

Driver Qualification File Maintenance Service
Action Required Report

Roy Salmon Trucking RYSL
ATTN: Roy Salmon
9737 Eustice Road
Randallstown, MD, 21133

DQF Action Required Report

FAX COMPLETED REPORT TO: 860-913-2452

Date: 07/10/2016

Client Code: RYSL

Roy Salmon Trucking
ATTN: Roy Salmon
9737 Eustice Road
Randallstown, MD, 21133

Below you will find the detailed file status that we currently have in our system, for each active Compliance File. Please review this summary and supply us with completion dates when the required activities had been completed so that we can help you bring your file(s) into regulatory compliance. It is important to also note that ongoing review of the data in these files is necessary, as some items need to be completed on a recurring basis.

Our report will also identify items that are expiring for each file. As a part of our monthly service, we will enclose a new form the first time that we notify you of items expiring.

IMPORTANT: If a Disclosure and Release form (DR) is listed under the driver's name it is extremely important to have the driver complete this form and return it to us as soon as possible. Our service requires the DR consent form to be on file at Foley Carrier Services before certain activities take place.

- ☐ If a Disclosure and Release form (DR) is required, please have the driver sign it and fax or mail this completed form to Foley Carrier Services at your earliest convenience.
- ☐ Once the driver has completed the item(s), simply notate, on this form, the date that it was completed. Fax this form back to us so that we can update his/her DQF status.
- ☐ Fax or mail this completed form back to us with the completion dates entered and we will enter the information into our system. FAX: 860-913-2452

If you have any questions, or need additional forms or services, please feel free to call 1-800-253-5506, Ext. 0796 to speak with a trained representative.

DQF -- Gregory Evans -- 0365

Item	Description	Date Completed	Date of Expiration	Updated Expiration	Status
DQF10	Annual List of Violations	7-28-16	7-28-17		Update
DQF12	Annual Review	7-28-16	7-28-17		Update

DQF -- Johnathan Hubbard -- 7583 — NO LONGER ^{AN} EMPLOYEE

Item	Description	Date Completed	Date of Expiration	Updated Expiration	Status
DQF10	Annual List of Violations				Update
DQF12	Annual Review				Update

DQF -- James Kinaro -- 7626

Item	Description	Date Completed	Date of Expiration	Updated Expiration	Status
DQF10	Annual List of Violations	7-26-16	7-26-17		Update
DQF12	Annual Review	7-26-16	7-26-17		Update

DQF -- Roy Salmon -- 6736

Item	Description	Date Completed	Date of Expiration	Updated Expiration	Status
DQF10	Annual List of Violations	7-22-16	7-22-17		Update
DQF12	Annual Review	7-22-16	7-22-17		Update

ANNUAL LIST OF VIOLATIONS

BLUE/FORM NO.

**DQF
10***Have driver complete this form once every 12 months as part of your annual review.*

Motor Carrier: The regulations require that at least once every 12 months you require each driver you employ to prepare and furnish a list of all violations of motor vehicle traffic laws and ordinances (other than parking violations) of which the driver has been convicted or forfeited bond or collateral during the preceding 12 months.

Driver: Document information relating to violations you have been convicted of or forfeited bond or collateral during the preceding 12 months. If you have had no violations you must certify that you have no violations to report and sign this form.

DRIVER'S INFORMATIONName: Gregory EvansSocial Security Number: 242-19-0365License Number: E152 288 298 665 Expiration Date: 08/26/2019

☒ 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.

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

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF MOTOR VEHICLE OPERATED

Driver's Signature: Gregory Evans Date: 7-29-2016Name of Motor Carrier: Ray Salmon Trucking LLCAddress of Motor Carrier: 9737 EUSTICE RD RANGALLISTOWN, MD 21133Reviewed by (Printed Name): Ray Salmon Signature: [Signature]Title: OWNER**DQF 10 - ANNUAL LIST OF VIOLATIONS**

Retain for 3 years

ANNUAL REVIEW OF DRIVING RECORD

BLUE/FORM NO.

