Driver Qualification File Checklist

NAME: John Mason Thomas **DOE:** 9/4/2018

X	Driver Application of Employment (391.21)	
X	Inquiry to Previous Employment (391.23)	Employee to complete Section 1 only, but send both pages
X	Notice Regarding Federal Ban on Use of Hand-held Mobile Telephones	
X	Declaration of Employment Status	
X	Driver Road Test (391.31)	Attach a copy of the Leak Test with documentation
*	Copy of Driver's CDL and Social Security Card	*Obtained from the employee
**	Inquiry to State Agencies - (MVR) (391.23) (A)	**This is supplied by Billy Boyd
X	Annual Driver's Certification of Violations And Review (391.25) (c) (2)	
X	Certification of Compliance with Driver's License Requirements (391.11) (B) (5)	
X	Driver's Receipt FMCSR Pocketbook	
X	LL Inc. Certification of Training for Hazardous Materials Transportation and Security Awareness Training (FORMERLY HM126F) (orange booklet)	
X	Driver Statement of On-Duty Hours (for Newly Hired Drivers)	
X	Medical Examiner's Certificate (391.43)	
X	Medical Examiner's Card	Employee still carries to DMV
***	Printout from National Registry for that clinic	***Lynn pulls this information

Additional documents are as follows:

- Employee Notification of DOT Drug and Alcohol Testing Changes
- New Employee Checklist, Document H-2, Pages 1 and 2 found in the Policy and Procedures Manual
- Acknowledgment of the PPM (Policy & Procedures Manual; the last page)

All documents should have a "printed" and "signed" signature. The "printed" should be legible.

This document is marked up for explanation purposes only.

Lampton-Love / P.O. Box 1607 / Jackson, MS 39215-1607

Lampton-Love (DOT)

An Equal Opportunity Employer

Application for Employment

Please note

This employment application will become void and will not be considered after 30 days from the date of application. After the 30-day period, it will be necessary to submit a new application to be considered for employment.

Please respond to all questions and do not leave any response blank. If you do not believe that a response is applicable, put "not applicable" in the blank. Use additional paper to respond if necessary. *Please type or print.*

Identification

Name: Last	First	Middle	
Thomas	John	Mason	
Social Security Number		**Phone number**	**Date of Birth**
321-98-4567		601-256-9871	4-20-1960

Current Address

Number	Street	City/State/Zip	How long?
4800	Hillside Drive	Flowood, MS 39232	7 yrs

Addresses for Past 3 Years

Number	Street	City/State/Zip	How long?
4560	Gypsy Lane	Jackson, MS 39216	15 yrs

Spouse

Name	Spouse's Employer
Elise Thomas	UMMC - School of Dentistry

In Case of Emergency, Notify

Name	Address	Phone
Elise Thomas	4800 Hillside Drive, Flowood, MS	769-456-9852

Education

Circle last grade completed 1 2 3 4 5 6 7 8 9 10 11 12 College 1 **2** 3 4

Last School Attended KLLM Trucking

Training

List any trade school, military training, etc.

Hinds Community College, Army National Guard

Reference

Have you previously applied for employment with this company? If so, when? No

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

Dates: from _____ to _____ Rate of pay _____ Position _____

Reason for leaving _____

Names of relatives in our employ None

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

Have you ever been convicted of a felony? ☐ yes ☒ no

(Conviction of a felony is not an automatic bar to employment. All circumstances will be considered.)

If so, please state the nature of the offense, date and place of conviction, and sentence.

Will you be engaged in any other work, business or school if employed here? ☐ yes ☒ no

If so, please explain. _____

Will you be able to work overtime or on weekends, holidays, if required? ☒ yes ☐ no

If not, please explain. _____

Who referred you to this company for possible employment? Matt Peters

What minimum pay will you accept? neg.

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 or street number, street name, city, state, and zip code.

Applicants, to drive a commercial motor vehicle* in intrastate or interstate commerce, shall also provide 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.)

Last Employer

Name: KLLM Transport — Phone: 601-932-4569

Address: 1200 Old Hwy 49 South, Pearl, MS

Position held: Mechanic Tech — Dates of employment: from/to: 3-15-1998 thru present — Salary: 18.00 hr

Reason for leaving

Second Last Employer

Name — Phone

Address

Position held — Dates of employment: from/to — Salary

Reason for leaving

Third Last Employer

Name — Phone

Address

Position held — Dates of employment: from/to — Salary

Reason for leaving

Fourth Last Employer

Name — Phone

Address

Position held — Dates of employment: from/to — Salary

Reason for leaving

Fifth Last Employer

Name — Phone

Address

Position held — Dates of employment: from/to — Salary

Reason for leaving

Discipline

If you have been disciplined for any reason by a former employer, discharged from a previous job or forced to resign, explain circumstances fully. Attach sheet if more space needed.

No

Experience and Qualifications

Driver's License/Endorsements

State	License Number	Type	Expiration Date
MS	800123579	Class A	8-19-2019

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ yes ☒ no

Has any license, permit or privilege ever been suspended or revoked? ☐ yes ☒ no

If the answer to either of the above questions is yes, attach statement giving details.

Driving Experience

	Type of Equipment (van, tank, flat, etc.)	Dates: from/to	Approx. no. of miles (total)
Straight Truck			
Tractor and Semi-Trailer			
Tractor --- Two Trailers			
Other			

List states operated in for last five years.

Accident Record for Past 3 Years

	Date	Nature of Accident (head-on, rear-end, upset, etc.	Fatalities	Injuries
Last Accident	None			
Next Previous				
Next Previous				

Traffic Convictions and Forfeitures for the Past 3 Years (other than parking violations)

Location	Date	Charge	Penalty
None			

Attach sheet if more space is needed.

Please read carefully

Applicant should carefully read the following and then sign before submitting this application. This will be considered a valid application only if applicant signs below.

I understand that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by 391.23 of the Federal Motor Carrier Safety Regulations.

All of the information and answers to the questions herein are complete, true and correct to the best of my knowledge and belief, and I have not omitted any answer that I was able to give. I authorize the persons and organizations named to give any information regarding my employment, character, and qualifications, together with any other information they may have regarding me. I hereby release, acquit, agree to hold harmless from any and all resulting liability, and covenant not to sue, any of the named persons or organizations or any other person providing information.

In making this application for employment, I also understand that an investigative consumer report may be made whereby information is obtained through personal interviews with my neighbors, friends, business associates, financial sources, and others. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional information concerning the nature and scope of this investigation.

