

BBTS Logging LLC
2182 S Jefferson Hwy, Monticello, FL 32344 Ph: 850-997-2436
Application for Employment/Independent Contractor/Lease Driver

TO BE READ AND SIGNED BY APPLICANT

Equal Opportunity Employer. Applicant: Read the following information carefully before completing this form. In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status protected by law.

I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and a conditional offer of employment has been extended). I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false, omitted, misleading or misrepresented information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company and governing agencies.

I understand that information I provide regarding current and/or previous employers may be used, and previous employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to: Review information provided by previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send corrected information to the prospective employer; and Have a rebuttal statement attached to the alleged erroneous information if the previous employer/s and I cannot agree on the accuracy of the information.

Signature: _____ **Date:** _____

(The U.S. Department of Transportation requires that driver applicants give their date of birth)(391.21), (b)(2)

Please Print in black ink - - DO NOT LEAVE ANY QUESTIONS BLANK

Last Name		First Name		Middle Name	
Physical Street Address			City	State	Zip
					____ Yrs. ____ Mos.
Previous Address if less than three years at above address					____ Yrs. ____ Mos.
Social Security Number		Cell number		Home Phone Number	
Date of Birth	Driver's License Number		Is your license a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years have you had a CDL? ____		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, enter DATE you last worked? _____		Date available?		May we inquire with present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No Previous employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position applying for: _____			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Over the road		
Have you ever applied or worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide the dates: START DATE: _____ END DATE: _____					
Reason for Leaving: _____					

EMERGENCY CONTACTS

Name: _____ Address: _____

Relation: _____ Home Ph # _____ Cell Ph # _____

Name: _____ Address: _____

Relation: _____ Home Ph # _____ Cell Ph # _____

GENERAL INFORMATION

Have you **ever** been convicted of a felony? Yes No If yes, please explain, include date/s, location, charge/s Attach a separate sheet if necessary. (Answering yes does not immediately disqualify you from consideration of employment with this company)

_____	_____	_____
Date	Location	Charge
_____	_____	_____
Date	Location	Charge

DRIVER'S LICENSE INFORMATION - List all Driver's License held in past 5 years

State	License No.	Class	Endorsement	Restrictions	Expiration Date

Have you **EVER** been denied a license, permit or privilege to operate a motor vehicle? Yes No If yes, list details:

Date: _____ County: _____ State: _____

Offense/s: _____

Has your License, permit or privilege **EVER** been suspended, cancelled, withdrawn or revoked? Yes No If yes, list details - list dates, location, and offense (attach a separate sheet if necessary):

1st: Date: _____ County: _____ State: _____ Offense: _____

2nd: Date: _____ County: _____ State: _____ Offense: _____

3rd: Date: _____ County: _____ State: _____ Offense: _____

List ALL accidents OR incidents within the past 3 years regardless of fault - - If none write NONE

DATE (Month / Year)	LOCATION City and State	NATURE OF ACCIDENT/INCIDENT (head-on, rear-end, upset, sideswipe, hit fixed object, caught overhead line, etc)	NUMBER OF FATALITIES	NUMBER OF INJURIES	HAZARDOUS MATERIAL SPILL
Last					
Next Previous					
Next Previous					

TRAFFIC CONVICTIONS AND FORFEITURES (3 YEARS) Other than parking violations – if none write NONE

Convicted Date	Provide City, County and State	Violation	Penalty

**DRIVING EXPERIENCE CHECK YES OR NO – Answer all yes or no, do not leave anything blank!
Answer all Yes or No questions and circle all equipment you have operated, provide total estimated driving miles**

CLASS OF EQUIPMENT Check all that apply	Circle all Type of Equipment that applies	DATES FROM (MM /YY) TO (MM/YY)		Approximate number of all CDL miles driven:
Straight Truck <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Dump Refer Flat			
Tractor and Semi-Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Dump Refer Flat			
Double/Triple Trailers <input type="checkbox"/> Yes <input type="checkbox"/> No	Van Tank Dump Refer Flat			
Motor coach – School Bus <input type="checkbox"/> Yes <input type="checkbox"/> No	N / A			

Other equipment not listed that you have experience with:

List states operated in during past 5 years:

Employment History

§391.21 (b)(10) A list of the names and addresses of the applicant's employers during the 3 years preceding the date the application is submitted, together with the dates he/she was employed by, and his/her reason for leaving the employ of, each employer; (b)(11) For those drivers applying to operate a commercial motor vehicle as defined by Part 383 of this subchapter, a list of the names and addresses of the applicant's employers during the 7 year period preceding the 3 years contained in paragraph (b)(10) of this section for which the applicant was an operator of a commercial motor vehicle, together with the dates of employment and the reasons for leaving such employment.

