

COMPANY NAME ;- PANNU BROS TRUCKING INC

S.NO	DRIVER NAMES	DOCUMENTS MISSING	DOCUMENTS EXPIRED OR EXPIRES
1	RAJVIR SINGH BAGHRI	MEDICAL	N/A



COMPANY: RANMU Bros Trucking Inc APPLICATION FOR EMPLOYMENT
ADDRESS: 6237 E MONO ST Reviewed by: Puneet
CITY STATE ZIP: FRESNO, CA 93727 Title: Consultant

Full Name: Rajvir Singh Baghri Phone# 916-803-3102 Email id: rajvirbaghri12@gmail.com
Date of Birth: 08-10-1997 SSN# 692-76-5431 Date of Application: 11/28/22

Previous 3 years address	Street	City	State	Zip code	#of years at address
Current	<u>3643 Innovator Dr.</u>	<u>Serrano</u>	<u>CA</u>	<u>95834</u>	<u>3 years</u>
Previous					
Previous					
Previous					

★ No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than 1 motor vehicle license, the information for which listed below. Include licenses held for the past 3 years.

	License#	State	Type/Class	Expiration Date
Current	<u>Y7139480</u>	<u>CA</u>	<u>A</u>	<u>01/26/23</u>
Previously held				
Previously held				

★ HAVE YOU EVER BEEN DENIED A PERMIT OR PRIVILEGE TO OPERATE A MOTOR VEHICLE? YES _____ NO 7
Remarks _____

HAS ANY LICENCE, PERMIT, OR PRIVILEGE EVER BEEN SUSPENDED OR REVOKED? YES _____ NO 7
IF THE ANSWER TO EITHER QUESTION IS "YES" YOU MUST PROVIDE A WRITTEN STATEMENT GIVING THE DETAILS.
Remarks _____

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

DATE	LOCATION	CHARGE	PENALTY
<u>7/05/21</u> <u>@6/15/22</u>	<u>So lake Tahoe</u> <u>North Carolina</u>	<u>Driver unlicensed</u> <u>use of equipment</u> <u>Prohibited by law</u>	<u>105</u>

ACCIDENT RECORD FOR THE PAST 3 YEARS OR MORE

DATE	NATURE OF ACCIDENT	INJURIES	FATALITIES
<u>None</u>			

EXPERIENCE AND QUALIFICATIONS OF DRIVER

Circle Class of Equipment	Type of Equipment (Van, Tank, Ref, Dump or Flat)	Date From	Date To	Approx. # of Miles
<u>Straight Truck</u>				
<u>TRACTOR/SEMI-TRAILER</u>		<u>1/22</u>	<u>8/22</u>	<u>80000</u>
<u>TRACTOR /2 TRAILERS</u>				
<u>TRACTOR/ 3 TRAILERS</u>				
<u>BUS/ SCHOOL BUS</u>				
<u>Entry Level Training</u>	<u>YES</u> <u>(NO)</u>			

EMPLOYMENT HISTORY

NOTE: THE REGULATIONS REQUIRE THAT EMPLOYMENT FOR AT LEAST 3 YEARS In addition, if you have driven a commercial vehicle previously, you must provide employment history for an additional seven (7) years (for a total of ten (10) years). Any gaps in employment in excess of one (1) month must be explained.

Company Name: <u>M/S Jal Trucking</u>	FROM: mm/yy <u>7/4/2019</u>	TO: mm/yy <u>8/22</u>
ADDRESS: <u>3643 Innovator DR</u>	POSITION HELD;	<u>Driver</u>
CITY, State & Zip <u>Sacramento CA 95834</u>	SALARY/WAGE	
CONTACT PERSON NAME: <u>Manpreet Singh</u> PHONE: <u>(707) 718-1253</u>	REASON FOR LEAVING	
Explain any gap in the employment-	Gap Mm/yy	
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?	<u>YES</u>	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE (COMMERCIAL DRIVER) SUBJECT TO THE 49 CFR, PART 40 AND 382?	<u>YES</u>	NO
Company Name: <u>A Class Truck Driving School</u>	FROM: mm/yy <u>07/21</u>	TO: mm/yy <u>09/21</u>
ADDRESS: <u>38630 w Kentucky Ave</u>	POSITION HELD;	<u>Student</u>
CITY: STATE & ZIP <u>woodland, CA 95695</u>	SALARY/WAGE	
CONTACT PERSON NAME: <u>Rishi Sidhu</u> PHONE# <u>(530) 400-0532</u>	REASON FOR LEAVING	<u>Graduated</u>
Explain any gap in the employment-	Gap mm/yy	
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?	<u>YES</u>	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE (COMMERCIAL DRIVER) SUBJECT TO THE 49 CFR PART 40 AND 382?	<u>YES</u>	NO
Company Name:	FROM: mm/yy	TO: mm/yy
ADDRESS:	POSITION HELD;	
CITY: STATE & ZIP	SALARY/WAGE	
CONTACT PERSON NAME: PHONE#	REASON FOR LEAVING	
Explain any gap in the employment-	Gap mm/yy	
WERE YOU SUBJECT TO THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHILE EMPLOYED?	YES	NO
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE (COMMERCIAL DRIVER) SUBJECT TO THE 49 CFR PART 40 AND 382?	YES	NO

TO BE READ AND SIGNED BY THE APPLICANT-

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION CONTAINED HERE WITHIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE BEEN ADVISED OF AND READ THE FOLLOWING: 1) IN THE EVENT OF EMPLOYMENT, FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE; 2) I AM REQUIRED TO ABIDE BY ALL RULES & REGULATIONS OF THE COMPANY; 3) THE INFORMATION I PROVIDE REGARDING CURRENT AND/OR PREVIOUS EMPLOYERS MAY BE USED, AND THOSE EMPLOYERS WILL BE CONTACTED, FOR THE PURPOSE OF INVESTIGATING MY SAFETY PERFORMANCE HISTORY AS REQUIRED BY 49 CFR 391.23(D) AND E 4) I HAVE THE RIGHT TO REVIEW INFORMATION PROVIDED BY PREVIOUS EMPLOYERS; HAVE ERRORS CORRECTED BY PREVIOUS EMPLOYERS AND FOR THOSE PREVIOUS EMPLOYERS TO RESEND THE CORRECTED INFORMATION TO THE PROSPECTIVE EMPLOYER, AND HAVE A REBUTTAL STATEMENT ATTACHED TO THE ALLEGED ERRONEOUS INFORMATION, IF THE PREVIOUS EMPLOYER AND I CANNOT AGREE ON THE ACCURACY OF THE INFORMATION. ADDITIONAL INFORMATION ON THIS SUBJECT CAN BE FOUND IN TITLE 49 CFR 391.23(H) THROUGH.

