 3 more hours
 - C. Get at least 10 consecutive hours off duty before driving again
 - D. All the above
9. **The 34- hour restart provision can only be used:**
- A. By drivers of motor carriers that do not operate CMVs every day of the week
 - B. If you are hauling non – hazardous materials
 - C. If you qualify for the 16- hour short haul exception
 - D. If you have at least 34 consecutive hours off duty
10. **Under the mandatory break rule, what would be considered a “qualifying break”:**
- A. A 30-minute meal break
 - B. Resting in the sleeper berth for 45 minutes
 - C. Resting in the seat of your vehicle for 30 minutes
 - D. All the above

Driver _____ Instructor DAVID PERRY

Company/Division _____ Date _____

CMV Driver Basics Quiz

-0/10

Directions: Read each statement carefully and circle the response that best answers the question.

1. You must be at least 16 years old to operate a CMV in interstate commerce.
 - A. True
 - B. False

2. You may not operate a CMV until you have passed a physical exam and are issued a medical examiner's certificate stating this fact.
 - A. True
 - B. False

3. _____ is considered a disqualifying offense.
 - A. Operating under the influence of alcohol and/or drugs
 - B. Leaving the scene of an accident
 - C. Committing a felony involving a CMV
 - D. All of the above

4. If you possess a CDL, you can be disqualified for offenses committed in any type of vehicle at any time.
 - A. True
 - B. False

5. Your health doesn't play a part in the safe operation of a CMV.
 - A. True
 - B. False

6. **Healthy eating includes:**

- A. Drinking eight to ten cups of coffee daily
- B. Avoiding fruits and vegetables
- C. Eating at least five servings of fruits and vegetables daily
- D. All of the above

7. **Generally, most adults need ____ hours of uninterrupted sleep to feel well-rested.**

- A. 4-5
- B. 5-6
- C. 6-7
- D. 7-8

8. **The hours of service regulations:**

- A. Limit the number of hours you can drive
- B. Limit the number of hours you can be on duty
- C. Both A and B
- D. None of the above

9. **You are required to keep a record of duty status (a driver's daily log) showing all of your driving and non-driving activities.**

- A. True
- B. False

10. **Whistleblower protection laws are in place to protect you from retaliation if you report CMV safety violations to FMCSA.**

- A. True
- B. False

Driver _____ Instructor _____

Company/Division _____ Date _____

Alternate CMV Driver Basics Quiz

Directions: Read each statement carefully and circle the response that best answers the question.

1. You are qualified to operate a commercial motor vehicle if you:

- A. Are at least 21 years old
- B. Pass a required physical exam
- C. Have passed a road test
- D. All of the above

-2/10

2. You must be issued a certificate signed by a medical examiner that states you are physically qualified to drive a CMV.

- A. True
- B. False

3. You can be disqualified from driving if you are convicted of operating a CMV with an alcohol concentration of 0.01 percent or more.

- A. True
- B. False

4. Healthy habits include:

- A. Eating right
- B. Exercising regularly
- C. Getting proper rest
- D. All of the above

B ~~A~~. A diet that includes few fruits and vegetables and lots of salty foods can help reduce high blood pressure.

- A. True
- B. False

12

6. Fatigue describes anything from being sleepy to exhausted.
- A. True
 - B. False
7. A sleep loss of as little as 2 hours can cause:
- A. Reduced judgement
 - B. Slowed reaction time
 - C. Both A and B
 - D. None of the above
8. The hours of service regulations do not require you to keep a record of duty status.
- A. True
 - B. False
9. Whistleblower protection laws are in place to protect you from retaliation if you report CMV safety violations to FMCSA.
- A. True
 - B. False

B ~~X~~
K

Getting your CDL is all it takes to become a safe, professional driver.

- A. True
- B. False

Driver _____ Instructor DAVID BERRY

Company/Division _____ Date _____

Driver Qualification Quiz

Directions: Read each statement carefully and circle the response that best answers the question.

1. You are qualified to operate a CMV if you:

- A. Have a valid motor vehicle operator's license
- B. Pass a road test
- C. Pass a required physical exam
- D. All of the above

10/5

2. You do not need to be familiar with the methods and procedures for securing cargo.

- A. True
- B. False

3. You must pass a physical exam in order to operate a CMV.

- A. True
- B. False

4. Operating under the influence of a controlled substance is not a disqualifying offense.

- A. True
- B. False

5. If you possess a CDL you can be disqualified for offenses committed in any type of vehicle at any time.

- A. True
- B. False

Driver _____ Instructor DAVID PERRY

Company/Division _____ Date _____

Driver Wellness Quiz

Directions: Read each statement carefully and circle the response that best answers the question.

1. Healthy habits include:

- A. Eating lots of salty and sugary foods
- B. Exercising regularly
- C. Drinking 8-10 cups of coffee each day
- D. All of the above

10/5

2. Exercise, eating healthy, and avoiding smoking and drinking alcohol can help reduce both your cholesterol and blood pressure levels.

- A. True
- B. False

3. _____ is a healthy stress-reduction technique.

- A. Smoking
- B. Drinking 4-6 cups of strong coffee
- C. Exercise
- D. All of the above

4. Sleep loss of as little as 2 hours can affect your alertness and performance.

- A. True
- B. False

5. _____ is an indication that you are fatigued and should pull over and get some sleep.

- A. Having trouble focusing your eyes
- B. Yawning
- C. Lane deviations—weaving from lane-to-lane or onto the shoulder
- D. All of the above

Driver _____ Instructor DAVID PERRY

Company/Division _____ Date _____

Hours of Service Quiz

Directions: Read each statement carefully and circle the response that best answers the question.

1. The hours of service regulations are meant to keep tired drivers off the road.

A. True
B. False

10/5

2. The hours of service regulations:

A. Limit the number of hours you can drive
 B. Both A and C
C. Limit the number of hours you can be on duty
D. None of the above

3. You are required to keep a record of duty status for each _____ period.

A. 15 minute
B. 12 hour
 C. 24 hour
D. 48 hour

4. You may let someone else to complete your record of duty status.

A. True
 B. False

5. Your record of duty status (driver's daily log) must be kept current to your last change of duty status.

A. True
B. False

Driver _____ Instructor DAVID PERRY

Company/Division _____ Date _____

Whistleblower Protection Quiz

- 0/4

Directions: Read each statement carefully and circle the response that best answers the question.

1. Whistleblower protection laws protect you from retaliation for reporting CMV safety violations to FMCSA.
 A. True
B. False

2. Whistleblower protection laws allow your employer to discipline or discharge you for filing a complaint related to a CMV violation.
A. True
 B. False

3. If you believe your employer has disciplined or discharged you for filing a CMV safety complaint, you may file a complaint with OSHA.
 A. True
B. False

4. If you are disciplined or discharged for filing a complaint, you have no means of protecting yourself.
A. True
 B. False



**EMPLOYEE CERTIFICATION
PRESENTED TO**

Volodymyr Zhukovskyy

**Entry-Level Driver Training
in Accordance with
49 CFR 380.503**

Dated This _____ Day of _____

**Training By :
Carrier Concepts, Inc.**

**Louisville, KY 40218
Trainer: David Perry**