DOT requires 10 year work history **Period of gaps between jobs must be shown**

List gap in employment here		
Employment Gap From: _____ To: _____ City/State _____		
Reason for Gap: _____		
_____ Initial to confirm you were not operating a CMV or performing Safety Sensitive functions governed by any part of 49 CFR		
Current or most recent employer		
Company Name	Start Date MM/DD/YYYY	End Date: MM/DD/YYYY
Phone Number:	Contact person:	
Address _____ City _____ State _____ Zip _____	Position and Duties (i.e. OTR, local, containers & flatbed, Tanker, etc.)	
Reason for Leaving:		
Were you ever employed in a safety sensitive function subject to DOT Drug & Alcohol testing? Yes <input type="checkbox"/> No <input type="checkbox"/>	Were you subject to Federal Motor Carrier Safety Regulations? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List gap in employment here		
Employment Gap From: _____ To: _____ City/State _____		
Reason for Gap: _____		
_____ Initial to confirm you were not operating a CMV or performing Safety Sensitive functions governed by any part of 49 CFR		
Next previous employer		
Company Name	Start Date MM/DD/YYYY	End Date: MM/DD/YYYY
Phone Number:	Contact person:	
Address _____ City _____ State _____ Zip _____	Position and Duties (i.e. OTR, local, containers & flatbed, Tanker, etc.)	
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Company Name	Start Date MM/DD/YYYY	End Date: MM/DD/YYYY
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Phone Number:	Contact person:
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Address _____ City _____ State _____ Zip _____	Position and Duties (i.e. OTR, local, containers & flatbed, Tanker, etc.)
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Company Name	Start Date MM/DD/YYYY	End Date: MM/DD/YYYY
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Phone Number:	Contact person:
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Company Name	Start Date MM/DD/YYYY	End Date: MM/DD/YYYY
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Phone Number:	Contact person:
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Phone Number:	Contact person:
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Address _____ City _____ State _____ Zip _____	Position and Duties (i.e. OTR, local, containers & flatbed, Tanker, etc.)
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Reason for Gap: _____

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If additional space is needed to, please ask for additional blank history pages

Driver Acknowledgement and Certification of Information

- 1) **I hereby certify that this application was completed by me** and all statements and all information provided in this application or interview are true and correct to the best of my knowledge. I understand that any material misrepresentation, falsification or deliberate omission of any fact in my application may be justification for refusal or if employed or leased, termination from employment with this company.
- 2) I understand that falsification of data so given or other derogatory information discovered as a result of application information verification may prevent my being hired or leased, or if hired or leased, may subject me to immediate termination.
- 3) I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job for which I am a being considered prior to employment or in the future during my employment with the company.
- 4) I understand this is an application for employment or application as a contract driver. I also understand my employment or lease with the company shall be probationary for a period of three months and further that at any time during the probationary period or thereafter my employment or lease relationship with the company is terminable at will with or without cause by either party. Further, I understand that if I am employed or leased on, such employment or lease is an indefinite period of time and that the company can change wages, benefits, and conditions and may terminate my employment or lease at the company's discretion.
- 5) I understand I must maintain a current driver's license at all times, and that I must maintain a driving record that is insurable at standard group rates by the company's insurance carrier. If my driving record is unacceptable, my employment or lease will be terminated.
- 6) I understand that I am to **immediately** report any accidents and incidents, or traffic violations, including violations in a personal vehicle, motorcycle or any recreational vehicle, to the company.
- 7) I will comply with polices and rules of the company and its governing agencies, including the Federal and State DOT, as well as those of any customers.

Date: _____

Signature: _____

DRIVER STATEMENT OF ON-DUTY HOURS

Motor carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j), (2) Federal Motor Carrier Safety Regulations.

NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name _____ SSN _____

License No. _____ State _____ Class _____ Endorsed _____

INSTRUCTIONS:

- 1.) Start with yesterday's date and go backwards for the previous 7 days, enter the number of hours worked each date and total the number of hours worked for the previous seven days from the date of this form (if you didn't work, write a zero).
- 2.) Enter the time and date you were relieved from duty from your last job, sign and date both sections.

DAY	1 Yesterday	2	3	4	5	6	7	
DATE								
HOURS WORKED								Total Hours

I 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:

_____ Time released from work: _____
 (What was the date when you last worked?)

Driver's Signature

Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

When employed by a motor carrier, a driver must report to the driver all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any non-motor carrier entity.

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 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 employers for compensation that I must inform this company of such employment activity, and report all hours spent working for another employer.

Driver's Signature

Date

Previous Employment, Safety Performance, Substance & Alcohol History Request
Prospective Employer BBTS Logging LLC 850-997-2436 and Authorized Agent; SACS 863-860-3130

Prospective Employee: Pursuant to Federal Motor Carrier Safety Administration regulations Part 40.25 and Part 391.23

I, _____
 First Name Middle Initial Last Name Social Security No.

hereby authorize the release of all driver performance information, along with Alcohol and Controlled Substance testing records within the past three years from the date of this request to the prospective employer as listed above.

Signature: _____ Date: _____

DRIVER – DO NOT WRITE BELOW THIS LINE - To be Completed by PREVIOUS EMPLOYER

Previous Employer: _____

Phone Number _____ Fax Number _____

EMPLOYMENT HISTORY

Pursuant to a request for Previous Employee Safety Performance History, this response is being provided from the previous employer to the Prospective Employer in compliance with the Department of Transportation regulation §40.25 and §391.23.

