INVESTIGATION OF ACCIDENT
Mexican Hat, Utah

Hwy-08-MH-012

Bus Driver Employment Application
With Medical Certificate and MVR Reports

ATTACHMENT E

(27 pages)

DRIVER'S APPLICATION FOR EMPLOYMENT

Applicant Name (print) Welland G Lotan Date of Application 2-8-07

Company: ARROW STAGE LINES

Address 2352 E UNIVERSITY DR SUITE - D-105

City PHOENIX State AZ Zip 85034

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

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. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) 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 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.

Signature [redacted] Date 2-8-007

FOR COMPANY USE

PROCESS RECORD

APPLICANT HIRED _____ REJECTED _____

DATE EMPLOYED _____ LOCATION EMPLOYED _____

DEPARTMENT _____ CLASSIFICATION _____

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

SIGNATURE OF INTERVIEWING OFFICER _____

[redacted] [redacted] [redacted] [redacted]

(answer all questions – please print)

Position(s) Applied for DRIVER

Name LOTAN WELLAND G. Social Security No. [redacted]
Last First M

List your addresses of residency for the past 3 years.

Current Address [redacted]

WINTER ONLY [redacted] Phone [redacted] Long? 8 yrs
State Zip Code yr./mo.

Summer ONLY Previous Addresses [redacted] How Long? 8 yrs
Street City State & Zip Code yr./mo.

How Long? _____
Street City State & Zip Code yr./mo.

How Long? _____
Street City State & Zip Code yr./mo.

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

Date of Birth [redacted] Can you provide proof of age? YES
(Required for Commercial Drivers)

Have you worked for this company before? NO Where? _____

Dates: From _____ To _____ Rate of Pay _____ Position _____

Reason for leaving _____

Are you now employed? YES If not, how long since leaving last employment? 8 YRS

Who referred you? [redacted] Rate of expected pay _____

Have you ever been bonded? NO Name of bonding company _____
(Answer only if a job requirement)

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?

NO

If Yes, explain if you wish.

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle* in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.
(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

EMPLOYER	DATE
NAME BLACK DIAMOND	FROM MO 01 YR 03 TO MO 01 YR 07
ADDRESS [redacted]	POSITION HELD
CITY [redacted] STATE [redacted] ZIP	SALARY/WAGE
CONTACT PERSON [redacted] PHONE NUMBER	REASON FOR LEAVING WANTED PART time
WERE YOU SUBJECT TO THE FMCSRS+ WHILE EMPLOYED?	
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?	

[redacted] [redacted] [redacted] [redacted]

EMPLOYER	DATE
NAME AMERICAN TOUR CLUB	FROM MO. 06 YR 02 / FROM TO CURRENT MO. YR
ADDRESS [redacted]	POSITION HELD DRIVER
CITY [redacted] STATE ZIP [redacted]	SALARY/WAGE
CONTACT PERSON [redacted] PHONE NUM [redacted]	REASON FOR LEAVING SUMMER ONLY
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? ☐ YES ☐ NO	
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? ☐ YES ☐ NO	

EMPLOYER	DATE
NAME CASSINS TRANSPORT	FROM 1991 MO. YR. / FROM 1998 MO. YR.
ADDRESS	POSITION HELD SEMI DRIVER
CITY [redacted] STATE [redacted] ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING RETIRED
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? ☐ YES ☐ NO	
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? ☐ YES ☐ NO	

EMPLOYER	DATE
NAME	FROM MO. YR. / FROM MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? ☐ YES ☐ NO	
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? ☐ YES ☐ NO	

EMPLOYER	DATE
NAME	FROM MO. YR. / FROM MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? ☐ YES ☐ NO	
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? ☐ YES ☐ NO	

EMPLOYER	DATE
NAME	FROM MO. YR. / FROM MO. YR.
ADDRESS	POSITION HELD
CITY STATE ZIP	SALARY/WAGE
CONTACT PERSON PHONE NUMBER	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSRs* WHILE EMPLOYED? ☐ YES ☐ NO	
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? ☐ YES ☐ NO	

*Includes vehicles having a GVWR of 26,001lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

*The Federal Motor Carrier Safety Regulations (FMCSRs) apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

[redacted]

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	FATALITIES	INJURIES	HAZARDOUS MATERIAL SPILL
~~LAST ACCIDENT~~	N/A			
NEXT PREVIOUS				
NEXT PREVIOUS				

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

LOCATION	DATE	CHARGE	PENALTY
NONE			

(ATTACH SHEET IF MORE SPACE IS NEEDED)

EXPERIENCE AND QUALIFICATIONS – DRIVER

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

	STATE	LICENSE NO.	TYPE	EXPIRATION DATE
DRIVER LICENSES	[redacted]	[redacted]	CDL-CAP	12/8/07

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 ever been suspended or revoked? YES _____ NO ✓
IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

DRIVING EXPERIENCE CHECK YES OR NO

CLASS OF EQUIPMENT		CIRCLE TYPE OF EQUIPMENT	DATES FROM (M/Y)	TO (M/Y)	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK	☑ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR AND SEMI-TRAILER	☑ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR-TWO TRAILERS	☑ YES ☐ NO	(VAN, TANK, FLAT, DUMP, REFER)			
TRACTOR-THREE TRAILERS	☐ YES ☑ NO	(VAN, TANK, FLAT, DUMP, REFER)			
MOTORCOACH-SCHOOL BUS	☑ YES ☐ NO More than 8 passengers	—			
MOTORCOACH-SCHOOL BUS	☑ YES ☐ NO More than 15 passengers	—			
OTHER					