**DQF
12***Complete this form once every 12 months as part of the driver's annual review.*

A motor carrier is required to review the driving record for each driver at least once every 12 months to determine whether that driver meets minimum requirements for safe driving or if the driver has been disqualified to drive a commercial motor vehicle.

A motor carrier must consider as much information about the driver's experience as is reasonably available. The motor carrier must consider the driver's accident record, evidence that the driver has violated laws governing the operation of motor vehicles, and give great weight to violations such as speeding, reckless driving, and operating while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public.

Driver Name: Gregory Evans Date of Review: _____Motor Carrier Name: Roy Salmon TruckingMotor Carrier Address: 9737 Eustice Road
Randallstown, MD, 21133

I have reviewed and investigated the information provided by the driver regarding the **Annual List of Violations (DQF 10)**. The DMV reports for the appropriate State(s) have also been received and reviewed. This combined information has led to the conclusion that this driver's record is:

☒ Satisfactory in terms of meeting the minimum requirements for safe driving procedures.

☐ Unsatisfactory. This driver is disqualified to drive a Commercial Motor Vehicle.

Action taken: _____

Reviewed by: Roy Salmon Title: ownerReviewer's Signature: [Signature]Date of Review: 7.29.16 Telephone Number: 443 629 4648**DQF 12 - ANNUAL REVIEW OF DRIVING RECORD**

Retain for 3 years

ANNUAL LIST OF VIOLATIONS

BLUE/FORM NO.

**DQF
10***Have driver complete this form once every 12 months as part of your annual review.*

Motor Carrier: The regulations require that at least once every 12 months you require each driver you employ to prepare and furnish a list of all violations of motor vehicle traffic laws and ordinances (other than parking violations) of which the driver has been convicted or forfeited bond or collateral during the preceding 12 months.

Driver: Document information relating to violations you have been convicted of or forfeited bond or collateral during the preceding 12 months. If you have had no violations you must certify that you have no violations to report and sign this form.

DRIVER'S INFORMATIONName: Johnathan HubbardSocial Security Number: 216-37-7583License Number: H163428115080 Expiration Date: 01/30/2018

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

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF MOTOR VEHICLE OPERATED
	NO LONGER AN	EMPLOYEE	

Driver's Signature: _____ Date: _____

Name of Motor Carrier: _____

Address of Motor Carrier: _____

Reviewed by (Printed Name): _____ Signature: _____

Title: _____

DQF 10 - ANNUAL LIST OF VIOLATIONS

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Driver Name: Johnathan Hubbard Date of Review: _____Motor Carrier Name: Roy Salmon TruckingMotor Carrier Address: 9737 Eustice Road
Randallstown, MD, 21133

I have reviewed and investigated the information provided by the driver regarding the **Annual List of Violations (DQF 10)**. The DMV reports for the appropriate State(s) have also been received and reviewed. This combined information has led to the conclusion that this driver's record is:

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- ☐ Unsatisfactory. This driver is disqualified to drive a Commercial Motor Vehicle.

Action taken: _____

Reviewed by: _____ Title: _____

Reviewer's Signature: _____

Date of Review: _____ Telephone Number: _____

DQF 12 - ANNUAL REVIEW OF DRIVING RECORD

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ANNUAL LIST OF VIOLATIONS

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**DQF
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Driver: Document information relating to violations you have been convicted of or forfeited bond or collateral during the preceding 12 months. If you have had no violations you must certify that you have no violations to report and sign this form.

DRIVER'S INFORMATIONName: James KinaroSocial Security Number: 731-16-7626License Number: K560367343670Expiration Date: 08/28/2017

☒ 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.