I agree to submit myself upon request by Lampton-Love (the "Company") for a DOT-required physical examination by a physician designated by the Company at the Company's expense, and to any future physical examination and other tests and examinations that Federal regulations or the Company may require at a later date as a condition of my continued employment.

I understand that any misleading or incorrect statements may render this application void, and, if employed, would be a cause for termination whenever discovered. I acknowledge that, if employed, my employment at the Company and the terms and conditions of my employment are at the absolute will and pleasure of the Company. I agree that, if employed, I will conform to the rules and regulations of the Company, and I understand that my employment and compensation can be terminated with or without cause and with or without notice at any time either at my option or at that of the Company. I further understand that no personnel recruiter, interviewer, or other representative of the Company, other than an officer, has any authority to guarantee me employment for any specific period of time.

If employed, I agree to acquaint myself with and to abide by all rules, regulations, policies, procedures and instructions prescribed by the Company, and I acknowledge that the Company has the right, at any and all times, to unilaterally make changes in any such rules, regulations, policies, procedures and instructions.

I have read and understand the foregoing statement of agreement and accept the terms stated therein.

I understand that this application will be given active consideration for only 30 calendar days. If I am not employed during this period, I understand it will be necessary for me to file a new application form to be eligible for further consideration by the Company.

Signature John M. Thomas

Date of Application 8-20-2018

PHONE: 601-933-3400
FAX: 601-933-3420

LAMPTON-LOVE INC
P O BOX 1607
JACKSON, MISSISSIPPI 39215-1607

Request and Consent for Information From Previous Employer on ALCOHOL TESTING, DRUG TESTING AND VEHICLE ACCIDENT HISTORY

The Department of Transportation (DOT) regulations require DOT-regulated employers to obtain from a driver's previous DOT-regulated employers, both drug and alcohol testing information and vehicle accident information. If you are a previous employer from whom such information is now requested, you must, after reviewing the driver's specific, written consent below in Section I, promptly release the requested information to the employer (or its designated representative identified below) making the inquiry.

SECTION 1: TO BE COMPLETED BY THE DRIVER

John M. Thomas
Print Full Name (First, MI, Last)

321-98-4567
Social Security Number

John M. Thomas
Signature

8-20-2018
Date

I hereby authorize the following employers to release and forward all information and records on my DOT alcohol and drug testing and vehicle accident records to HireRight, Inc.

KLLM Transport

SECTION 2: TO BE COMPLETED BY THE PREVIOUS EMPLOYER

A. Drug and Alcohol Testing Record.

1. In the three years prior to the date of the driver's signature above, did this person have a verified positive DOT-regulated drug test?_____YES_____NO
2. In the three years prior to the date of the driver's signature above, did this person have a DOT-regulated alcohol test with a result of 0.04 or higher?_____YES_____NO
3. In the three years prior to the date of the driver's signature above, did this person refuse to be tested on a DOT-regulated drug or alcohol test (including verified adulterated or substituted drug test results)?_____YES_____NO
4. In the three years prior to the date of the driver's signature above, did this person have any other violations of DOI.agency drug and alcohol testing regulations?_____YES_____NO
5. Did a previous employer of this person report a violation of DOT agency drug and alcohol testing regulations to you?_____YES_____NO

   a. If YES, provide the previous employer's report.

6. If you answered YES to any of the above items 1-5, did this person complete the return to duty process requirements?_____YES_____NO_____DON'T KNOW

   a. If YES, provide appropriate return-to-duty documentation (e.g., SAP report(s). follow-up testing record).

7. If this person successfully completed a Substance Abuse Professional's (SAP's) rehabilitation program referral, did this person later have an alcohol test with a result of 0.04 or higher, a verified positive drug test, or refuse to be tested (including verified adulterated or substituted drug test results)?_____YES_____NO

B. Commercial Motor Vehicle Accident History.

I. In the three years prior to the date of the driver's signature above, and while driving a commercial motor vehicle in your employment, did this person have an accident which resulted in a fatality, bodily injury to a person who immediately receives medical treatment away from the accident scene, or disabling damage requiring transport away from the scene by tow truck or other vehicle?
YES NO

a. If YES, you are required to provide the following information with respect to each commercial motor vehicle accident:

Date	Description	City	State	# of Injuries	# of Fatalities	Were Hazardous Materials Released?
						Y/N
						Y/N
						Y/N
						Y/N

Completed by:

Signature:_____ Title: _____

Print Name: Phone:_____

Company Name: Date: _____

Company Address: _____

SECTION 3: TO BE COMPLETED BY THE PROSPECTIVE/NEW EMPLOYER (OR ITS DESIGNATED REPRESENTATIVE)

Consent form was _Faxed _Mailed to previous employer on_____
(Mo/Day/Yr.)

The following type of interview was conducted: Mail _Phone _Personal Interview

If personal or telephone interview, name of person interviewed from previous employer:_____
_ Interviewed by: on (Date of interview)_____

Date information is received from previous employer _____

_____ _____ _____
Signature of Associate Division and Location Date

Please Fax to Lampton-Love Inc 601-933-3420

LPGM 2017

NOTICE REGARDING FEDERAL BAN ON USE OF HAND-HELD MOBILE TELEPHONES

Effective January 3, 2012, the Federal Motor Carrier Safety Regulations will prohibit the use of a hand-held mobile telephone by drivers operating commercial motor vehicles ("CMVs"). The rule prohibits the following actions while driving a CMV:

- Using at least one hand to hold a mobile telephone to conduct a voice communication;
- Dialing or answering a hand held mobile telephone by pressing more than a single button; or
- Reaching for a mobile telephone in a manner that requires a driver to maneuver so that he or she is no longer in a seated driving position, restrained by a seat belt that is installed in accordance with federal regulations that has been adjusted in accordance with the manufacturer's instructions.

For purposes of the rule, "driving" means operating a CMV on a highway, including while temporarily stopped in traffic because of a traffic control device or other momentary delay. "Driving" does not include operating a commercial motor vehicle when the driver has moved the vehicle to the side of, or off, a highway and has halted in a location where the vehicle can safely remain stationary (please note, however, that pulling to the side of a highway may not, in some instances, be allowed under applicable law). The rule is in addition to the existing federal ban on texting while driving a CMV.

Violations can result in a civil penalty against the driver of up to $2,750, and against the carrier of up to $11,000. In addition, drivers convicted of violating this rule twice in a three-year period are subject to disqualification by state or federal authorities from driving a CMV for 60 days. Three violations of this rule in any three-year period result in disqualification for 120 days. Additionally, violation of state or local rules restricting or prohibiting the use of hand-held mobile telephones while driving can also result in disqualification. It is our expectation that all drivers will adhere to the requirements of this new rule. Violations of this rule will result in disciplinary action, up to and including termination of employment.