LIST STATES OPERATED IN FOR LAST FIVE YEARS: MI, AZ, CA, NV, NM, TX, CO, WY, IA, WI, IL, ID, OH, KY, TN, NC, SC, GA, FL

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: AMTA - SAFE DRIVING 3DAY

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHOM? MTA 10yrs, ANCHOR MOTOR Freight 8yrs

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN)

EDUCATION

CIRCLE LAST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 (4) COLLEGE: (1) 2 3 4

LAST SCHOOL ATTENDED (NAME) _____ (CITY, STATE) _____

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: [redacted] Date: 2-8-07

[redacted] [redacted]

ARROW STAGE LINES

Pre-Employment "FAST " Questionnaire

Understand in Advance.....

- Insulin diabetics are not qualified by DOT to drive a commercial vehicle.
- Persons with uncontrolled high blood pressure are also not qualified by DOT.
- We will check your State's DMV driving record.
- We operate a strict "Drug-Free" workplace. We require a pre-employment drug test, which is conducted at your expense. (Through a payroll deduction program)
- We require a pre-employment physical, which is also at your expense through the payroll deduction program.
- We also require a pre-employment back screen, which we pay for.
- We hire only part-time. Promotions to full time are based on company needs and employee performance.

Please answer the following questions....

Date 2-8-07

Are you over 25? (✓) yes ( ) no

Do you hold a current CDL license? (✓) yes ( ) no, If yes, State of Issue MI

Number of years driving commercially? 10 years

Ever been denied a license or permit to drive? ( ) yes (✓) no

Ever had your license privileges suspended or revoked? ( ) yes (✓) no

Ever been disqualified to drive commercially? ( ) yes (✓) no

Are you currently employed as a commercial driver? (✓) yes ( ) no

If yes, why do you wish to leave? _____

How many companies have you worked for in the past 5 years? 3

How many accidents have you been involved in over the past 3 years? 0 All ____

How many tickets have you had in the past 3 years? 0

Do you consider yourself a safe driver? (✓) yes ( ) no Why? _____

Name: WELLAND LOTAN Telephone: [redacted]

License Number: [redacted] Social Security Numbe [redacted]

[redacted] [redacted] [redacted]

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) Welland LaTan [redacted]
First, M.I., Last — Social Security Number

Hereby authorize: [redacted]
Date of Birth

Previous Employer: Black Diamond — Email:
Street: [redacted] — Telephone:
City, State, Zip: — Fax No.:

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from 2-8-07.
(date of employment application)

To:
Prospective Employer: Arrow Stage Lines
Attention: Monica — Telephone: 402-371-3850
Street: 720 E. Norfolk Ave
City, State, Zip: Norfolk, NE 68701

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

Prospective employer's confidential fax number: [redacted]
Prospective employer's confidential email addres[redacted]

[redacted] — 2-8-07
Applicant Signature — Date

This information is being requested in compliance with §40.25(g) and 391.23(h).

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT STORY

The applicant named above was employed ☒ Yes ☐ No
Employed as Part Time Driver from (m/y) 8-03 to (m/y) 12-06
1. Did he/she drive motor vehicle before? ☐ Yes ☐ No If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☒
Cargo Tank ☐ Doubles/Triples ☐ Other(Specify)
2. Reason for leaving your employ? Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐
If there is no safety performance history to report, check here ☐ sign below and return. Part Time

ACCIDENTS Please list below any accidents included on your accident register (§390.15(b)) that involved the applicant for 3 years prior to the application date shown above, or check here ☒ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.					
2.					
3.					

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

Any other remarks:

Signature: [redacted]
Title: Safety Dir Date: 3-18-07

[redacted] [redacted] [redacted]

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

I, (Print Name) Welland La Tan [redacted]
First, M.I., Last

Hereby authorize:

Date of Birth

Previous Employer: Black Diamond
Street: 3515 Dumas Vista
City, State, Zip: Mesa AZ

Email:
Telephone:
Fax No.:

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from 2-8-07.
(date of employment application)

To:
Prospective Employer: Arrow Stage Lines
Attention: Monica Telephone: 402-371-3850
Street: 720 E. Norfolk Ave
City, State, Zip: Norfolk, NE 68701

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

Prospective employer's confidential fax number: [redacted]
Prospective employer's confidential email addre[redacted]

[redacted] 2-8-07
Applicant Signature Date

This information is being requested in compliance with §40.25(g) and 391.23(h).

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT STORY

The applicant named above was employed ☐ Yes ☐ No
Employed as _____ from (m/y) _____ to (m/y) _____
1. Did he/she drive motor vehicle before? ☐ Yes ☐ No If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other(Specify) _____
2. Reason for leaving your employ? Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐
If there is no safety performance history to report, check here ☐, sign below and return.

ACCIDENTS Please list below any accidents included on your accident register (§390.15(b)) that involved the applicant for 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.					
2.					
3.					