391.23 (L)

DRIVER SIGNATURE

Ravi Bagheri

DATE:

11/28/2022

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER

THE INFORMATION REQUESTED IS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATIONS, TITLE 49 SEC 40.25 & 391.23

Part 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

TO: M STAR TRUCKING DATE: 11/28/2022
ADDRESS: 3643 INNOVATOR DR. RE: Rajvir Singh Baghri
SACRAMENTO, CA 95834 SSN# xxx-xx-5431
Position Held: Driver Period employed: 1/22-8/22 (if different please mention in Part 2 sub section 1)

I hereby authorize release of information from my Department of Transportation regulated drug & alcohol testing records in accordance with DOT regulation and my safety performance history information to my prospective employer for investigation purposes as required by 49 CFR 40.331, 382.413, 391.23 and other applicable requirements. for 3 years preceding this release.

PROSPECTIVE EMPLOYER: Ponnu Bros Trucking Inc

ATTENTION: JST DRUG TESTING INC.

TELEPHONE: (559) 389-7772

STREET: 4221 W. SIERRA MADRE AVE #201

FAX: (559) 558-5988

CITY, STATE ZIP: FRESNO, CA 93722

OR

Email- Drugtest@jsttruckpermits.com

Applicant Signature X Rajvir Baghri Date 11/28/2022

Attn- for Truck school verifications please write down student history in section-9 additional comments

Please respond back to the request within 30 days.

Part 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

1. The applicant named above employed by you? Yes ☐ No ☐ Period employed if different: _____
2. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If applicable was he/she a Student in truck school? _____
- If yes What type of vehicle he/she drove?

Straight Truck ☐

Tractor-Semitrailer ☐

Bus ☐

Cargo Tank ☐

Doubles/triples ☐

Other (Specify): _____ Any additional comments please mention in part 3 section 9

3. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐ Graduated from truck school ☐

4. Was their Driver's License ever suspended or revoked? _____

5. If there is no safety Performance history to report, check here ☐ sign on next page below drug and alcohol history in Part.3. (over)

6. was driver involved in any DOT accidents per 49 CFR 390.15(b) during the previous 3 years. Yes ☐ No ☐
If YES, provide the following data elements for each as required by 49CFR 390.15(b)

	Date	Location	#injuries	#fatalities	Towaway	Hazmat Spill
1.	_____	_____	_____	_____	Yes No _____	_____
2.	_____	_____	_____	_____	Yes No _____	_____
3.	_____	_____	_____	_____	Yes No _____	_____

**Part 3: TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY**

In the 3 years prior, the person dated signature in part 1, for DOT regulated testing did the employee (under 49 CFR part 382) have:

1. Alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
2. Verified positive drug tests? Yes No
3. Any refusals to be tested (including verified adulterated or substituted drug test results? Yes No
4. Other violations of DOT agency drug and alcohol testing regulations? Yes No
5. Did a previous employer report a drug or alcohol rule violation to you? If yes, you must provide previous employer's report even though it may be outside the three (3) year time period. Yes No
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? If yes, you must also transmit the appropriate return-to-duty documentation (e.g. SAP reports, follow-up testing records, etc.). Yes No
7. If you referred the individual to a Substance Abuse Professional, please supply the information for the SAP Below:

Name: _____ Phone# _____

Address: _____

8. Would you re hire the Driver? Yes No

9. How would you rate the overall behavior of the driver? Fair ☐ Good ☐ Excellent ☐

Additional Comments: _____

10. Signature: _____ Title: _____ Date: _____

Part.4 TO BE COMPLETED BY PROSPECTIVE EMPLOYER

1st Attempt via mail on: 11/29/22 Verification Closed on (12/13/22)

2nd Attempt on: 12/06/22 Via: Fax Email Phone (Remarks) Called on 707-718-1253, but our call was not answered. A text message was left requesting confirmation.

3rd / 4th Attempt on: 12/12/22 Via: Fax Email Phone (Remarks) Called again, but our call was not answered.

Recorded by: funect

To: (707) 718-1253

Select template

Today 9:46 AM

Drug testing department

This message is from JST Drug testing Inc.
We have called many times but couldn't get hold of you. We have previous employment history verification consent from one of your ex employee RAJIV SINGH BAGHRI (driver). We have sent the verification via mail as well, please confirm the receipt of the verification letter. If you did not received it please provide us your email or fax we will forward the request. Thank You Krishan Murari (JST DRUG TESTING)

Sent

REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER

THE INFORMATION REQUESTED IS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATIONS, TITLE 49 SEC 40.25 & 391.23

Part 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

TO: A CLASS TRUCK DRIVING SCHOOL DATE: 11/28/2022
ADDRESS: 38630 W KENTUCKY AVE RE: Rajvir Singh Baghri
WOODLAND, CA 95695 SSN# xx-xx-5431
Position Held: STUDENT Period employed: 7/21-9/21 (if different please mention in Part 2 sub section 1)

I hereby authorize release of information from my Department of Transportation regulated drug & alcohol testing records in accordance with DOT regulation and my safety performance history information to my prospective employer for investigation purposes as required by 49 CFR 40.331, 382.413, 391.23 and other applicable requirements for 3 years preceding this release.

PROSPECTIVE EMPLOYER: Pannu Bros Trucking Inc

ATTENTION: JST DRUG TESTING INC.

TELEPHONE: (559) 389-7772

STREET: 4221 W. SIERRA MADRE AVE #201

FAX: (559) 558-5988

CITY, STATE ZIP: FRESNO, CA 93722

OR
Email- Drugtest@jsttruckpermits.com

Applicant Signature X Rajvir Baghri Date 11/28/2022

Attn- for Truck school verifications please write down student history in section-9 additional comments
Please respond back to the request within 30 days.