In order to ensure compliance with 49 C.F.R. § 390.3(e)(2), drivers will not be dispatched until the acknowledgment below has been signed and returned to the company.

ACKNOWLEDGEMENT: In order to ensure compliance with 49 C.F.R. § 390.3(e)(2), drivers will not be dispatched until the acknowledgment below has been signed and returned to the company. **BY SIGNING BELOW, YOU ACKNOWLEDGE YOUR RECEIPT OF THIS NOTICE, THAT YOU UNDERSTAND THE PROHIBITIONS SET FORTH HEREIN, AND THAT YOU AGREE TO COMPLY WITH ANY AND ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, RULES, REGULATIONS, AND ORDINANCES REGARDING USE OF MOBILE TECHNOLOGY WHILE OPERATING A CMV. TO THE EXTENT ALLOWED BY APPLICABLE LAW, YOU FURTHER AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS LAMPTON-LOVE GROUP OF AFFILIATED COMPANIES FROM AND AGAINST ANY DIRECT OR INDIRECT DEMAND CLAIM, FINE, PENALTY, LOSS, ALLEGATION, DAMAGES, OR AMOUNT (INCLUDING REASONABLE ATTORNEY FEES AND COSTS) ARISING FROM OR RELATED TO YOUR VIOLATION OF ANY SUCH LAW, RULE, REGULATION OR ORDINANCE. YOU FURTHER UNDERSTAND AND AGREE THAT FAILURE TO COMPLY WITH SUCH APPLICABLE PROHIBITIONS OR LIMITATIONS MAY RESULT IN DISCIPLINE, INCLUDING, BUT NOT LIMITED TO, TERMINATION OF EMPLOYMENT.**

John M. Thomas
Employee Name (Printed)

John M. Thomas
Signature

8-20-2018
Date

LLForm 1-2012

Lampton-Love, Inc.
DECLARATION OF EMPLOYMENT STATUS

Under the Federal Motor Carrier Safety Regulations (sections 391.23 and 40.25), we are required to verify the employment background of all prospective employees for the preceding three years on work history and the preceding two years on controlled substance/alcohol testing. You have advised that you were unemployed or self-employed during the time periods shown below. This form is designed to enable you to account for that period of your employment history, or period when you were not employed, which cannot be verified by any other means. In the section below, please fill in the dates and describe your activities during that time.

DATES: From N/A *To* N/A
*From*_____ *To*_____
*From*_____ *To*_____

During the period specified I was engaged as follows:

_____

_____

_____

I also confirm that during that period, the statements I have checked below are true:

_____*1. I was not employed in any capacity on a full-time or regular part-time basis.*

_____*2. I was self-employed.*

_____*3. I did not collect unemployment during this period.*

_____*4. I was not convicted of a crime or felony involving a motor carrier or any aspect of the motor carrier industry.*

_____*5. I was not involved in a motor vehicle accident of any type.*

The two persons listed below, neither of whom is related to me in any manner, can verify the above information. I hereby authorize you to contact them and request that information and authorize them to release that information to you.

NAMES, ADDRESSES AND TELEPHONE NUMBERS

1) _____

2) _____

DATE: 8-20-2018

APPLICANT SIGNATURE: John M. Thomas

CHECKED BY: (Manager's signature) ***DATE:*** _____

LPGM QF FORM Revised 9/27/2011

DRIVER ROAD TEST (391.31)
TRAINING CHECKLIST FOR DRIVERS

Driver Name: John M. Thomas

Branch: Lampton-Love Gas Co.

To be initialed by Manager or person designated by Manager. New Employee is not to initial.

If New Employee is the Manager then the Assistant Manager or other designated person should initial; not the new manager.

Initial	
	PLACING VEHICLE INTO OPERATION
JM	Completes Vehicle Pre-Trip Inspection Satisfactory
JM	Aware of and Observes No Smoking Policy and Rules
	LOADING THE BOBTAIL
JM	Places Vehicle in Proper Position for Loading
JM	Shuts Off Engine
JM	Manual Transmission, Leaves in Gear, Sets Park Brake
JM	Auto Transmission, Leaves in Park, Sets Park Brake
JM	Places Chock Blocks in Front and Behind Rear Wheel
JM	Assures Pressure of Plant Fire Extinguisher is Ok
JM	Assures Area is Safe for Product Transfer. No Ignition Source
JM	Gets Plant Readings Before Loading Bobtail
	MAKING LIQUID CONNECTIONS
JM	Use Hand Protection Gloves and Eye Protection
JM	Checks Gauges and Prepares Truck Cargo Tank for Loading
JM	Visually Inspect Plant Transfer Hose
JM	Checks for Pressure and Condition of Gaskets/O'Rings
JM	Checks Hose Ends and Truck Fitting for Debris
JM	Checks Plant ESV for Proper Closure from Remote Location

GM Connects Liquid Transfer Hose to Truck using Spanner Wrench

GM Check for Leak Free Connection

GM Opens Liquid Fill Valve on Cargo Tank

VAPOR HOSE CONNECTIONS

GM Visually Inspect Transfer Hose

GM Check Presence and Condition of Gaskets/O'Rings

GM Check Hose End and Valves for Debris

GM Connects Vapor Line to Truck Valve

GM Check ESV for Proper Closure from Remote Location

GM Slowly Opens Vapor Hose End and Check for Leaks

GM Opens Vapor Internal Valve on Truck Tank
Must Be Closed When Not In Use

GM Opens all Vapor Valves in Truck Tank and Hose

GM Notes and Understands Pressure Difference between Truck Tank and Storage

OPERATION OF PLANT TRANSFER SYSTEM

GM Opens all Valves Needed for Product Transfer Starting with Tank Belly Valve and Work Out to Truck

GM Opens Emergency Shut Off Valves

GM Assures ESV's are Connected to Remote

GM Assures ESV's are Operable

PRODUCT TRANSFER

GM Starts Pump

GM Monitors Liquid Level Rise in Truck Cargo Tank

GM Opens Vapor Return Valve when Pressure Equalizes

GM Fills Cargo Tank to Maximum Fillings Density Not to Exceed 85%

GM Remains at Back of Truck While Loading

TRANSFER COMPLETED

GM Closed all Liquid and Vapor Valves on Truck Tank, Hoses, Piping, ESV and Belly Valves on Plant