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

Any other remarks: _____

Signature: _____
Title: _____ Date: _____

[redacted] [redacted] [redacted]

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: **TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) Welland Lo Tan [redacted]
First, M.I., Last

Hereby authorize: [redacted]
Date of Birth

Previous Employer: American Tour Club
Street: 11670 E Gladwin Rd
City, State, Zip: Gladwin MI 48624
Email: ATC@ejourney.com
Telephone: 989-426-2511
Fax No.: 989-426-2066

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from 2-8-07
(date of employment application)

To:
Prospective Employer: Arrow Stage Lines
Attention: Monica Telephone: 402-371-3850
Street: 720 E. Norfolk Ave
City, State, Zip: Norfolk, NE 68701

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

Prospective employer's confidential fax number: [redacted]
Prospective employer's confidential email addres[redacted]

[redacted] 2-8-07
Applicant Signature Date

This information is being requested in compliance with §40.25(g) and 391.23(h).

SECTION 2: **TO BE COMPLETED BY PREVIOUS EMPLOYER**

ACCIDENT STORY

The applicant named above was employed ☒ Yes ☐ No
Employed as Driver from (m/y) 7/16/2002 to (m/y) Still employed

1. Did he/she drive motor vehicle before? ☒ Yes ☐ No If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☒ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other(Specify)

2. Reason for leaving your employ? Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐ Still Employed

If there is no safety performance history to report, check here ☒ sign below and return. Excellent Driver, good with Equipment & People

ACCIDENTS Please list below any accidents included on your accident register (§390.15(b)) that involved the applicant for 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.	NONE				
2.					
3.					

Please provide information concerning any other accidents involving that applicant that were reported to government agencies or insurers or retained under internal company policies: NONE

Any other remarks: See above Great Driver, good with equipment

Signature: [redacted]
Title: OWNER Date: 3/28/07

[redacted] [redacted] [redacted]

SECTION 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐ fill in the dates of employment from _____ to _____, complete bottom of Section 3, sign, and return.

Driver was subject to Department of Transportation testing requirements from 2002 to CURRENT.

	YES	NO
1. Has this person had an alcohol test with a result of 0.04 or higher alcohol concentration?	☐	☒
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?	☐	☒
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?	☐	☒
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?	☐	☒
5. If this person has violated a DOT drug and 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 back with this form.	☐	
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employment did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?	☐	

In answering these questions, include any required DOT drug or alcohol testing information obtained from the previous employers in the previous 3 years prior to the application date shown on side 1.

Name: James M. Stange, Owner
Company: American Tour Club
Street: 11626 East Gladwin Rd
City, State, Zip: Gladwin MI 48624 Telephone: 989-426-2511
Section 3 Completed by (Signature): James M. Stange Date: 3/28/07

SECTION 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☒ Mailed ☐ Emailed ☐ Other _____

By: [redacted] Date: 3-14-07

SECTION 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: American Tour Club

Recorded by: [redacted] Method: ☐ Fax ☒ Mail ☐ Email ☐ Telephone

Date: 4-2-07 ☐ Other _____

INSTRUCTIONS COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SIDE 1 SECTION 1: Prospective Employee
- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

SIDE 2 SECTION 4a: Prospective Employer
- Complete the information
- Send to Previous Employer

SIDE 1 SECTION 2: Previous Employer
- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

SIDE 2 SECTION 3: Previous Employer
- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

SIDE 2 SECTION 4b: Prospective Employer
- Record receipt of the information
- Retain the form

[redacted] [redacted] [redacted] [redacted]

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

SECTION 1: **TO BE COMPLETED BY PROSPECTIVE EMPLOYEE**

I, (Print Name) Welland Lotan [redacted]
First, M.I., Last

Hereby authorize: Date of Birth

Previous Employer: American Tour Club Email:
Street: 11670 E Gladwin Rd Telephone:
City, State, Zip: Gladwin MI 48624 Fax No.:

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from 2-8-07.
(date of employment application)

To:
Prospective Employer: Arrow Stage Lines
Attention: Monica Telephone: 402-371-3850
Street: 720 E. Norfolk Ave
City, State, Zip: Norfolk, NE 68701

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

Prospective employer's confidential fax number: [redacted]
Prospective employer's confidential email address: [redacted]

[redacted] 2-8-07
Applicant Signature Date

This information is being requested in compliance with §40.25(g) and 391.23(h).

SECTION 2: **TO BE COMPLETED BY PREVIOUS EMPLOYER**

ACCIDENT STORY

The applicant named above was employed ☐ Yes ☐ No
Employed as _____ from (m/y) _____ to (m/y) _____
1. Did he/she drive motor vehicle before? ☐ Yes ☐ No If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other(Specify) _____
2. Reason for leaving your employ? Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐
If there is no safety performance history to report, check here ☐, sign below and return.

ACCIDENTS Please list below any accidents included on your accident register (§390.15(b)) that involved the applicant for 3 years prior to the application date shown above, or check here ☐ if there is no accident register data for this driver.

	Date	Location	No. of Injuries	No. of Fatalities	Hazmat Spill
1.					
2.					
3.					