Part 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

1. The applicant named above employed by you? Yes ☐ No ☐ Period employed if different: _____
2. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If applicable was he/she a Student in truck school? _____
If yes What type of vehicle he/she drove?

Straight Truck ☐

Tractor-Semitrailer ☐

Bus ☐

Cargo Tank ☐

Doubles/triples ☐

Other (Specify): _____ Any additional comments please mention in part 3 section 9

3. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐ Graduated from truck school ☐

4. Was their Driver's License ever suspended or revoked? _____

5. If there is no safety Performance history to report, check here ☐ sign on next page below drug and alcohol history in Part.3. (over)

6. was driver involved in any DOT accidents per 49 CFR 390.15(b) during the previous 3 years. Yes ☐ No ☐
If YES, provide the following data elements for each as required by 49CFR 390.15(b)

Date	Location	#injuries	#fatalities	Towaway	Hazmat Spill
1. _____				Yes No _____	
2. _____				Yes No _____	
3. _____				Yes No _____	

**Part 3: TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY**

In the 3 years prior, the person dated signature in part 1, for DOT regulated testing did the employee (under 49 CFR part 382) have:

1. Alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
2. Verified positive drug tests? Yes No
3. Any refusals to be tested (including verified adulterated or substituted drug test results? Yes No
4. Other violations of DOT agency drug and alcohol testing regulations? Yes No
5. Did a previous employer report a drug or alcohol rule violation to you? If yes, you must provide previous employer's report even though it may be outside the three (3) year time period. Yes No
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? If yes, you must also transmit the appropriate return-to-duty documentation (e.g. SAP reports, follow-up testing records, etc.). Yes No
7. If you referred the individual to a Substance Abuse Professional, please supply the information for the SAP Below:

Name: _____ Phone# _____

Address: _____

8. Would you re hire the Driver? Yes No

9. How would you rate the overall behavior of the driver? Fair ☐ Good ☐ Excellent ☐

Additional Comments: _____

10. Signature: _____ Title: _____ Date: _____

Part.4 TO BE COMPLETED BY PROSPECTIVE EMPLOYER

1st Attempt via mail on: 11/29/22 Verification Closed on (12/13/22)

2nd Attempt on: 12/06/22 Via: Fax Email Phone (Remarks) Called on 530-900-0532, spoke with the owner. Employer said they will reply via EMAIL :- aclastruckdriving@gmail.com.

3rd / 4th Attempt on: 12/13/22 Via: Fax Email Phone (Remarks) Called again, but our call was not answered.

Recorded by: Puneet

2
REQUEST/CONSENT FOR INFORMATION FROM PREVIOUS EMPLOYER

THE INFORMATION REQUESTED IS REQUIRED BY FEDERAL MOTOR CARRIER SAFETY REGULATIONS, TITLE 49 SEC 40.25 & 391.23

Part 1: TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

TO: A CLASS TRUCK DRIVING SCHOOL DATE: 11/28/2022

ADDRESS: 38630 W KENTUCKY AVE RE: Rajvir Singh Baghri
WOODLAND, CA 95695 SSN# xxx-xx-5431

Position Held: STUDENT Period employed: 7/21-9/21 (if different please mention in Part 2 sub section 1)

I hereby authorize release of information from my Department of Transportation regulated drug & alcohol testing records in accordance with DOT regulation and my safety performance history information to my prospective employer for investigation purposes as required by 49 CFR 40.331, 382.413, 391.23 and other applicable requirements. for 3 years preceding this release.

PROSPECTIVE EMPLOYER: Ponnu Bros Trucking Inc

ATTENTION: JST DRUG TESTING INC.

TELEPHONE: (559) 389-7772

STREET: 4221 W. SIERRA MADRE AVE #201

FAX: (559) 558-5988

CITY, STATE ZIP: FRESNO, CA 93722

OR
Email- Drugtest@jsttruckpermits.com

Applicant Signature: X Rajvir Singh Date 11/28/2022

Attn- for Truck school verifications please write down student history in section-9 additional comments

Please respond back to the request within 30 days.

Part 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

1. The applicant named above employed by you? Yes ☐ No ☐ Period employed if different: _____
2. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If applicable was he/she a Student in truck school? _____
- If yes What type of vehicle he/she drove?

Straight Truck ☐

Tractor-Semitrailer ☐

Bus ☐

Cargo Tank ☐

Doubles/triples ☐

Other (Specify): _____ Any additional comments please mention in part 3 section 9

3. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐ Graduated from truck school ☐

4. Was their Driver's License ever suspended or revoked? _____

5. If there is no safety Performance history to report, check here ☐ sign on next page below drug and alcohol history in Part.3. (over)

6. was driver involved in any DOT accidents per 49 CFR 390.15(b) during the previous 3 years. Yes ☐ No ☐
If YES, provide the following data elements for each as required by 49CFR 390.15(b)

	Date	Location	#injuries	#fatalities	Towaway	Hazmat Spill
1.	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
2.	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
3.	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____

Part 3: TO BE COMPLETED BY PREVIOUS EMPLOYER DRUG AND ALCOHOL HISTORY

In the 3 years prior, the person dated signature in part 1, for DOT regulated testing did the employee (under 49 CFR part 382) have:

1. Alcohol test with a result of 0.04 or higher alcohol concentration? Yes No
2. Verified positive drug tests? Yes No
3. Any refusals to be tested (including verified adulterated or substituted drug test results? Yes No
4. Other violations of DOT agency drug and alcohol testing regulations? Yes No
5. Did a previous employer report a drug or alcohol rule violation to you? If yes, you must provide previous employer's report even though it may be outside the three (3) year time period. Yes No
6. If the answer is "yes" to any of the above items, did the employee complete the return-to-duty process? If yes, you must also transmit the appropriate return-to-duty documentation (e.g. SAP reports, follow-up testing records, etc.). Yes No
7. If you referred the individual to a Substance Abuse Professional, please supply the information for the SAP Below:

Name: _____ Phone# _____

Address: _____

8. Would you re hire the Driver? Yes No

9. How would you rate the overall behavior of the driver? Fair ☐ Good ☐ Excellent ☐

Additional Comments: _____

10. Signature: _____ Title: _____ Date: _____

Part.4 TO BE COMPLETED BY PROSPECTIVE EMPLOYER

1st Attempt via mail on: _____ Verification Closed on (____/____/____)