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

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF MOTOR VEHICLE OPERATED

Driver's Signature: _____

Date: 07/26/16Name of Motor Carrier: Roy Salmon Trucking LLCAddress of Motor Carrier: 9137 EUSTICE RD RANDALLSTOWN, MD 21133Reviewed by (Printed Name): Roy Salmon

Signature: _____

Title: owner**DQF 10 - ANNUAL LIST OF VIOLATIONS**

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Driver Name: James Kinaro Date of Review: _____Motor Carrier Name: Roy Salmon TruckingMotor Carrier Address: 9737 Eustice Road
Randallstown, MD, 21133

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☐ Unsatisfactory. This driver is disqualified to drive a Commercial Motor Vehicle.

Action taken: _____

Reviewed by: Roy Salmon Title: ownerReviewer's Signature: [Signature]Date of Review: 7-26-16 Telephone Number: 443 629 4648**DQF 12 - ANNUAL REVIEW OF DRIVING RECORD**

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Driver: Document information relating to violations you have been convicted of or forfeited bond or collateral during the preceding 12 months. If you have had no violations you must certify that you have no violations to report and sign this form.

DRIVER'S INFORMATIONName: Roy SalmonSocial Security Number: 138-92-6736License Number: S455744067351Expiration Date: 05/08/2019

☒ 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.

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

DATE OF CONVICTION	OFFENSE	LOCATION	TYPE OF MOTOR VEHICLE OPERATED

Driver's Signature: Date: 7-22-16Name of Motor Carrier: Roy Salmon Trucking LLCAddress of Motor Carrier: 9737 Eustice RdRandallstown, MD 21133Reviewed by (Printed Name): Roy SalmonSignature: Title: owner**DQF 10 - ANNUAL LIST OF VIOLATIONS**

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Driver Name: Roy Salmon Date of Review: 7-22-16Motor Carrier Name: Roy Salmon TruckingMotor Carrier Address: 9737 Eustice Road
Randallstown, MD, 21133

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Action taken: _____

Reviewed by: Roy Salmon Title: ownerReviewer's Signature: [Signature]Date of Review: 7-22-16 Telephone Number: 443 629 4648**DQF 12 - ANNUAL REVIEW OF DRIVING RECORD**

Retain for 3 years

MARYLAND Driver Record - R6612 Order Date: 07/05/2016

Host Used: Overnight Reference: RYSL

License: S455744067351

Report Clear: NO Name: SALMON, ROY ANTHONY

Address:

City, St:

As of:

Sex : Weight: DOB : AGE:

Eyes: Height: Iss Date: 10/20/2014

Hair: Exp Date: 05/08/2019

STATUS: VALID

MVR Score

SCORE:

Violations/Convictions And Failures to Appear And Accidents

TYPE VIOL CONV ACD AVD V/C DESCRIPTION SPEED LOCATION/DOCKET ACCIDENT PT

** NONE TO REPORT **

Suspensions/Revocations

ACTIONS ORD/DATE EFF/DATE CLR/DATE END/DATE CODE AVD DESCRIPTION

SUSPENSION 02/08/14 - DH02 CDL LIC CANCEL PENDING-DOT MED CERT

CANCELLED 02/08/14 02/24/14 - UN00 UNKNOWN

ACTION TERM 02/24/14 02/24/14 1216 DB29 CANCELLATION WITHDRAWN

License and Permit Information

License: COMMERCIAL Issue: 10/20/2014 Expire: 05/08/2019 Status: VALID

Class: A ANY SINGLE COMBO OF MOTOR VEH AND ANY TRAILER. EXCEPT MOTORCYCLE.

Endorsement: DOUBLE/TRIPLE TRAILERS

Endorsement: TANKS

Miscellaneous State Data

11/12/2013 CDL COMPLIANCE LETTER MAILED- MED CERT CARD & SELF CERT FORM

10/20/2014 NEW LIC/ID ISSUED - PREVIOUS LIC/ID RECEIVED AND DESTROYED

| FOR STATED BUSINESS | Underwriting: | Policy | Initials: |

| PURPOSES ONLY | | | |

| | Date: | Issue Date: | |

| | / / | / / | Control Number: 4DDX49 0 |

END OF DRIVING RECORD