GM Bleed Down Liquid and Vapor Between Connections

GM Perform and Document Odorant Sniff Test

GM Disconnect all Hoses and Secure in Proper and Safe Location

GM Complete all Required Loading Documentation

GM Pick Up and Secure Chock Blocks

GM Move Vehicle from Loading Position

GM Lock Gate And Secure Plant

INSPECTION OF TRUCK VALVE EMERGENCY CONTROLS & DELIVERY HOSE

GM Checks Electronic Remote from 150' Away at Beginning of Each Work Day

GM Confirms Closing of Internal Vapor Valves Remote Monthly

GM Confirms Closing of Main Liquid Valve Remote Monthly

GM Performs Complete Inspection of Delivery Hose Monthly

GM Documents Above on Monthly Report

PRODUCT DELIVERY

GM Drives with Caution to Customer Tank

GM Positions Vehicle Correctly for Product Delivery (If Another Vehicle or any Object is in Driveway, ask Customer to Move for Safe Access to Make Delivery. Do Not Attempt to Go Around)

GM Remains in Customers Driveway

GM Places Chock Blocks when Exiting Cab

GM Checks for Source of Ignition

GM Checks Container Conditions and All Fittings

GM Carries Hoses End Valve Safely

GM Checks Container Contents before Filling

GM Determines if Out of Gas or New Account

GM Performs Delivery in Accordance with Safe Filling

GM Filled to No More than Max Permitted – 85%

GM Checks Hose Condition Each Time While Reeling Back Up

GM Removes Delivery Ticket from Printer and Leaves Customer a Copy

GM Walks Around Bobtail and Removes Chock Blocks before Entering Cab

OUT OF GAS PROCEDURE

GM Understands an Adult must be at Home Before Delivery

GM Test Gauges Available on Truck – Block Test Gauge, Low Pressure Gauge with Presto Tap Adaptor; 30# Presto Tap Test Gauge

GM Hand Tools Available on Truck

GM Employee Knows and Performs Procedure using all Types of Test Gauges

GM Paperwork Documented on Out of Gas/New Customer and Document on Proper Paperwork not on Gas Ticket

GM System Inspected for Approved Appliances and Uncapped Outlets

GM Documents – Out-of-Gas and Leak Test

NEW CUSTOMER PROCEDURE

GM Performs Leak Test

GM Checks out Visible Gas System, Gas Appliances, Venting, Caps any Uncapped Outlets

GM Takes Customer to Tank and Shows How to Turn Gas Off and Familiarizes Customer with Odor of Gas

GM Gives the New Customer "New Customer Information Packet" and has Customer Sign Knowledgement that Packet was Received

GM Documents Test and Other Pertinent Information on System Check Form. Driver and Customer signs

SAFETY

GM Uses Protective Gloves and Eye Protection

GM Wears Proper Clothing and Footwear

GM Understands All Accidents are to be Reported Immediately

DRIVING

GM Checks that Shipping Papers, Insurance Cards and Other Needed Paperwork is in Pouch of truck

GM Has Valid CDL with Required Endorsements

GM Has State LP Gas Delivery License

GM Do Propane Pre-Trip Inspection

GM Wears Seat Belt

GM Checks Side Mirror Position

GM Use of Proper Gear when Starting Out

GM Does Not Over-Wind Engine before Shifting Gear

GM Proper Use of Turn Signals

GM Signals Turns and Lane Changes well in Advance (Min. 100') Before Making Changes

GM Remains Alert when Truck is Moving, Watches Ahead for other Traffic and Monitors Mirrors