2nd Attempt on: _____ Via: Fax Email Phone (Remarks) _____

3rd / 4th Attempt on: _____ Via: Fax Email Phone (Remarks) _____

Recorded by: _____



USI TRUCK PERMITS
DOT DRUG TESTING
4221 W Sierra Madre Ave # 201-202
Fresno, Ca 93722 | Ph. 559-389-7772

WHR

5 DEC 2022

FOREVER+USA

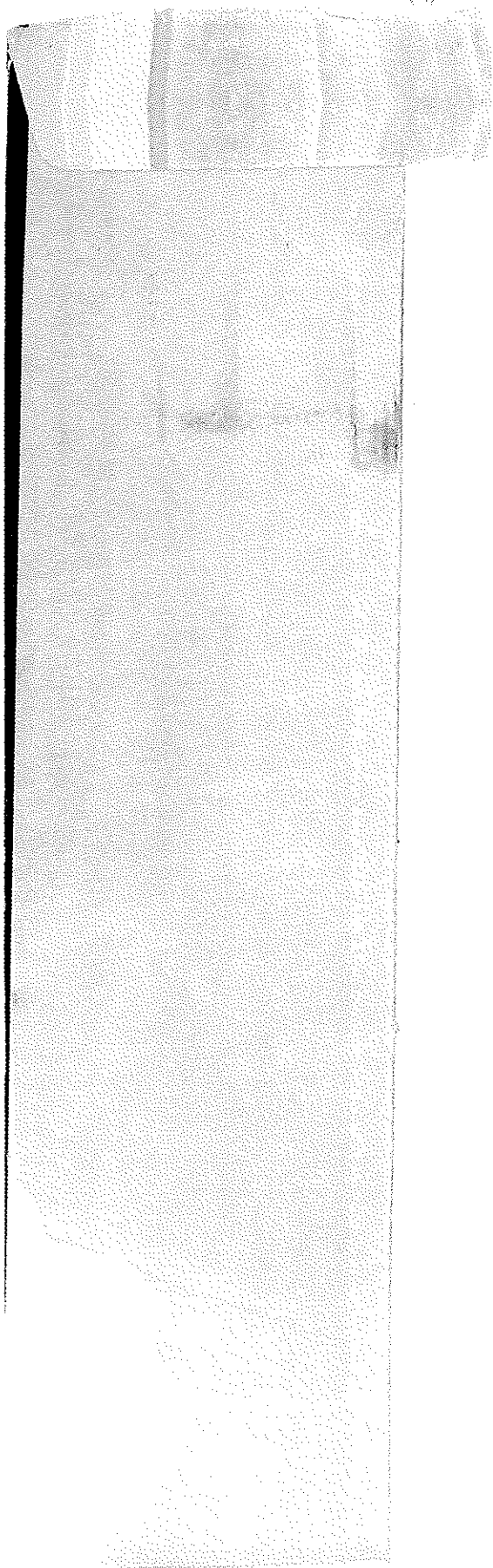
*A Class Truck Driving School
38630 W Kentucky Ave
Hoodland, CA 95695*



NW

95695-95695

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES
NO POSTAGE
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UNITED STATES
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IN THE
UNITED STATES



Small, faint, vertical text or markings on the right side of the page.



VERIFICATION - RAJVIR SINGH BAGHRI


1 message

Drug Test <drugtest@jsttruckpermits.com>
To: aclasstruckdriving@gmail.com

Good morning

Please complete the attached verification form and send us back.

Thank You,
Krishan Murari
(Jst Drug Testing Inc)

 20221208113502357.pdf
119K

SambaSafety

PO Box 1970

Rancho Cordova, CA 95741-1970

CALIFORNIA Driver Record - E4279

Order Date: 11/30/2022

Seq #: 0

Host Used:	Online	Bill Code:	PANNU BROS
Rec Type:	STANDARD	Reference:	PANNU BROS TRUCKING
		License:	Y7139480
		Name:	BAGHRI, RAJVIR SINGH
		Address:	
		City, St:	

Sex:	MALE	Weight:	180 lbs.	DOB:	08/10/1997	Age:	25
Eyes:	BROWN	Height:	5'11"	Iss Date:	11/28/2022		
Hair:	BLACK			Exp Date:	11/16/2023		

Approx. Year Lic. First Issued: 2016

STATUS: VALID

Violations/Convictions Failures To Appear Accidents

TYPE	VIOL	CONV	ACD	AVD	V/C	DESCRIPTION	C	LOCATION	TICKET	PLATE	AT FAULT	PT
ABS	03/01/2021	07/05/2021	B5I	DB13	12500A	DRIVER UNLICENSED	N	SO. LAKE TAHOE	042475	4KAU540		0
ABS	02/08/2022	06/15/2022	E20	EA02	51	USE OF EQUIPMENT PROHIBITED BY LAW	N	NORTH CAROLINA				1.5

Suspensions/Revocations

*** NO ACTIVITY ***

License and Permit Information

License: COMMERCIAL	Issue: 11/28/2022	Expire: 11/16/2023	Status: VALID
	Class: A	COMMERCIAL	
	Medical Expires: M	09/30/2023	

CDL Medical Information

Self Certificate Type	Issued	Effective	Expiration	Downgraded	Status
			09/30/2023		CERTIFIED

Miscellaneous State Data

THIS REPORT DOES NOT GUARANTEE THE ACCURACY OR TRUTHFULNESS OF THE INFORMATION AS TO THE SUBJECT OF THE INVESTIGATION, BUT ONLY THAT IT IS ACCURATELY COPIED FROM PUBLIC RECORDS, AND INFORMATION GENERATED AS A RESULT OF IDENTITY THEFT, INCLUDING EVIDENCE OF CRIMINAL ACTIVITY, MAY BE INACCURATELY ASSOCIATED WITH THE CONSUMER WHO IS THE SUBJECT OF THE REPORT. AN INVESTIGATIVE CONSUMER REPORTING AGENCY SHALL PROVIDE A CONSUMER SEEKING TO OBTAIN A COPY OF A REPORT OR MAKING A REQUEST TO REVIEW A FILE, A WRITTEN NOTICE IN SIMPLE, PLAIN ENGLISH AND SPANISH SETTING FOR THE TERMS AND CONDITIONS OF HIS OR HER RIGHT TO RECEIVE ALL DISCLOSURES, AS PROVIDED IN CA CIVIL CODE SECTION 1786.26.