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

Any other remarks: _____

Signature: _____
Title: _____ Date: _____

[redacted] [redacted]

USIS

US MVR - Standard Delivery

Customer Name: Busco Inc Dba Arrow Stage Lines [redacted] [redacted]
Actor Name: Monica Talbott ()
Customer Reference:
Customer Sub:
SSN: [redacted]

==========

.... M V R R E P O R T ....

STATE: [redacted] D R I V E R I N F O R M A T I O N

LOTAN, WELLAND GLEN REF:
[redacted]

DOB: [redacted] SOC/SEC: SEX:M HGT: WT: EYES: HAIR:

D R I V E R L I C E N S E I N F O R M A T I O N

CLASS	ISSUED	EXPIRES	STATUS	RESTRICTIONS
CDL A CHAF	09/29/03	12/08/07		

M I S C E L L A N E O U S / S T A T E S P E C I F I C I N F O R M A T I O N

ISSTYP: R=RENEWAL
CLASS: CDL-A=COMB VEH>26,000 GVWR, TOWED UNIT>10,001 GVWR
ENDOR : P
ENDOR: P=PASSENGER
CLASS: CHAF=CHAUFFEUR
MISC: NO ACCIDENTS OR CONVICTIONS FOR LAST 5 YEARS

D R I V I N G R E C O R D I N F O R M A T I O N

TYPE	V/S-DATE	C/R-DATE	DESCRIPTION	V/C-CODE	PTS
			MVR RECORD CLEAR		

RPT#:074- ACCT# [redacted] REF#:A2J TAZCFWNONE
DMV DATE:03/14/07 DMV ACCT#:

==========

V/S-DATE=Violation/Suspension Date C/R-DATE=Conviction/Reinstatement Date

[redacted] [redacted] [redacted]

USIS

US MVR - Standard Delivery

Customer Name: Busco Inc Dba Arrow Stage Lines [redacted] [redacted]
Actor Name: Monica Talbott ()
Customer Reference:
Customer Sub:
SSN: [redacted]

.... M V R R E P O R T ....

STATE: MICHIGAN D R I V E R I N F O R M A T I O N

LOTAN, WELLAND GLEN REF:

[redacted]

DOB [redacted] SOC/SEC: SEX:M HGT: WT: EYES: HAIR:

D R I V E R L I C E N S E I N F O R M A T I O N

CLASS	ISSUED	EXPIRES	STATUS	RESTRICTIONS
CDL A CHAF	09/27/07	12/08/11		

M I S C E L L A N E O U S / S T A T E S P E C I F I C I N F O R M A T I O N

ISSTYP: R=RENEWAL
CLASS: CDL-A=COMB VEH>26,000 GVWR, TOWED UNIT>10,001 GVWR
ENDOR : P
ENDOR: P=PASSENGER
CLASS: CHAF=CHAUFFEUR
MISC: NO REPORTABLE DRIVING HISTORY ENTRIES

D R I V I N G R E C O R D I N F O R M A T I O N

TYPE	V/S-DATE	C/R-DATE	DESCRIPTION	V/C-CODE	PTS
			MVR RECORD CLEAR		

RPT#:009- ACCT#:10322- REF#:A2J V7K08ZNONE
DMV DATE:01/08/08 DMV ACCT#:

V/S-DATE=Violation/Suspension Date C/R-DATE=Conviction/Reinstatement Date

[redacted] [redacted]

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to ARROW STAGE LINES
(Prospective Employer)

for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

[redacted] 2-8-07
(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 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 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XXX, Section 300002(a)).

X [redacted] X 2-7-07
(Signature of Requester) (Date)

TO: _____

_____

_____

_____

DEAR SIR/MADAM:

☐ The following named person has made application with our company for the position of _____ _____. In accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

☐ The following named person is employed with our company in the position of _____ _____. In accordance with Section 391.25, Federal Department of Transportation Regulations, please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

_____ _____
(Name of Company) (Typed Name)

_____ _____
(Address) (Title)

_____ _____
(City) (State) (Signature)

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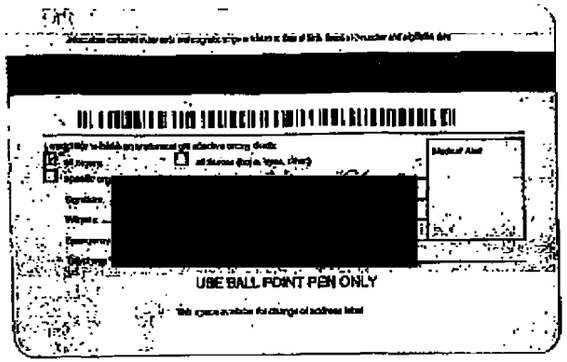
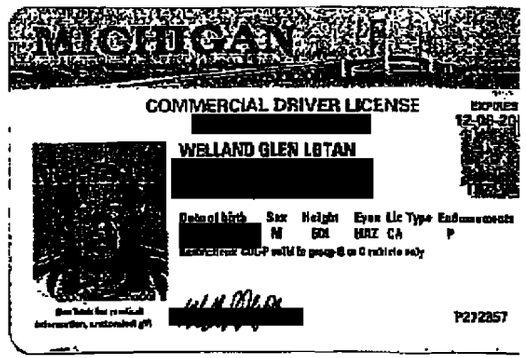
16-F (Rev. 7/98)

New Text





Certified Copy of Record of Birth

County of Oakland, State of Michigan

1. Place of Birth CITY OF PONTIAC
2. Full Name of Child [redacted]
3. Sex MALE
4. Date of Birth [redacted]
5. Color WHITE
6. Name of Father [redacted]
7. Maiden Name of Mother [redacted]
8. Date Recorded [redacted]

File No. [redacted]

State of Michigan } ss
County of Oakland }

I, LYNN D. ALLEN, County Clerk Register of Deeds for the County of Oakland and Clerk of the Circuit Court thereof, the same being a Court of Record and having a Seal, do hereby certify that the foregoing is a copy of the record now remaining in my office.

