

Driver's Address: 12730 Labelle Ln, Houston, TX 77015-0000
Driver's License Number: 26497064
Issuing State/Province: TX
City: Houston
State/Province: TX
Zip Code: 77015
CLP/CDL Applicant/Holder: TX

Medical Examiner's Name (please print): Hospital, St. Luke's
Medical Examiner's Signature: [Signature]
Medical Examiner's State License, Certificate, or Registration Number: 282870
Issuing State: TX
Medical Examiner's Telephone Number: 713-675-4777
Date Certificate Signed: 3/6/2017
National Registry Number: 4080793999
Medical Examiner's Signature: [Signature]
Medical Examiner's State License, Certificate, or Registration Number: 282870
Issuing State: TX
Medical Examiner's Telephone Number: 713-675-4777
Date Certificate Signed: 3/6/2017
National Registry Number: 4080793999

I certify that I have examined Last Name: Sobrino, First Name: Hector
The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.
Medical Examiner's Signature: [Signature]
Medical Examiner's State License, Certificate, or Registration Number: 282870
Issuing State: TX
Medical Examiner's Telephone Number: 713-675-4777
Date Certificate Signed: 3/6/2017
National Registry Number: 4080793999

Medical Examiner's Certificate
Public Agency Statement: A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless it is approved by the Office of Management and Budget (OMB) under 44 CFR 301.401 and 301.402.
Medical Examiner's Signature: [Signature]
Medical Examiner's State License, Certificate, or Registration Number: 282870
Issuing State: TX
Medical Examiner's Telephone Number: 713-675-4777
Date Certificate Signed: 3/6/2017
National Registry Number: 4080793999

Public Burden Statement
A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

Medical Examiner's Certificate
(for Commercial Drive Medical Certification)

I certify that I have examined Last Name: Sobriero Montero First Name: Hector in accordance with (please check only one):
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):
☐ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
☐ Grandfathered from State requirements (State)

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

Medical Examiner's Certificate Expiration Date

3/6/2019

Medical Examiner's Signature

[Signature]

Medical Examiner's Name (please print or type)

Kalpita Shah

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

PA02890

Medical Examiner's Telephone Number

713-675-4777

Date Certificate Signed

3/6/2017

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Issuing State

TX

National Registry Number

4080793999

Driver's Signature

[Signature]

Driver's License Number

26497064

Issuing State/Province

TX

Driver's Address

Street Address 12730 106th Ln

City: Houston

State/Province: TX

Zip Code: 77058

CLP/CDL Applicant/Holder

☒ Yes ☐ No

SHOW REPORT FOR TEXAS VEHICLE REGISTRATION

TEXAS VEHICLE INSPECTION REPORT

SAFETY ONLY

VEHICLES FAILING EMISSIONS TESTS MAY BE ELIGIBLE FOR UP TO \$600 IN REPAIR ASSISTANCE. FOR MORE INFORMATION, VISIT www.driveacleanmachine.org OR CALL 1-800-913-3321.

Vehicle Identification

Test Date/Time: 07/08/2016, 17:18
Test and Type: INITIAL - Safety
Insp. Type/Exp. Dt.: CW - 07/31/2017
Version/Test Number: 1510/006017
License Number: VN461655
Vehicle ID Number: 4V4NC9GH87N461655
Vehicle Make: OTHR
Vehicle Model: VOLVO
Vehicle Year/Type: 2007 / TRUCK
Engine Size/Cyl/Ign: / /
Authorization Number: DMGDXE1YUFE0X
Transmission/GVW: / 80000
Odometer/Fuel Type: 964178 / DIESEL

Station Identification

Station Name: ADVANTAGE HOUSTON AUTO
Station #/Analyzer: 2P32051 / WW610236
Station Address: 12823 E FWY
Station City: HOUSTON
Station Zip Code: 77015-0000
Inspector First Name: KHALIL
Inspector Last Name: ABOUNASR
Safety Inspection Fee: \$ 0.00
Safety Repair Costs: \$ 0.00
Total Inspection Cost: \$ 0.00

Safety Test Results

Safety Sequence: Truck Tractor

All Items Passed

Gas Cap Missing: Gas Cap Testable: Gas Cap Integrity: Safety Items: PASS

OVERALL RESULT: PASS

Vehicles that fail the safety test must be repaired and pass a retest before a safety certificate can be issued.