EXPIRATION DATES IN THIS DOCUMENT MAY HAVE BEEN EXTENDED PURSUANT TO EXECUTIVE OR LEGISLATIVE ACTION OF THE ISSUING JURISDICTION RELATED TO COVID-19. PLEASE CONSULT WITH THE JURISDICTION FOR FURTHER DETAILS.

CONFIDENTIAL INFORMATION - TO BE USED AS PER STATE AND FEDERAL LAWS.
MISUSE MAY RESULT IN A CRIMINAL PROSECUTION

END OF REPORT FOR BAGHRI, RAJVIR SINGH

(CONTROL NUMBER: DJMUUZ)

PRINT

INTERIM COMMERCIAL DRIVER LICENSE

Y7139480

CLASS A

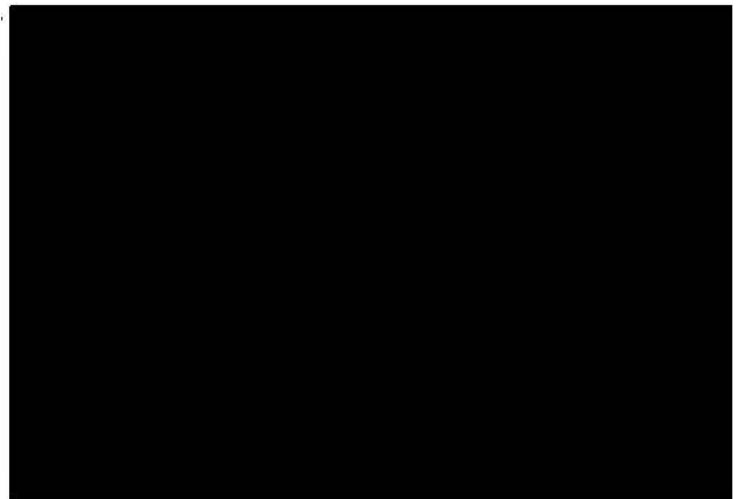
ISSUED:11-28-22 215 B7/ EXPIRES:01-26-23

RAJVIR SINGH BAGHRI
3643 INNOVATOR DR
SACRAMENTO CA 95834

SEX:M HAIR:BLK EYES:BRN
HT:5-11 WT:180 DOB:08-10-97

THIS LICENSE IS ISSUED AS A LICENSE TO DRIVE A MOTOR VEHICLE;
IT DOES NOT ESTABLISH ELIGIBILITY FOR EMPLOYMENT, VOTER
REGISTRATION, OR PUBLIC BENEFITS.

x Rajvir Baghri
598 07-01-22 28/5404



RECORD OF VIOLATION/ ANNUAL REVIEW CERTIFICATE

(INTERSTATE)

I CERTIFY THAT THE FOLLOWING IS A TRUE AND COMPLETE LIST OF TRAFFIC VIOLATIONS FOR WHICH I HAVE BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE PAST 12 MONTHS (required by 49 CFR Section 391.27)

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF VEHICLE
8/15/22	use of Equipment Prohibited by Law	North Carolina	

IF THERE ARE NO VIOLATIONS LISTED ABOVE, I CERTIFY THAT I HAVE NOT BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL ON ACCOUNT OF ANY VIOLATION REQUIRED TO BE LISTED DURING THE PAST 12 MONTHS.

DRIVERS NAME Rajvir Singh Baghri DRIVERS SIGNATURE Rajvir Baghri DATE 11/28/22

MOTOR CARRIERS NAME; Penny Bros Trucking Inc

ADDRESS: 6237 E Mono St Fresno CA 93727

REVIEWED BY: [Signature] TITLE: Consultant DATE: 11/30/22

ANNUAL REVIEW OF DRIVING RECORD (DMV PRINTOUT) FMSC PART 391.25 REQUIRES THE MOTOR CARRIER TO REVIEW EACH DRIVERS RECORD AT LEAST ONCE EVERY 12 MONTHS TO DETERMINE WHETHER THE DRIVER MEETS QUALIFICATION REQUIREMENTS. A NOTATION OF THE DATE THE REVIEW WAS PERFORMED AND THE NAME OF THE PERSON REVIEWING THE RECORD MUST BE INCLUDED AS WELL.

- | | | |
|--|-----|----|
| 1. Meets minimum requirements: | Yes | No |
| 2. Disqualification to drive a motor vehicle pursuant to Section 391.15: | Yes | No |

Remarks Concerning Disqualification: _____

I HAVE REVIEWED THE DRIVING RECORD OF: _____ ON _____

REVIEWED BY: _____ TITLE: _____

DRIVER STATEMENT OF ON-DUTY HOURS

(FOR NEWLY HIRED DRIVERS)

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 IMMEDIATE PRECEDING 7 DAYS AND TIME AT WHICH SAID DRIVER WAS LAST RELIEVED FROM DUTY PRIOR TO BEGINNING WORK FOR SUCH CARRIER. SECTION 395.8(j)(2) OF THE FMCSR. NOTE HOURS FOR ANY COMPENSATED WORK DURING THE PRECEDING 7 DAYS, INCLUDING WORK FOR A NON-MOTOR CARRIER ENTITY, MUST BE RECORDED AS WELL ON THIS FORM.

Current Date: 11/28/22 Date and time last relieved from duty for previous day: 4/A am/pm
DRIVER NAME: Rajni Singh Bagheri PSN# 697-76-5431
LICENCE # Y7139480 TYPE A ISSUING STATE: CA

DAY	1	2	3	4	5	6	7
DATE	<u>11/22</u>	<u>11/23</u>	<u>11/24</u>	<u>11/25</u>	<u>11/26</u>	<u>11/27</u>	<u>11/28</u>
HOURS WORKED	<u>0</u>						<u>0</u>

TOTAL HOURS 0

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE.