In testimony whereof, I have hereunto set my hand and affixed the Seal of said Court this 10TH day of MARCH A.D. 19[redacted]

LYNN D. ALLEN
Oakland County Clerk-Register of Deeds

By [redacted] Deputy Clerk

VOID VOID VOID

01-07-2008 08:45 FROM-ARROW-ALLIED 14023713267 T-454 P.014/031 F-409

[redacted] [redacted] [redacted] [redacted]

MOTOR VEHICLE DRIVER'S

Certification of Violations/Annual Review of Driving Record

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

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

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
WELLAND G. LOTAN	[redacted]	3-2-07
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER / STATE	EXPIRATION DATE
PHOENIX AZ	[redacted]	12/8/07

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

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED
	N/A		

(If you have had no violations, check the following box – ☐ 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.

Date of Certification 2-22-07 Driver's Signature [redacted]

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

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

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

☑ Meets minimum requirements for safe driving ☐ Is disqualified to drive a motor vehicle pursuant to Section 391.15

☐ Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: [redacted] Signature Date 3-14-07

MONICA TALBOTT Printed Name [redacted] Title

ARROW STAGE LINES Motor Carrier Name 720 E NORFOLK AVE NORFOLK NE 68701 Motor Carrier Address

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

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[redacted] [redacted] [redacted] [redacted]

RENTAL CARRIER
DRIVER QUALIFICATION CERTIFICATE

(DRIVERS FURNISHED BY OTHER MOTOR CARRIERS)

WELLAND G. LOTAN
(Name of Driver-Please Print)

[redacted]
(Social Security Number)

[redacted]
(CDL Number) (State)

12/08/07
(Expiration Date)

X [redacted]
(Signature of Driver)

TO BE COMPLETED BY THE RENTAL CARRIER

I Certify that the above named driver, as defined in Section 391.11 is regularly driving a vehicle operated by the below named carrier and is fully qualified under Part 391, Federal Motor Carrier Safety Regulations, including the requirement for controlled substance testing as required by Part 382 of the Federal Motor Carrier Safety Regulations. His/Her current medical examiner's certificate expires on 2-21-08.
(Date)

This SF-11A Certificate expires on: 12-8-07 (Date no later than expiration date of Medical certificate)

Issued on: 3/14/07 Issued by: BUSCO, INC dba ARROW STAGE LINES
(Date)
720 E Norfolk Ave
Norfolk, NE 68701
402 371-3850

[redacted] [redacted]
(Signature) Title: (Owner, Mgr., Supervisor)

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

INSTRUCTIONS: Motor carriers when using a driver for the first time 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. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) WELLAND G. LOTAN

Social Security Number [redacted]

Driver's License: State MI Number [redacted] Class ____ Endorsement(s) P Restriction(s) N

Type of License CA Issuing State Michigan

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE	3-1	2-28	2-27	2-26	2-25	2-24	2-23	
HOURS WORKED	0	0	0	0	0	0	0	TOTAL HOURS 0

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

2100 A.M. P.M. On 22 - 2 - 2007
Time Day Month Year

[redacted]
Driver's Signature

3-1-07
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, also performing any compensated work for any nonmotor 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.

Driver's Signature _____ Date _____

Witness: Company Representative _____ Date _____

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[redacted]

12

EXAMINATION

COMPLETE THE FOLLOWING *** PLEASE PRINT ***

NAME WELLAND B. LOTAN SOCIAL SECURTIY NUMBER [redacted]

ADDRESS [redacted] COMPANY NAME

CITY, STATE, ZIP [redacted]

LOCATION

PLEASE COLOR IN THE APPROPRIATE BOX FOR YOUR ANSWER. (Sample) ☐ ☐ ■ ☐

A B C D

1. A "high" from cocaine or crack lasts for approximately: ☐ ☐ ■ ☐

   a. one hour
   b. six hours
   c. twenty minutes
   d. four hours

2. Cocaine can be: ■ ☐ ☐ ☐

   a. sniffed, freebased or injected
   b. freebased
   c. sniffed or freebased
   d. injected or freebased

3. The most common illegally used and abused opiate is: ☐ ■ ☐ ☐

   a. opium
   b. heroin
   c. hashish
   d. cocaine

4. An uncut drug means the drug is: ☐ ☐ ■ ☐

   a. sold only in large amounts
   b. unable to be divided or extracted
   c. in its pur form
   d. only combined with other drugs in the same drug class

5. One group of stimulants, which are substances which increas nervous system response are:

   a. narcotics
   b. amphetamines
   c. alcohol
   d. hallucinogens

MEDICAL ENTERPRISES, INC.
Omaha, Nebraska

Certifies That

WELLAND G LOTAN

Has Completed the Required Sixty Minutes of Training According to the Department of Transportation Federal Highway Administration 49 CFR Parts 391 and 394

Date Issued 3-15-07

Form 305

8/87

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[redacted] [redacted]

ARROW STAGE LINES

A DIVISION OF BUSCO, INC

Corporate Office: 720 East Norfolk Avenue • Norfolk, NE 68701-5597
402-371-3850 • 1-800-672-8302 • FAX 402-371-3267

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 a consumer report may be obtained on you for employment purposes.