GM Approaches Railroad – Turns on 4-Way in Advance of Stop

GM Stops at Railroad at Required Distance (15 – 50) Feet

GM Maintains Safe Speed for Road Conditions

GM Uses 6 – 9 Second Driving Rule – Depending on Weather and Driving Conditions

GM Applies Brakes Evenly and Consistently, Slows Vehicle other than Braking

GM Uses Safe Passing Habits

GM Gets Out and Checks Area Before Backing

GM Backs Only when Necessary

GM Monitors Rear View Mirrors every 3 to 5 Seconds when Driving

GM Locks Doors and Remove Keys from Truck when Unattended

GM Keeps Truck and Equipment Clean and Cab Orderly

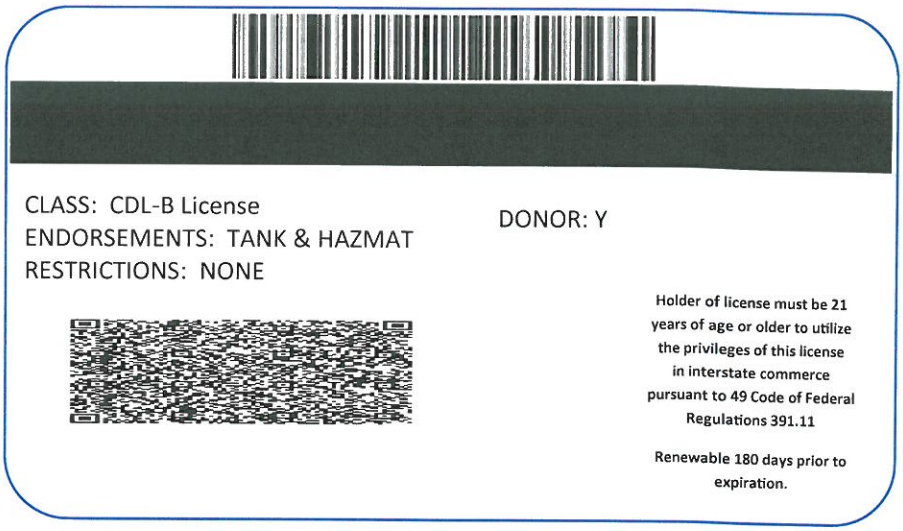
DATES EMPLOYEE RECEIVED ON THE JOB TRAINING

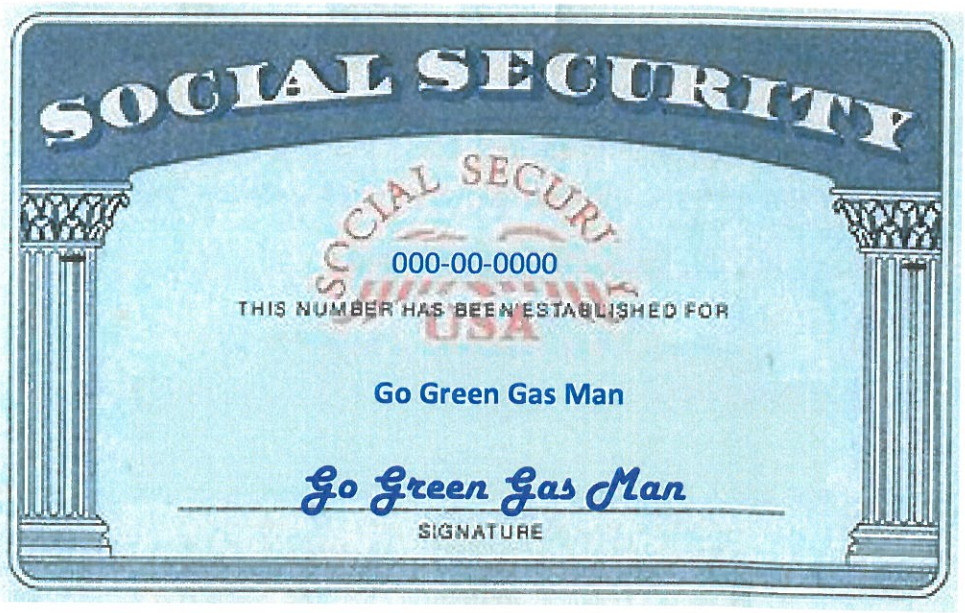
TRAINING OPERATIONS	DATE	TRAINER'S SIGNATURE
1) Placing Vehicle into Operation	9-13-18	
2) Loading the Bobtail	9-13-18	
3) Making Liquid Connections	9-13-18	
4) Vapor Hose Connections	9-13-18	
5) Operation of Plant Transfer System	9-13-18	
6) Product Transfer	9-13-18	
7) Transfer Completed	9-13-18	
8) Inspection of Truck Valve Emergency Controls and Delivery Hose	9-13-18	
9) Product Delivery	9-13-18	
10) Out of Gas Procedure Attach Copy of Work Order	9-13-18	
11) New Customer Procedure	9-13-18	
12) Safety	9-13-18	
13) Driving	9-13-18	

OK to RELEASE ✓ **YES** _____ **NO**

Branch Manager Signature: Gene Maddox **Date:** 9-13-18


Go Green Gas Man
2020
CDL
Class B
MISSISSIPPI
Lampton-Love Inc.
Lic No. 801654987
Expires 10-13-2020
Issue Date Birthdate Wt Sex Ht
8-16-2016 05-02-1956 185 M 6-02
Class Restrictions Endorsements
B X
241200826
Go Green Gas Man
LAMPTON-LOVE
2950 LAYFAIR DRIVE, STE 101
FLOWOOD, MS 39232
LAMPTON-LOVE
PROPANE


CLASS: CDL-B License
ENDORSEMENTS: TANK & HAZMAT
RESTRICTIONS: NONE
DONOR: Y
Holder of license must be 21 years of age or older to utilize the privileges of this license in interstate commerce pursuant to 49 Code of Federal Regulations 391.11
Renewable 180 days prior to expiration.


SOCIAL SECURITY
000-00-0000
THIS NUMBER HAS BEEN ESTABLISHED FOR
USA
Go Green Gas Man
Go Green Gas Man
SIGNATURE

MVR Express

Date MVR Request Submitted: February 26, 2018 9:06 AM PST
MVR Request Completion Date: February 26, 2018 9:08 AM PST

Complete - MVR Record Clear

Driver Personal Information

State:	Mississippi	Hiring Manager	bboyd@lamptonlove.com
License:	801654987	Customer Sub	MB

Gas Man, Go Green

2950 Layfair Drive, Ste 101

Flowood, MS 39232

DOB: May 2, 1956 SEX: MALE; HGT: 6'-02" WT: 185; EYES: BRO - BROWN

Requested As: 801654987, 000000. Go Green Gas Man

Driver License Information

Class	Issued	Expires	Status	Restrictions
CDL-A	August 16, 2016	October 13, 2020	LIC	

Miscellaneous / State Specific Information

Type	Description
CLASS	A - COMB VEH>26,000 GVWR, TOWED UNIT>10,001 GVWR
ENDOR	N - TANK, P - PASSENGER
MISC	CDL Status: LIC = The individual has current valid license with all their driving privileges intact. This status is only used with the jurisdiction that issued the current license.
MISC	Non CDL Status: LIC = The individual has current valid license with all their driving privileges intact. This status is only used with the jurisdiction that issued the current license.
MISC	Self Certification: EI
MISC	Match: Y
MISC	Local Ref ID: N/A

Driving Record Information

MVR RECORD CLEAR

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

V/S Date - Violation/Suspension date
C/R Date - Conviction/Reinstatement date

Information listed above is for example purposes only!!

LAMPTON-LOVE, INC.

P.O. Box 1607 • Jackson, MS 39215-1607
Mirror Lake Plaza
2829 Lakeland Drive, Suite 1505 • Jackson, MS 39208-9722
(601) 933-3400 • Fax (601) 933-3420

Certification Of Violations - Annual Review (FMCSR 391.27)

Driver: John Mason Thomas

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. None: XX

Date	Offense

Location	Type of motor vehicle operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of my violation required to be listed during the past 12 months.

(Date of Certification)

(Driver's Signature)

Reviewed by: W.T. (Billy) Boyd, Jr.

Transportation Compliance
(Title)

LPGM FORM
12-18-2003

LAMPTON-LOVE, INC.

P.O. Box 1607 • Jackson, MS 39215-1607
Mirror Lake Plaza
2829 Lakeland Drive, Suite 1505 • Jackson, MS 39208-9722
(601) 933-3400 • Fax (601) 933-3420

Certification Of Compliance With Driver License Requirements

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, of 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 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 391.15(b)(2) and 383.33 of the Federal Motor 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 (It the violation occurs in a state other than the one which issued your license). The notification to both the employer and the state must be in writing.

The following license is the only one I will possess:

Driver's License No. 800123579 State MS Exp. Date 8-19-2019

Driver Certification: I certify that I have read and understand the above requirements.

Driver's Name (Printed): John Mason Thomas

Driver's Signature: _____ Date 8-20-2018

Notes: _____

(This form is not required for DOT compliance)

LAMPTON-LOVE, INC.