DRIVER SIGNATURE Rajni Bagheri DATE 11/28/22

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

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(8)(9) OF THE FMCSR INCLUDES TIME PERFORMING ANY OTHER WORK IN THE CAPACITY OF, OR IN THE EMPLOY OR SERVICE OF, A COMMON CONTRACTOR OR PRIVATE MOTOR CARRIER, ALSO PERFORMING ANY COMPENSATED WORK FOR ANY NON-MOTOR CARRIER ENTITY.

ARE YOU CURRENTLY WORKING FOR ANOTHER EMPLOYER?

YES NO 9

DO YOU INTEND TO WORK FOR ANOTHER EMPLOYER WHILE EMPLOYED WITH THIS COMPANY?

YES NO 7

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE. I UNDERSTAND THAT ONCE I BECOME EMPLOYED WITH THIS COMPANY, IF I BEGIN WORKING FOR ANY ADDITIONAL EMPLOYERS FOR COMPENSATION, I MUST INFORM THE COMPANY IMMEDIATELY OF SUCH ACTIVITY.

Rajni Bagheri
DRIVER SIGNATURE

11/28/22
DATE

RECEIPT OF DRUG AND ALCOHOL POLICY

THIS COMPANY WILL PROVIDE EACH DRIVER SUBJECT TO THE FMCSA COPY OF THIS POLICY. IN ADDITION, THIS COMPANY WILL PROVIDE PRINTED MATERIAL WHICH DESCRIBES THE EFFECTS OF ALCOHOL AND/OR CONTROLLED SUBSTANCE USE OR ABUSE OF AN ALCOHOL OR CONTROLLED SUBSTANCES PROBLEM.

THIS IS TO CERTIFY THAT I HAVE BEEN GIVEN AND PROVIDED WITH EDUCATIONAL MATERIALS REQUIRED BY PART 382.601 AND I UNDERSTAND AND WILL COMPLY WITH MY EMPLOYER'S POLICIES AND PROCEDURES AS OUTLINED WITH RESPECT TO MEETING PART 382 REQUIREMENTS. THE FOLLOWING LISTED MATERIALS ARE COVERED AND DISCUSSED IN DETAIL.

Penny Bros Trucking Inc
COMPANY NAME

Rajvir Singh Baghri
DRIVER NAME

- INFORMATION ON THE EFFECTS OF ALCOHOL AND DRUG USE ON AN INDIVIDUAL'S HEALTH, WORK, OR PERSONAL LIFE. SIGNS OF A PROBLEM, AND THE AVAILABLE WAYS TO GET HELP WHEN A PROBLEM IS SUSPECTED.
- WHO IS COVERED BY THE DRUG/ALCOHOL RULE?
- THE CATEGORIES OF DRIVERS AND CIRCUMSTANCES UNDER WHICH THEY WILL AND CAN BE TESTED.
- THE MEANING OF SAFETY-SENSITIVE FUNCTION
- THE SAFETY-SENSITIVE FUNCTIONS AND PERIODS OF THE WORKDAY FOR WHICH COMPLIANCE IS REQUIRED.
- TESTING PROCEDURE, DRIVER PROTECTION AND INTEGRITY OF THE TESTING PROCESS AND VALIDITY OF TEST.
- AN EXPLANATION OF WHAT IS CONSIDERED A REFUSAL TO SUBMIT TO TESTING AND THE CONSEQUENCES.
- THE CONSEQUENCES FOR PART 382 SUBPART B VIOLATIONS, INCLUDE REMOVAL FROM SAFETY SENSITIVE FUNCTIONS AND PART OF PROCEDURES.
- THE CONSEQUENCES FOR DRIVERS FOUND TO HAVE AN ALCOHOL CONCENTRATION OF 0.02 OR GREATER BUT LESS THAN 0.04
- WHEN AND WHAT TESTS ARE REQUIRED? PRE-EMPLOYMENT
POST ACCIDENT
RANDOM
REASONABLE
SUSPICION
FOLLOW-UP
RETURN TO DUTY
- THE DESIGNATED PERSON TO ANSWER QUESTIONS ABOUT THE MATERIALS
- I HAVE REVIEWED AND ACKNOWLEDGE POLICIES THAT COVER AND OUTLINE THESE DOT TOPICS
- I HAVE RECEIVED INFORMATION ON THE FMCSA DRUG & ALCOHOL CLEARINGHOUSE REGULATIONS AS FOUND IN Code 49 of Federal Regulations, parts 40 and 382.

x Rajvir Baghri
EMPLOYEE SIGNATURE

11/28/22
DATE

x [Signature]
REPRESENTATIVE

11/28/22
DATE

PREVIOUS PRE-EMPLOYMENT CONTROLLED SUBSTANCE AND ALCOHOL TESTING

I hereby authorize the release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer,
listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25.

I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items

1. Alcohol tests with a result of 0.04 or higher; 2. Verified positive drug tests; 3. Refusals to be tested; 4. Other violations of DOT agency drug and alcohol testing regulations.

5. Information obtained from previous employers of a drug and alcohol rule violation.

6. Documentation, if any, of completion of the return-to-duty process following a rule violation

MOTOR CARRIER NAME: Pannu Bros Trucking Inc

TO BE COMPLETED BY PROSPECTIVE EMPLOYEE.

PLEASE READ AND ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. FAILURE TO COMPLETE THIS QUESTIONNAIRE PRECLUDES ANY CHANCE OF EMPLOYMENT WITH THE ABOVE-NAMED COMPANY. AS A POTENTIAL EMPLOYEE APPLYING FOR A SAFETY SENSITIVE POSITION AS A COMMERCIAL VEHICLE OPERATOR, IN THE PAST 2 TWO YEARS IN REFERENCE TO PRE-EMPLOYMENT AND ALCOHOL MISUSE TESTING. HAVE YOU EVER?