I acknowledge the receipt of the above disclosure and authorize the above-named company to obtain a consumer report on me for employment purposes. This authorization is ongoing in the event such a report is needed in the future.

[redacted] 2-8-2007

Applicant's Signature Date

Welland G. Lotan [redacted]

Print Name Social Security Number

Providing Charter Service Since 1928
Norfolk, NE • Kansas City, MO • Topeka, KS • Omaha, NE • Lincoln, NE
Grand Island, NE • Sioux City, IA • Denver, CO • Tucson, AZ

[redacted] [redacted] [redacted]

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

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

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

DRIVER REQUIREMENTS: 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) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

   If you have more than one license, 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, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** 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 within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (if the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No [redacted] Exp. Date 12/8/07

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

Driver's Name (Printed): WELLAND G LOTAN

Driver's Signature: X [redacted] Date 02/02/07

Notes: _____

(This form is not required for DOT compliance)

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90-F (REV 10/95)

[redacted] [redacted]

Busco, Inc., dba Arrow Stage Lines and Allied Tour & Travel

AGREEMENT, MEDICAL AUTHORIZATION
AND
CONTROLLED SUBSTANCE ABUSE POLICY ACKNOWLEDGMENT

I hereby consent and agree, as part of my pre-employment or employment with The Company, to undergo forensic drug and alcohol testing. I further agree that, upon the request of The Company, in consideration for my continued employment, to undergo further physical examination, which may include drug and alcohol testing.

Any, urine specimen I provide will be my own and not be altered in any way. I understand that submitting a urine specimen other then my own or altering the urine specimen will be grounds for termination.

I, hereby authorize any physician and/or medical facility performing a physical examination, alcohol test and/or a drug screen on me, which has been directed by the company, to disclose and release any and all information and/or results which have been obtained as of a result of the physical examination, alcohol test and/or the drug screen to the Company and/or its agents.

I, also, certify that on the date indicated below that I have received, read and agree to adhere to the Company and or its agents.

I, also, certify that on the date indicated below that I have received, read and agree to adhere to the Company's Controlled Substance Abuse Policy.

2-22-07
DATE

[redacted]
EMPLOYEE SIGNATURE

WITNESS

[redacted]
SOCIAL SECURITY NUMBER

[redacted]

BUSCO, INC
Dba Arrow Stage Lines
Corporate Transportation 'N Tours
May 15 2004

I certify that on the date indicated below, that I have received and read the Company's Risk and Safety Management Policy effective May 15, 2004

Signed [redacted] ate 2-22-07
Print name Welland Lotan

Upon receipt of this signed, dated document, send this signed page only in to the Personnel Department of the Norfolk office. Place the rest of the policy in your employee manual.

[redacted] [redacted] [redacted]

ARROW STAGE LINES

A DIVISION OF BUSCO, INC

Corporate Office: 720 East Norfolk Avenue • Norfolk, NE 68701-5597
402-371-3650 • 1-800-672-8302 • FAX 402-371-3267

NOTICE OF OFF-DUTY AUTHORIZATION

TO: ALL DRIVERS

RE: DOT 395.2 (a) (1)

This letter is your authority for being relieved of all duty and responsibility on Charters for care and custody of the bus. Its accessories, its cargo and its passengers anytime during the charter trip, where a rest stop is taken, where passengers are discharged for a prolonged visit of monuments, historical buildings, etc. during sightseeing activities, or when stipulation of this order is that the rest stop, sightseeing stop, or any other stop be of 10 minutes duration or longer. During the time succeeding the stop (more than 10 minutes) and the time the passengers are to re-board, you are at liberty to pursue activities your own choosing, and to leave the premises on which the vehicle is situated, providing of course, that you are back to serve the group at any predetermined time agreed upon with the group, beyond the 10-minute stipulation.

DATE: 3-18-04

SIGNED: [redacted]

TITLE: GENERAL MANAGER

Providing Charter Service Since 1928
Norfolk, NE • Kansas City, MO • Topeka, KS • Omaha, NE • Lincoln, NE
Grand Island, NE • Sioux City, IA • Denver, CO • Tucson, AZ

Concentra Medical Centers (AZ) [redacted]

Service Date: 02/21/2007
Patient Name: Lotan, Welland G.
SSN: [redacted]

Medical Examination Report
FOR COMMERCIAL DRIVER FITNESS DETERMINATION

1. DRIVER'S INFORMATION Driver completes this section

Driver's Name (Last, First, Middle)	Social Security No.	Birth Date	Age	Sex		Date of Exam
Lotan, Welland G.	[redacted]	[redacted]	70	[X] Male [ ] Female	[ ] New Certification [ ] Recertification [ ] Follow Up	02/21/2007