I certify that I have properly performed the emissions test according to state regulations and procedures manuals, and as the undersigned duly appointed inspection, hereby certify that I have physically examined the manufacturer's vehicle identification number of the motor vehicle described above.

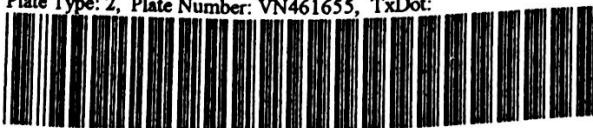
I have performed an annual inspection of the above noted vehicle, which is accurate, complete on in accordance with the inspection criteria set forth in 49 Code of Federal Regulations, Chapter 396.17 through 396.21.

Certified Inspector's Signature

VIN: 4V4NC9GH87N461655



Plate Type: 2, Plate Number: VN461655, TxDot:





MOTOR VEHICLE RECORD REQUEST RESPONSE

Vehicle Information

VIN	Year	Make	Model	Body Style	Color	Title Issued Date	Title Document Number
4V4NC9GH87N461655	2007	VOLV	UNL	TR	RED	07/27/2016	10831842568100513
Current License Plate	Issued	Expires	Old Plate	Expired	Vehicle Class	Plate Age	Fee
TONLY06	07/21/2016	MAR/2010			TRK>1	6	\$0.00
Type of Plate	Reg Class	County	Empty Wt	Gross Wt	Odometer	Sale Price	
APPORTIONED TRK SINGLE PLT	6	HIDALGO	28300	80000	EXEMPT	\$0.00	

Current Owner Information

Owner Name(s): HECTOR SOBRINO
 Address: 10300 HARWIN DR APT 1109
 City/State/Zip: HOUSTON TX 77036
 Country:

Renewal Recipient Information

Recipient Name:
 Address:
 City/State/Zip:

Vehicle Location Information (If different from above)

Address:
 City/State/Zip:

Lienholder Information as Reflected on Current Title Record

Note: This document may not reflect all liens.

1st Lienholder: FREEDOM TRUCK FINANCE LLC Lien Date: 07/07/2016
 Address: PO BOX 515797
 City/State/Zip: DALLAS TX 78251
 Country:

2nd Lienholder: Lien Date:
 Address:
 City/State/Zip:
 Country:

3rd Lienholder: Lien Date:
 Address:
 City/State/Zip:
 Country:

Previous Owner Information

Name: SOUTH TX TRUCK SALES City: ALAMO State: TX
 Title Number: 13527234000031 Jurisdiction: IN Issued: 12/10/2013 VIN:

Remarks

DIESEL. PAPER TITLE. DATE OF ASSIGNMENT: 07/07/2016.

Certification:

- ☒ The data included in this document represents the current duly recorded information regarding this motor vehicle at the time of inquiry. This is to certify that this document contains true and correct information as shown by the Vehicle Titles & Registration Division of the Texas Department of Motor Vehicles.

☐ This is to certify that the Texas Department of Motor Vehicles files reflect no record for the above referenced vehicle.

Date of Certification: August 09, 2016

Attested by:

Jeremiah Kuntz
 Jeremiah Kuntz, Director
 Vehicle Titles and Registration Division

VEHICLE REGISTRATION RENEWAL

Vehicle Inspection Connection (VIC)

Texas Department of Public Safety
Vehicle Inspection ReportAuthorization Code:
BHLATC4U6C71X

PLEASE RETAIN FOR YOUR RECORDS

Federal Motor Carrier Safety Regulation Compliance

I have performed the annual inspection of the referenced vehicle, which is accurate, complete and in accordance with the inspection criteria set forth in 49C.F.R. Chapter 396.17 through 396.21