TESTED POSITIVE FOR SUBSTANCE ABUSE?	NO <u>X</u> YES _____
REFUSED A SUBSTANCE ABUSE TEST?	NO <u>X</u> YES _____
TESTED POSITIVE FOR ALCOHOL MISUSE?	NO <u>X</u> YES _____
REFUSED AN ALCOHOL MISUSE TEST?	NO <u>X</u> YES _____

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS YOU MUST PROVIDE THE FOLLOWING INFORMATION (FMSCR, PART 40, So) YOUR SUBSTANCE ABUSE PROFESSIONAL-

NAME: _____
PHONE: _____

ADDRESS: _____

COPY OF YOUR SAP PROGRAM CERTIFYING COMPLETION OF ALL REQUIREMENTS; OR

COPY OF YOUR SAP PROGRAM AND

COPY OF YOUR RETURN TO DUTY NEGATIVE TEST RESULT; AND

COPY OF ALL YOUR FOLLOW-UP TESTS THAT WERE ADMINISTERED IN COMPLIANCE WITH YOUR SAP PROGRAM.

I CERTIFY THAT THE ABOVE STATED INFORMATION PROVIDED BY MYSELF IS TRUE AND CORRECT.

PRINT NAME Rajvir Singh Baghri SIGNATURE Rajvir Baghri

ROAD TEST AND CERTIFICATION

The road test must be of sufficient duration to enable the person who gives it to evaluate the skill of the person who takes it at handling the commercial motor vehicle, and associated equipment, that the motor carriers intends to assign him/her. As a minimum the person who administered the road test must complete this certificate. 1 one copy remains in the file, and a duplicate goes to the person examined.

Driver Name: Rajvir Singh Baghri License # Y7139480 State CA

The Pre-trip Inspection required by s392.7 of this subchapter was given, and the above-named driver has demonstrated the following skills:

1. Pretrip inspection required by (49 CFR 391.31 (e)(f)(g))

☒ Satisfactory _____ unsatisfactory

2. Coupling and uncoupling of combination units if the equipment he/ she may drive includes combination units

☒ Satisfactory _____ unsatisfactory

3. Operating the commercial motor vehicle in traffic and while passing other motor vehicles

☒ Satisfactory _____ unsatisfactory

4. Use of the commercial motor vehicles controls and emergency equipment

☒ Satisfactory _____ unsatisfactory

5. Turning the commercial motor vehicle.

☒ Satisfactory _____ unsatisfactory

6. Breaking and slowing the commercial motor vehicle by other means other than breaking

☒ Satisfactory _____ unsatisfactory

7. General Performance: ☒ Satisfactory: _____ Unsatisfactory: _____ Needs Training: _____

Remarks: _____

ROAD TEST CERTIFICATE

This is to Certify that Rajvir Singh Baghri SSN- 692-76-5431

was given a road test under my supervision on: 11/30/22

consisting of approximately 26 miles of driving. Type of power unit Truck Type of Trailer Refer

It is my considered opinion that this driver possesses sufficient driving skill to operate safely the type of commercial motor vehicle listed above.

Motor Carriers Name: Panna Bros Trucking Inc

Address: 6237 E Mono St Fresno CA 93727

Examiner full name: [Signature] Signature: [Signature] Date: 11/30/22

DRIVER PROFICIENCY/ AUTHORIZED VEHICLES

TITLE 13, CALIFORNIA CODE OF REGULATIONS S1229, REQUIRES EACH DRIVER TO DEMONSTRATE THAT HE/SHE IS CAPABLE OF SAFELY OPERATING EACH DIFFERENT TYPE OF VEHICLE OR VEHICLE COMBINATION (IE VEHICLES WITH DIFFERENT CONTROLS, GAUGES, OR DIFFERENT SIZE, OR REQUIRING DIFFERENT DRIVING SKILLS) BEFORE DRIVING SUCH VEHICLES ON THE HIGHWAY UNSUPERVISED. THE CARRRIER IS ALSO REQUIRED TO MAINTAIN A RECORD OF THE DIFFERENT TYPES OF VEHICLE AND VEHICLE COMBINATIONS THAT EACH DRIVER IS CAPABLE OF DRIVING PER TITLE 13, CALIFORNIA CODE OF REGULATIONS, S1234

Driver Name: Rajvir Singh Baghri Company: Ponnu Bros Trucking Inc

The above-named driver has demonstrated that he/she is capable of safely operating the following types of vehicles/vehicle combinations and equipment configurations:

_____ Straight Truck.

☒ _____ Tractor & trailer combination.

_____ Double/ Triples.

_____ Tank vehicle endorsement.

_____ Vehicles less than 10,000 pounds GVWR.

_____ Vehicles 10,000 pounds to 26,000 pounds GVWR.

☒ _____ Vehicles 26,001 pounds and more GVWR.

_____ Passengers bus with Air Brakes.

_____ Passengers bus with Hydraulic brakes.

_____ Standard Shift Transmission.

_____ Automatic Transmission Only.

_____ Hazardous materials endorsement.

_____ Air Brakes Restrictions.

Special Equipment(Specify) _____

Examiner full name _____ Title: President

Signature: _____ Date: 11/30/22

100

100

Driver Consent for Annual Limited Query

Company Name: PANNU BROS TRUCKING INC

As stipulated in FMCSA rule §382.701 Drug and Alcohol Clearing House, in lieu of a full query, an employer may obtain the individual driver's consent to conduct a limited query to satisfy the annual query requirement. The limited query will inform the employer of whether there is information about the individual driver in Clearing House but will not release that information to the employer. The individual driver may give consent to conduct limited queries that are effective for more than one year.

If the limited query shows that information exists in Clearing House about the individual driver, the employer must conduct a full query within 24 hours of conducting the limited query. If the employer fails to conduct a full query within 24 hours, they must not allow the driver to continue to perform any safety-sensitive functions until the full query is conducted and the results confirm that the driver's Clearing House record contains no prohibitions.

The driver needs to register in the Clearing House program and provide consent in Clearing House for a full query to be fulfilled. If the driver fails to register and consent for the full query, the employer must not allow the driver to continue to perform any safety-sensitive function until the employer is able to conduct the full query and the results confirm that the driver's Clearing House record contains no prohibitions.

I hereby consent for the employer listed above to perform unlimited limited queries in the FMCSA Drug and Alcohol Clearing House to determine whether any drug or alcohol violation information about me exists in Clearing House.

I understand that if the limited query conducted by the company indicates that any drug or alcohol violation information about me exists in the Clearing House, the FMCSA will not disclose that information to the company without first obtaining additional specific consent.

I further understand that if I refuse to provide consent for the company to conduct a limited query of the Clearing House, the company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

This consent is valid for a period of five years or until my employment with the company is terminated.