Address:	City, State, ZIP Code	Work Tel: / Home Tel:	Driver's License No.	License Class	State of Issue
[redacted]	[redacted]	[redacted]		[ ] A [ ] B [ ] C [ ] D [ ] Other	

2. HEALTH HISTORY Driver completes this section; but medical examiner is encouraged to discuss with driver.

Yes	No		Yes	No		Yes	No	
✓		Any illness or injury in last 5 years?		✓	Shortness of breath		✓	Fainting, dizziness
	✓	Head/Brain injuries, disorders or illnesses		✓	Lung disease, emphysema, asthma, chronic bronchitis		✓	Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring
	✓	Seizures, epilepsy - If Yes, list medications: Horner Topiro		✓	Kidney disease, dialysis		✓	Stroke or paralysis
	✓	Eye disorders or impaired vision (except corrective lenses)		✓	Liver disease		✓	Missing or impaired hand, arm, foot, leg, finger, toe
✓		Ear disorders, loss of hearing or balance		✓	Digestive problems		✓	Spinal injury or disease
✓		Heart disease or heart attack; other cardiovascular condition. If Yes, list medications: Plavix 75 Lopressor 50 Zetia 10 mg		✓	Diabetes or elevated blood sugar controlled by: [ ] diet [ ] pills [ ] insulin		✓	Chronic low back pain
✓		Heart surgery (valve replacement/bypass, angioplasty, pacemaker)		✓	Nervous or psychiatric disorders, e.g., severe depression If Yes, list medications:		✓	Regular, frequent alcohol use
✓		High blood pressure - If Yes, list medications:		✓	Loss of, or altered consciousness		✓	Narcotic or habit forming drug use
	✓	Muscular disease	✓		Surgery			

For any YES answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter medications) used regularly or recently.

Heart Bypass 1996
Leg Bypass 1996

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate.
I authorize Concentra Health Services Inc., its subsidiaries, divisions and related entities (collectively "Concentra") to provide all or any of my medical records to my employer and release Concentra, its employees, physicians, nurses, technicians and any other employees from any and all liabilities, claims, or causes of action that may result from this authorization.

[redacted] Driver's Signature — Date: 2-21-07

Medical Examiner's Comments on Health History (The medical examiner must review and discuss with the driver any "yes" answers and potential hazards of medications, including over-the-counter medications, while driving. This discussion must be documented below.)

Hx CAD, ↓ Bypass.
HTN

Testing (Medical Examiner completes Section 3 through 7)

3. VISION Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

INSTRUCTIONS: *When other than the Snellen chart is used, give test results in Snellen-comparable values. In recording distance vision, use 20 feet as normal. Report visual acuity as a ratio with 20 as numerator and the smallest type read at 20 feet as denominator. If the applicant wears corrective lenses, these should be worn while visual acuity is being tested. If the driver habitually wears contact lenses, or intends to do so while driving, sufficient evidence of good tolerance and adaptation to their use must be obvious. Monocular drivers are not qualified.*

Numerical readings must be provided.

ACUITY	UNCORRECTED	CORRECTED	HORIZONTAL FIELD OF VISION
Right Eye	20/ 30	20/	Right Eye 85°
Left Eye	20/ 35	20/	Left Eye 85°
Both Eyes	20/ 30	20/	°

Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors? [X] Yes [ ] No

Applicant meets visual acuity requirement only when wearing: [ ] Corrective Lenses

Monocular Vision: [ ] Yes [X] No

Complete next line only if vision testing is done by an ophthalmologist or optometrist

Date of Examination	Name of Ophthalmologist or Optometrist (Print)	Tel No.	License No/State of Issue	Signature

4. HEARING Standard: a) Must first perceive forced whispered voice >= 5 ft., with or without hearing aid, or b) average hearing loss in better ear <= 40 dB
[ ] Check if hearing aid used for tests [ ] Check if hearing aid required to meet standard.

INSTRUCTIONS: *To convert audiometric test results from ISO to ANSI. -14 dB from ISO for 500Hz, -10 dB for 1,000Hz, -8.5 dB for 2,000HZ. To average, add the readings for 3 frequencies tested and divide by 3.*

Numerical reading must be recorded.

a) Record distance from individual at which forced whispered voice can first be heard.	Right Ear	Left Ear
	5 Feet	5 Feet

b) If audiometer is used, record hearing loss in decibels. (acc. to ANSI Z24.5-1951)	Right Ear 500 Hz	1000 Hz	2000 Hz	Left Ear 500 Hz	1000 Hz	2000 Hz
	Average:			Average:		

5. BLOOD PRESSURE / PULSE RATE Numerical readings must be recorded. *Medical examiner should take at least 2 readings to confirm blood pressure.*

Blood Pressure	Systolic	Diastolic
	124	74

Driver qualified if <= 140/90.