P.O. Box 1607 • Jackson, MS 39215-1607
Mirror Lake Plaza
2829 Lakeland Drive, Suite 1505 • Jackson, MS 39208-9722
(601) 933-3400 • Fax (601) 933-3420

Driver's Receipt FMCSR Pocketbook

THIS ISSUE OF THE FMCSR POCKETBOOK INCLUDES ALL REVISIONS ISSUED ON OR BEFORE _____ . (DATE IN FRONT OF BOOK)

I ACKNOWLEDGE RECEIPT OF THIS FEDERAL MOTOR CARRIER SAFETY REGULATION POCKETBOOK (ORS-7A). IN ADDITION, I AGREE TO FAMILIARIZE MYSELF WITH THE FEDERAL MOTOR REGULATION (FMCSR) OF THE U.S. DEPARTMENT OF TRANSPORTATION, PARTS 40, 382, 383, 390-397, 399 SUBCHAPTER B, CHAPTER 3, TITLE 49 OF THE CODE OF FEDERAL REGULATIONS, AS CONTINUED THEREIN.

_____ _____

DRIVER'S SIGNATURE DATE

_____

COMPANY SUPERVISOR'S SIGNATURE

NOTE: This receipt shall be read and signed by the driver. A responsible company supervisor shall countersign the receipt and place it in the driver's qualification file.

RETURN THIS PAGE WHEN TRAINING IS COMPLETE

Lampton-Love
Group of Affiliated Companies

CERTIFICATION OF TRAINING
for
HAZARDOUS MATERIALS TRANSPORTATION
and
SECURITY AWARENESS TRAINING

EMPLOYEE NAME: John Mason Thomas

EMPLOYEE SSN#: 321-98-4567

DATE OF FIRST EMPLOYMENT IN PRESENT JOB FUNCTION: 9-4-2018

STORE LOCATION (City and State): Pelahatchie ms.

DATE OF TEST: 9-4-2018

CERTIFICATION:

THIS IS TO CERTIFY THAT THE HAZ-MAT EMPLOYEE LISTED ABOVE HAS RECEIVED HAZARDOUS MATERIALS TRANSPORTATION HM126F TRAINING AND HAS BEEN TESTED IN ACCORDANCE WITH (*49 CFR 172.700 – 172.704*) AND FOR THE TRANSPORTATION AND BULK STORAGE OF THE HAZARDOUS MATERIAL PROPANE IN ACCORDANCE WITH THE DEPARMENT OF TRANSPORTATION (*HM-232*).

LOCATION OF TRAINING MATERIALS USED:

LAMPTON-LOVE, INC.
P. O. BOX 1607
JACKSON, MS 39215-1607

Daniel Robinson
Trainer's Name

P.O. Box 566
Trainer's Street Address

Pelahatchie MS. 39145
Trainer's City, State and Zip

LPGM QF FORM 05/06/2004

LAMPTON-LOVE, INC.

P.O. Box 1607 • Jackson, MS 39215-1607
Mirror Lake Plaza
2829 Lakeland Drive, Suite 1505 • Jackson, MS 39208-9722
(601) 933-3400 • Fax (601) 933-3420

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 compensation work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver's Name (Print) John Mason Thomas

Social Security Number 321-98-4567

Driver's License: State MS Number 800123579 Class A Endorsement(s) X Restriction(s) None

Type of License _____ Issuing State _____

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE	9-3	9-2	9-1	8-31	8-30	8-29	8-28	
HOURS WORKED	0	0	0	0	0	0	0	TOTAL HOURS

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

5:00 (Time) A.M. / (P.M.) On Monday (Day) August (Month) 2018 (Year)

John M. Thomas
Driver's Signature

9-4-18
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 and compensated work for any non-motor 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.

John M. Thomas
Driver's Signature

9-4-18
Date

Witness: Gene Maddox
Company Representative

9-4-18
Date

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

Medical Examination Report Form
(for Commercial Driver Medical Certification)

RIVACY ACT STATEMENT: ***This statement is provided pursuant to the Privacy Act of 1974, 5 USC § 552a.***

MEDICAL RECORD #
_____
(or sticker)

UTHORITY: Title 49, United States Code (USC), 49 USC 31133(a)(8) and 31149(c)(1)(E).

URPOSE: To record results of a driver's physical examination, to determine qualification to operate a commercial motor vehicle (CMV), and o promote driver health in interstate commerce according to the requirements in 49 CFR 391.41-49. Providing this information is mandatory. f this information is not provided, the medical examiner will not be able to determine qualification to operate a CMV in interstate commerce ccording to the requirements in 49 CFR 391.41-49. To record results of a driver's physical examination and to determine qualification to operate CMV in intrastate commerce when the driver is required by a State to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners in accordance vith the provisions of 49 CFR 391.41-49 and any variances from the physical qualification standards adopted by such State.

Medical examiners are required to complete the Medical Examination Report Form for every driver physical examination performed in accordance with 49 CFR 391.41. Each original paper or electronic) completed Medical Examination Report Form must be retained on file at the office of the medical examiner for at least 3 years from the date of examination. The nedical examiner must make all records and information in these files available to an authorized representative of FMCSA or an authorized Federal, State, or local enforcement agency epresentative, within 48 hours after the request is made [49 CFR 391.43(i)].

OUTINE USES: The information is used for the purpose set forth above and may be forwarded to Federal, State, or local law enforcement agencies for their use. Medical Examination eport Forms collected by FMCSA will be stored in FMCSA's automated National Registry of Certified Medical Examiners System and will be used to monitor the performance of medi- al examiners listed on the National Registry.

n addition to those disclosures permitted under 5 USC 552a(b) of the Privacy Act of 1974, additional disclosures may be made in accordance with the U.S. Department of Transporta- ion (DOT) Prefatory Statement of General Routine Uses published in the Federal Register on December 29, 2010 (75 FR 82132), under "Prefatory Statement of General Routine Jses" (available at http://www.dot.gov/privacy/privacyactnotices).

CKNOWLEDGMENT: ***I understand the provisions of the Privacy Act of 1974 as related to me through the above-mentioned statement.***

Driver's Signature: John M Thomas Date: 8-28-18

ECTION 1. Driver Information *(to be filled out by the driver)*

ERSONAL INFORMATION

Last Name: Thomas First Name: John Middle Initial: M Date of Birth: 4-20-1960 Age: 58

Street Address: 4800 Hillside Drive City: Flowood State/Province: MS Zip Code: 39232

Driver's License Number: 800123579 Issuing State/Province: MS Phone: 601-256-9871 Gender: ⊗M ○ F

E-mail *(optional)*: _____ ○ CLP Applicant* ○ CLP Holder* ○ CDL Applicant* ⊗CDL Holder*

Driver ID Verified By**: _____

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? ○ Yes ○ No ○ Not Sure

CLP/CDL Applicant/Holder: See instructions for definitions.

**Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL, driver's license, passport.

RIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. ○ **Yes** ○ **No** ○ **Not Sure**

Are you currently taking medications *(prescription, over-the-counter, herbal remedies, diet supplements)*? If "yes," please describe below. ○ **Yes** ○ **No** ○ **Not Sure**

(Attach additional sheets if necessary)

Last Name: Thomas First Name: John Middle Initial: M DOB: 4-20-60 Exam Date: 8-28-18

DRIVER HEALTH HISTORY *(continued)*

Do you have or have your ever had:	Yes	No	Not Sure
1. Head/brain injuries or illnesses *(e.g., concussion)*	○	○	○
2. Seizures, epilepsy	○	○	○
3. Eye problems *(except glasses or contacts)*	○	○	○
4. Ear and/or hearing problems	○	○	○
5. Heart disease, heart attack, bypass, or other heart problems	○	○	○
6. Pacemaker, stents, implantable devices, or other heart procedures	○	○	○
7. High blood pressure	○	○	○
8. High cholesterol	○	○	○
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	○	○	○
10. Lung disease *(e.g., asthma)*	○	○	○
11. Kidney problems, kidney stones, or pain/problems with urination	○	○	○
12. Stomach, liver, or digestive problems	○	○	○
13. Diabetes or blood sugar problems	○	○	○
Insulin used	○	○	○
14. Anxiety, depression, nervousness, other mental health problems	○	○	○
15. Fainting or passing out	○	○	○
16. Dizziness, headaches, numbness, tingling, or memory loss	○	○	○
17. Unexplained weight loss	○	○	○
18. Stroke, mini-stroke (TIA), paralysis, or weakness	○	○	○
19. Missing or limited use of arm, hand, finger, leg, foot, toe	○	○	○
20. Neck or back problems	○	○	○
21. Bone, muscle, joint, or nerve problems	○	○	○
22. Blood clots or bleeding problems	○	○	○
23. Cancer	○	○	○
24. Chronic (long-term) infection or other chronic diseases	○	○	○
25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	○	○	○
26. Have you ever had a sleep test *(e.g., sleep apnea)*?	○	○	○
27. Have you ever spent a night in the hospital?	○	○	○
28. Have you ever had a broken bone?	○	○	○
29. Have you ever used or do you now use tobacco?	○	○	○
30. Do you currently drink alcohol?	○	○	○
31. Have you used an illegal substance within the past two years?	○	○	○
32. Have you ever failed a drug test or been dependent on an illegal substance?	○	○	○

Other health condition(s) not described above: ○ Yes ○ No ○ Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below. ○ Yes ○ No ○ Not Sure

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: _____ Date: _____

SECTION 2. Examination Report *(to be filled out by the medical examiner)*

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Attach additional sheets if necessary)

Last Name: Thomas First Name: John Middle Initial: M DOB: 4-20-60 Exam Date: 8-28-18

TESTING

Pulse rate: _____ Pulse rhythm regular: ○ Yes ○ No Height: ___ feet ___ inches Weight: ___ pounds

Blood Pressure	Systolic	Diastolic
Sitting		
Second reading (optional)		

Other testing if indicated

Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Urinalysis is required. Numerical readings must be recorded.				

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

Vision

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

Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye:	20/____	20/____	Right Eye: ____ degrees
Left Eye:	20/____	20/____	Left Eye: ____ degrees
Both Eyes:	20/____	20/____	

	Yes	No
Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors	○	○
Monocular vision	○	○
Referred to ophthalmologist or optometrist?	○	○
Received documentation from ophthalmologist or optometrist?	○	○

Hearing

Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Check if hearing aid used for test: ○ Right Ear ○ Left Ear ○ Neither

Whisper Test Results

	Right Ear	Left Ear
Record distance *(in feet)* from driver at which a forced whispered voice can first be heard		

OR

Audiometric Test Results

	Right Ear			Left Ear		
	500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz

Average (right): _____ Average (left): _____

PHYSICAL EXAMINATION

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 neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	○	○	8. Abdomen	○	○
2. Skin	○	○	9. Genito-urinary system including hernias	○	○
3. Eyes	○	○	10. Back/Spine	○	○
4. Ears	○	○	11. Extremities/joints	○	○
5. Mouth/throat	○	○	12. Neurological system including reflexes	○	○
6. Cardiovascular	○	○	13. Gait	○	○
7. Lungs/chest	○	○	14. Vascular system	○	○

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

(Attach additional sheets if necessary)

Last Name: Thomas First Name: John Middle Initial: M DOB: 4-20-60 Exam Date: 8-28-18

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

○ Does not meet standards *(specify reason)*: _____

○ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate

○ Meets standards, but periodic monitoring required *(specify reason)*: _____

Driver qualified for: ○ 3 months ○ 6 months ○ 1 year ○ other *(specify)*: _____

☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption *(specify type)*: _____

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 *(Federal)*

☐ Driving within an exempt intracity zone *(see 49 CFR 391.62) (Federal)*

○ Determination pending *(specify reason)*: _____

☐ Return to medical exam office for follow-up on *(must be 45 days or less)*: _____

☐ Medical Examination Report amended *(specify reason)*: _____

(if amended) Medical Examiner's Signature: _____ Date: _____

○ Incomplete examination *(specify reason)*: _____

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(h), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name *(please print or type)*: _____

Medical Examiner's Address: _____ City: _____ State: _____ Zip Code: _____

Medical Examiner's Telephone Number: _____ Date Certificate Signed: _____

Medical Examiner's State License, Certificate, or Registration Number: _____ Issuing State: _____

☐ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner *(specify)*: _____

National Registry Number: _____ Medical Examiner's Certificate Expiration Date: _____

Last Name: Thomas First Name: John Middle Initial: M DOB: 4-20-60 Exam Date: 8-28-18

MEDICAL EXAMINER DETERMINATION (State)

Use this section for examinations performed in accordance with 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):

◯ Does not meet standards in 49 CFR 391.41 with any applicable State variances *(specify reason)*: _____

◯ Meets standards in 49 CFR 391.41 with any applicable State variances

◯ Meets standards, but periodic monitoring required *(specify reason)*: _____

Driver qualified for: ◯ 3 months ◯ 6 months ◯ 1 year ◯ other *(specify)*: _____

☐ Wearing corrective lenses ☐ Wearing hearing aid ☐ Accompanied by a waiver/exemption *(specify type)*: _____

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Grandfathered from State requirements *(State)*

If the driver meets the standards outlined in 49 CFR 391.41, with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name *(please print or type)*: _____