DRIVER NAME - <u>Rajvir Singh Bagheri</u>	Phone# <u>(916)-803-3102</u>
CDL# <u>Y7139480</u>	STATE- <u>California</u>
Address	Email Id
<u>3643 INNOVATOR Drive</u> <u>SACRAMENTO CA 95834</u>	<u>Rajvirbagheri12@gmail.com</u>
Signature- <u>Rajvir Bagheri</u>	Date- <u>11/28/2022</u>

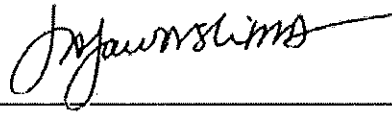
Test Results**Date Results Transmitted:** 2022-11-30 6:40 AM**Transmitted By:** EP**Participant/Donor:** RAIVIR BAGHRI**SSN/EID:** CAY7139480**CCF/Specimen ID:** CF11085180**Specimen Type:** URINE**Company:** PANNU BROS TRUCKING INC**Location:** PANNU BROS TRUCKING INC**Lab Account Number:** 10987934**Reason for Test:** PRE-EMPLOYMENT**Date Specimen Collected:** 2022-11-28**Laboratory:** Quest Diagnostics**Collection Site:** JST DRUG TESTING INC**Collection Site Phone:** 5597229336**Program:** DOT**Agency:** FMCSA**Date MRO Received CCF Copy 2:** 2022-11-30**Date Test Verified by MRO:** 2022-11-30**Test Results****Panel - DOT DRUG PANEL W/ TS (EXP OPI, OXY, MDMA, 6AM) 65304N**

<u>Drug</u>	<u>Results</u>	<u>Screen</u>	<u>Confirm</u>
Amphetamines	NEGATIVE	500	250
Cocaine	NEGATIVE	150	100
Marijuana	NEGATIVE	50	15
Opioids	NEGATIVE	2000	2000
Phencyclidine (PCP)	NEGATIVE	25	25

MY DETERMINATION/VERIFICATION IS: NEGATIVE**Certified Medical Review Officer**

Janelle Jaworski M.D.

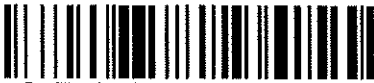
Signature



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9501 NORTHFIELD BLVD, DENVER, CO 80238 | Phone: 877-585-7366 | Fax: 855-253-5666





CF 1 1 0 8 5 1 8 0

SPECIMEN ID NO.

CLIENT NO. 10987934



800-877-7484

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

ACCESSION NO.

A. Employer Name, Address, I.D. No. PANNU BROS TRUCKING INC 195 S KONA AVE JASWINDER SINGH FRESNO, CA 93727 Phone#: (559)549-1958		Site Location	B. MRO Name, Address, Phone No. and Fax No. JANELLE JAWORSKI MD 9501 NORTHFIELD BLVD 13SCREEN DENVER, CO 80238 Phone#: (877)585-7366 Fax#: (855)253-5666	
C. Donor SSN, Employee I.D. No., or CDL State and No. CAY7139480				
D. Specify Testing Authority: <input type="checkbox"/> HHS <input type="checkbox"/> NRC		Specify DOT Agency: <input checked="" type="checkbox"/> FMCSA <input type="checkbox"/> FAA <input type="checkbox"/> FRA <input type="checkbox"/> FTA <input type="checkbox"/> PHMSA <input type="checkbox"/> USCG		
E. Reason for Test: <input checked="" type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____				
F. Drug Tests to be Performed: <input checked="" type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____ 65304N				
G. Collection Site Address: JST Drug Testing Inc 4221 W Sierra Madre Ave Ste Fresno, CA 93722-3954		Collection Site Code: FF00097166	Collector Contact Info: Phone (559)722-9336 Fax (559)552-5988 Other jstifta@gmail.com	

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate).

☒ URINE☐ ORAL FLUID

COLLECTION: <input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided, Enter Remark.	
URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100°F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark <input type="checkbox"/> Observed, Enter Remark	
ORAL FLUID: Split Type: <input type="checkbox"/> Serial <input type="checkbox"/> Concurrent <input type="checkbox"/> Subdivided	Each Device Within Expiration Date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Volume Indicator(s) Observed
REMARKS:	

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

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

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

<input checked="" type="checkbox"/> Signature of Collector Kian Muchacho (PRINT) Collector's Name (First, MI, Last)		Date (Mo/Day/Yr) 11/28/2022 Time of Collection 1:42 PST PM		AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>
		SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO: <input type="checkbox"/> UPS <input checked="" type="checkbox"/> FedEx <input type="checkbox"/> Quest Diagnostics Courier <input type="checkbox"/> Other _____ Name of Delivery Service		

STEP 5: COMPLETED BY DONOR

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

<input checked="" type="checkbox"/> Signature of Donor Rajvir S Baghri (PRINT) Donor's Name (First, MI, Last)	Date (Mo/Day/Yr) 11/28/2022 Date of Birth 8/10/1997 (Mo/Day/Yr)
Email address: N/A	Daytime Phone No. 9168033102 Evening Phone No. 9168033102

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

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

☒ URINE☐ ORAL FLUID

In accordance with applicable federal requirements, my verification is:	
<input type="checkbox"/> NEGATIVE <input type="checkbox"/> DILUTE	<input type="checkbox"/> POSITIVE for: _____
<input type="checkbox"/> REFUSAL TO TEST because - check reason(s) below:	<input type="checkbox"/> TEST CANCELLED
<input type="checkbox"/> ADULTERATED (adulterant/reason): _____	
<input type="checkbox"/> SUBSTITUTED	
<input type="checkbox"/> OTHER: _____	
REMARKS:	
<input checked="" type="checkbox"/> Signature of Medical Review Officer _____ (PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo/Day/Yr) _____

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable federal requirements, my verification for the split specimen (if tested) is:

<input type="checkbox"/> RECONFIRMED for: _____	<input type="checkbox"/> TEST CANCELLED
<input type="checkbox"/> FAILED TO RECONFIRM for: _____	
REMARKS:	
<input checked="" type="checkbox"/> Signature of Medical Review Officer _____ (PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo/Day/Yr) _____

COPY 4 - EMPLOYER COPY