Pulse Rate: [X] Regular [ ] Irregular
Record Pulse Rate: 84
Is post exercise required? [ ] Yes [ ] No
Pulse Rate after 2 mins exercise _____ bpm
Exercise Type _____

Reading	Category	Expiration Date	Recertification
140-159/90-99	Stage 1	1 year	1 year if <= 140/90 One-time certificate for 3 months if 141-159/91-99
160-179/100-109	Stage 2	One-time certificate for 3 months	1 year from date of exam if <= 140/90
>= 180/110	Stage 3	Disqualified 6 months from date of exam if <= 140/90	6 months if <= 140/90

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Concentra Medical Centers (AZ)
[redacted]

Service Date: 02/21/2007
Patient Name: Lotan, Welland G.
SSN: [redacted]

Medical Examination Report
FOR COMMERCIAL DRIVER FITNESS DETERMINATION

6. LABORATORY AND OTHER TEST FINDINGS Numerical reading must be recorded.

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

URINE SPECIMEN	SP. GR	PROTEIN	BLOOD	SUGAR
	1.005	Neg	Neg	Neg

Other Testing *(Describe and record)*

7. PHYSICAL EXAMINATION Height 69.5 (in.) Weight 235 (lbs)

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check YES if there are any abnormalities. Check NO if the body system is normal. Discuss any YES answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for.

See *Instructions To The Medical Examiner* for guidance.

BODY SYSTEM	CHECK FOR:	YES *	NO	BODY SYSTEM	CHECK FOR:	YES *	NO
1. General Appearance	Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.		X	7. Abdomen and Viscera	Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.	X	
2. Eyes	Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos. Ask about retinopathy, cataracts, aphakia, glaucoma, macular degeneration and refer to a specialist if appropriate.		X	8. Vascular	Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.		X
				9. Genito-urinary	Hernias.		X
3. Ears	Scarring of tympanic membrane, occlusion of external canal, perforated eardrums.		X	10. Extremities - Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	Loss of impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.		X
4. Mouth and Throat	Irremediable deformities likely to interfere with breathing or swallowing		X				
5. Heart	Murmurs, extra sounds, enlarged heart, pacemaker, implantable defibrillator.		X	11. Spine, other musculoskeletal	Previous surgery, deformities, limitation of motion, tenderness.		X
6. Lungs and chest, not including breast examination	Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or xray of chest.		X	12. Neurological	Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.		X

* COMMENTS: (explain all YES answers): Large ventral hernia, reducable

Note certification status here. See *Instructions to the Medical Examiner* for guidance.

- ☐ Meets standards in 49 CFR 391.41; qualifies for 2 year certificate
- ☐ Does not meet standards
- ☐ Meets standards, but periodic evaluation required.

Due to HTN driver qualified only for:

- ☐ 3 months ☐ 6 months ☑ 1 year
- ☐ Other _____
- ☐ Temporarily disqualified due to (condition or medication): _____

Return to medical examiner's office for follow up on _____

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a _____ waiver/exemption. Driver must present exemption at time of certification.
- ☐ Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone. (See 49 CFR 391.62)
- ☐ Qualified by operation of 49 CFR 391.64

Medical Examiner's Signature [redacted]

Medical Examiner's Name (print) J. Corcoran DO

Address [redacted]

Telephone Number [redacted]

If meets standards, complete a Medical Examiner's Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Lotan, Welland G. in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ wearing corrective lenses
- ☐ wearing hearing aid
- ☐ accompanied by a _____ waiver/exemption
- ☐ driving within an exempt intracity zone (49 CFR 391.62)
- ☐ accompanied by a Skill Performance Evaluation Certificate (SPE)
- ☐ Qualified by operation of 49 CFR 391.64

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

SIGNATURE OF MEDICAL EXAMINER [redacted]	TELEPHONE [redacted]	DATE 02/21/2007
MEDICAL EXAMINER'S NAME (PRINT) James Corcoran	☐ MD ☑ DO ☐ Physician Assistant	☐ Chiropractor ☐ Advance Practice Nurse
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. 4192	ISSUING STATE AZ	
SIGNATURE OF DRIVER [redacted]	DRIVER'S LICENSE NO. [redacted]	STATE [redacted]
ADDRESS OF DRIVER [redacted]		
[redacted] 2/21/08		

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CONCENTRA Medical Centers

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined Welland Lotan in accordance with FMCSR 49 CFR 391.41-391.49 and with knowledge of the driving duties, I find this person is qualified; and, if applicable, only when:

- ☐ Wearing Corrective Lenses
- ☒ Wearing Hearing Aid
- ☐ Accompanied by a _____ waiver/exemption
- ☐ Driving within an exempt intracity zone (49 CFR 391.62)
- ☐ Accompanied by a Skill Performance Evaluation Certificate
- ☐ Qualified by operation of 49 CFR 391.64

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

SIGNATURE OF MEDICAL EXAMINER [redacted]	[redacted]	DATE 2/21/07
MEDICAL EXAMINER'S NAME (print) James Corcoran	☐ MD ☒ DO	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. / ISSUING STATE 4152 / AZ	☐ Chiropractor ☐ Advanced Practice Nurse ☐ Physician's Assistant	
SIGNATURE OF DRIVER [redacted]	DRIVER'S LICENSE NO. [redacted]	STATE [redacted]
DRIVER'S ADDRESS (Street, City, State, Zip Code) [redacted]	MED. CERT. EXPIRATION DATE 2/21/08	

NOTE: Driver MUST carry a copy of this certificate when operating a commercial motor vehicle in accordance with 49 CFR 391.41 (a)

CMCDOTCARD