Medical Examiner's Address: _____ City: _____ State: _____ Zip Code: _____

Medical Examiner's Telephone Number: _____ Date Certificate Signed: _____

Medical Examiner's State License, Certificate, or Registration Number: _____ Issuing State: _____

☐ MD ☐ DO ☐ Physician Assistant ☐ Chiropractor ☐ Advanced Practice Nurse

☐ Other Practitioner *(specify)*: _____

National Registry Number: _____ Medical Examiner's Certificate Expiration Date: _____

Form MCSA-5876 (Revised: 10/07/2015)

OMB No. 2126-0006 Expiration Date: 8/31/2018

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

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

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

I certify that I have examined **Last Name:** Thomas **First Name:** John 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 Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date
8-28-20

Medical Examiner's Signature

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner's Name *(please print or type)*

○ MD ○ Physician Assistant ○ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner *(specify)*

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

Issuing State

National Registry Number

Driver's Signature John M. Thomas

Driver's License Number

Issuing State/Province

Driver's Address
Street Address: 4800 Hillside Drive City: Flowood State/Province: MS Zip Code: 39232

CLP/CDL Applicant/Holder
○ Yes ○ No

ORIGINAL - DRIVER

NEW EMPLOYEE CHECKLIST

(as shown in Policy and Procedures Manual)

- [x] W-4 Federal Tax Withholding certificate must be completed.
- [x] I-9 Employment eligibility Verification Form must be completed.
- [x] State Tax Withholding form must be completed.
- [x] Drug Test
- [x] Non-Compete Agreement (for all Route Salespeople and Salespersons) must be completed.
- [x] Direct Deposit form - a VOIDED check must be attached.
- [x] Blue Cross Blue Shield Insurance – Contact Payroll Administrator with questions.
- [x] Long-Term Disability and Life Insurances – Contact Payroll Administrator with questions.
- [x] **Employees must complete the following training before performing actual work.**
  - [x] New employee has been informed of the written Hazardous Communication Program and completed the employee quiz and it has been added to the Hazard Communication binder.
  - [x] New employee has been informed of the Security Plan Program, trained and signed acknowledgment sheet.
  - [x] New employee has been informed of the First Report of Injury procedures.
  - [x] Hazardous chemicals in the workplace and the SDS list have been discussed with the new employee.
  - [x] New employee has been trained on the proper labeling of hazardous chemicals in the workplace.
  - [x] New employee has been trained on PPE and certification has been placed in the PPE binder along with the foot protection statement.
  - [x] New employee has been trained on Lockout/Tagout and has signed the attendance and training record.
  - [x] The Bloodborne Pathogens written program has been discussed with the new employee and the written program has been signed, dated and placed in the binder.
  - [x] New employee has signed the Hepatitis B Vaccine Declination or has proof of a vaccination and it has been placed in the Bloodborne Pathogen binder.
  - [x] New employee has been informed that he/she must inform management of any work related injury immediately.

- [x] If applicable D.O.T. Driver Qualification file will be filled out on new employee and mailed to the Transportation Compliance Officer, a copy will be kept in the branch office.
- [x] The Investigative Consumer Report Disclosure form must be completed.
- [x] The Investigative Consumer Report Release form must be completed.
- [x] The Driver Notification & Release form must be completed.
- [x] If applicable, new employee has received training in the Hazardous Materials Transportation and Security Awareness Training and the certification of training has been mailed to the Transportation Compliance Officer. (Formerly HM-126F)
- [x] The Out-of-Gas Procedure must be reviewed and documented.
- [x] Employee verified he/she reviewed the Safety and Compliance Procedures Manual.
- [x] New employee has received and reviewed the Sexual Harassment Policy and signed an acknowledgement of receipt.

By my signature below I verify I have received the above training and information and understood its contents.

John M. Thomas — Employee

9-4-18 — Date

Company Driver — Title (Branch Manager, Sales/Sales Person, Company Driver, Service, Office Personnel)

Gene Maddox — Manager or Company Representative

9-4-18 — Date

Original copy should be kept in Branch Office Personnel File and a copy sent to the Safety Director.

Lampton-Love, Inc., Group of Affiliated Companies
Policy and Procedures Manual

By signature below, I acknowledge that I have read and reviewed a copy of Lampton-Love, Inc. Policies and Procedures Manual. I understand the terms of these policies and procedures and agree to abide by them. I also understand that any violation of these policies and procedures could lead to my dismissal from employment at Lampton-Love and/or possible criminal prosecution.

By federal law, it is required that the below listed policy and/or procedures be acknowledged that they have been presented to you and made available for review

- ✓ Computer Usage Policy
- ✓ Hazardous Communications Training
- ✓ Identity Theft Prevention Program
- ✓ Lockout/Tagout
- ✓ Mobile Device and Distracted Driving Safety Policy
- ✓ Out-of-Gas Calls and Deliveries
- ✓ Personal Protective Equipment
- ✓ Sexual and Other Types of Harassment Training
- ✓ Substance Abuse and Contraband Policy

John M. Thomas
Employee Name (Printed)

John M. Thomas
Employee (Signature)

9-4-18
Date

Gene Maddox
Witness (Printed)

Gene Maddox
Witness (Signature)

9-4-18
Date

LAMPTON-LOVE, INC.

Employee Notification of D.O.T. Drug and Alcohol Testing Changes

Date: 8-20-2018

From: **LAMPTON-LOVE, INC**

To: ALL DOT Safety-Sensitive Employees

In Re: Changes to DOT Drug Testing Panel

This Acknowledgement Form is verification that you have been notified of the following changes to **LAMPTON-LOVE, INC** D.O.T. Drug and Alcohol Testing Policy.

Department of Transportation has modified the drug test panel in which you are tested. Beginning January 1, 2018, in addition to the existing test panel, you will also be tested for four semi-synthetic opioids (i.e., hydrocodone, oxycodone, hydromorphone, oxymorphone). Some common names for these opioids include OxyContin®, Percodan®, Percocet®, Vicodin®, Lortab®, Norco®, Dilaudid®, Exalgo®. DOT has also removed the requirement to test for MDEA.

An updated copy of **LAMPTON-LOVE, INC** D.O.T. Drug and Alcohol Policy will be provided to you at a later date to include these changes.

By signing this form, I acknowledge that I have been notified by **LAMPTON-LOVE, INC** of these changes.

This copy will be retained in your confidential DOT files.

Please sign the bottom of this notice to acknowledge its receipt.

Employee Printed Name: John M. Thomas

Employee Signature: John M. Thomas

Date: 8-20-2018