Overall Result:	Pass
Test Date/Time:	08/27/2016 01:04 PM
Inspection Class:	CDEC
Inspection Exp Date:	08/31/2017

Fees	
Inspection Fee:	\$40.00
Repair Cost:	\$0.00
Total:	\$40.00

Vehicle Information

VIN: 1GRDM022XYM039807
 License Number: TX 040C248
 Vehicle Type: Trailer
 Year: 2000
 Make: GREAT DANE
 Model: FLATBED
 Fuel Type: None
 Odometer Reading:
 Insurance Exp: 04/04/2017
 Insurance Mileage Exp:

Station Information

Station #: 2P030169
 Station Name: KELLER TRUCK AND TRAILER, INC.
 Station: 11104 WALLISVILLE RD
 Address: HOUSTON, TX 77013
 Inspector Name: WALTER KELLER

Inspection Information

Inspection Type: COMMERCIAL/DECAL
 Test Type: INITIAL
 Affidavit Type:

I certify that I have properly performed the vehicle inspection according to the state regulations and procedure manuals, and as the undersigned duly appointed inspector, hereby certify that I have physically examined the manufacturer's vehicle identification number of the motor vehicle described above.


 Certified Inspector Signature

8-27-2016
 Date

8/27/2016 1:04 PM



TITLE APPLICATION RECEIPT

DUPLICATE

COUNTY: HARRIS

PLATE NO: 040C248
DOCUMENT NO: 10168442904143907
PREV DOC NO: 10168542743152752 P
OWNER NAME AND ADDRESS
HECTOR SOBRINO MONTERO
12730 LABELLE LN
HOUSTON, TX 77015

TAC NAME: ANN HARRIS BENNETT

DATE: 06/20/2017

TIME: 02:39PM

EMPLOYEE ID: MAYRAWA

EFFECTIVE DATE: 06/20/2017

EXPIRATION DATE: 12/2017

TRANSACTION ID: 10168442904143907

REGISTRATION CLASS: TOKEN TRAILER

PLATE TYPE: TOKEN TRLR PLT

ORGANIZATION:

STICKER TYPE: US

VEHICLE IDENTIFICATION NO: 1GRDM022XYM039807 VEHICLE CLASSIFICATION: TRLR
YR/MAKE: 2000/GDAN MODEL: BODY STYLE: FB UNIT NO:
EMPTY WT: 7500 CARRYING CAPACITY: 0 GROSS WT: 7500 TRAILER TYPE: S
BODY VEHICLE IDENTIFICATION NO: TVL TRLR L/W/SQFT: 0'0"
PREV OWNER NAME: ALEXANDER SOBRINO MONTERO PREV CITY/STATE: HOUSTON, TX

DUPLICATE

VEHICLE RECORD NOTATIONS
PAPER TITLE
MAJOR COLOR: BLACK

FEE ASSESSED		
TITLE APPLICATION FEE	\$	13.00
TEXAS MOBILITY FUND FEE	\$	20.00
SALES TAX FEE	\$	0.00
TRANSFER	\$	2.50
TOTAL	\$	35.50

METHOD OF PAYMENT AND PAYMENT AMOUNT:
CASH \$ 36.00

TOTAL AMOUNT PAID \$ 36.00
CHANGE DUE \$ 0.50

ODOMETER READING: BRAND:
OWNERSHIP EVIDENCE: TEXAS TITLE
1ST LIEN

SALES TAX CATEGORY: EXEMPT

Date of Assignment/Sales Tax Date: 06/20/2017
Sales Price \$ 0.00
Less Trade In Allowance \$ 0.00
Taxable Amount \$ 0.00
Sales Tax Paid \$ 0.00
Less Other State Tax Paid \$ 0.00
Tax Penalty \$ 0.00
TOTAL TAX PAID \$ 0.00

2ND LIEN

3RD LIEN

Batch No: 6844290401 Batch Count: 25

DUPLICATE

THIS RECEIPT IS YOUR PROOF OF APPLICATION FOR CERTIFICATE OF TITLE AND REGISTRATION.