Above Employee worked as: Company driver Owner/operator Contractor Other _____
 Type of equipment operated: Dry Reefer Flat Tank Container Dump N/A
 Area he/she operated Local Over the Road Regional N/A
Please check (all that apply) which vehicle classification Class A Class B Class E N/A

FROM _____ TO _____ **REHIRE** FROM _____ TO _____

REASON NO LONGER EMPLOYED: Terminated Regulation or Policy Violations Resigned/quit

ACCIDENT HISTORY; Was the applicant ever involved in any accidents or incidents with the motor vehicle? Yes No

IF YES - List any accidents included on your accident register (§390.15 (b)) that involved the applicant in the past three years.

DATE (Month /Year)	LOCATION City and State	NATURE OF ACCIDENT / Incident (roll over, rear-end, sideswipe, hit stationary object)	FATALITIES	INJURIES	HAZ-MAT SPILL

Did applicant participate in DOT regulated drug & alcohol testing program per 49 CRF Part 40? Yes No
If YES, also answer #s 2 – 7; If NO, did applicant submit to a pre-employment drug test? Yes No

If Yes, Under DOT drug and alcohol testing requirements for the past three years:

- Has this person had a test with a result of 0.04 or higher alcohol concentration? Yes No
- Has this person refused to submit to a post-accident, random, reasonable suspicion or follow-up alcohol or controlled substance test? Yes No
- Has this person committed other violations of Subpart B, Part 382, or Part 40? Yes No
- Did a previous employer report a drug and/or alcohol violation to you? Yes No
- If this person has violated a DOT drug and alcohol regulation, did this person complete a program prescribed by a Substance Abuse Professional (SAP) in your employ? **If yes, please send documentation back with this form.** N/A Yes No
- For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? N/A Yes No

Signature of information provider: _____

Title _____

Printed Name: _____

Date: _____

**DRIVER'S CERTIFICATION OF COMPLIANCE
WITH DRIVER LICENSE REQUIREMENTS**
– PLEASE READ CAREFULLY BEFORE SIGNING –

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

DRIVER INSTRUCTIONS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. 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.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a State or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the State that issued your license (If the violation occurs in a State other than the one which issued your license). The notification to both the employer and the State must be in writing.

- 3) **CDL DOMICILE REQUIREMENT:** Section 383.23 (a) (2) requires that your commercial driver's license be issued by your legal state of domicile, where you have your true, fixed, and permanent home and principal residence and to which you have the intention of returning whenever you are absent. If you establish a new domicile in another state, you must apply to transfer your CDL within 30-days.

The following license is the only one I possess. I have surrendered (if applicable) all other driver's license to the state either which has issued my current license or to the state from where I received any other license:

License Number: _____ State: _____ Expiration Date: _____

DRIVER CERTIFICATION: I certify that I have read and understand the above requirements and that I possess only one license.

Employee Full Name: _____

Signature: _____ Date: _____

DOT Safety and Compliance Policy

In an effort to support and improve driver safety and performance, CLG Transportation, LLC has established policies and procedures relating to safe operation of commercial motor vehicles. Effective immediately, any driver committing company policy violations and/or who are in violation of the Federal Motor Carrier Safety Regulations (FMCSR's), and or state/local laws including, but not limited to the following will result in disciplinary action up to and including termination.

Hand-Held Devices – Using a cell phone without a hands-free device while driving and stopped at any traffic control device or due to traffic conditions is strictly prohibited. Violation of this policy will result in termination without further notice.

Texting – ABSOLUTELY FORBIDDEN! No texting is permitted or required while at the controls of any vehicle. Violation of this policy will result in termination without further notice.

Entering and Exiting Vehicles – Drivers are required to properly enter and exit the vehicle cab while always maintaining three points of contact on the vehicle (i.e. two feet, one hand or two hands and one foot while facing the inside of the cab and backing down).

Seatbelts – Seatbelts must be properly worn at all time while operating any vehicle on behalf of the company.

Record of Duty Status – All drivers are required to use the DOT mandated electronic logging devices (ELD). **Every duty status, including fuel stops, roadside inspections, cargo check stops, crashes, etc., must be recorded as the change occurs and shall include the name of the city, town or village, with State abbreviation, commodity information, truck and trailer number (if empty, enter empty, if bobtailing enter bobtail).**

Hours-of-Service – All drivers must comply with the hours of service rules. No driver is permitted to drive more than 11 hours following 10 consecutive hours off duty; may not driver beyond the 14th hour after coming on duty, following 10 consecutive hours off duty; may not drive after 70 hours on duty in 8 consecutive days (a driver may re-start an eight consecutive day period after taking 34 or more consecutive hours off duty).

No driver is permitted to work more than 8 hours without taking a 30 minute break or more in the sleeper or off duty.

All ELD Logs must be kept current; all drives must have in his/her possession the previous 7 days, including the use of paper logs.

Falsified logs – Drivers are required to keep accurate and **true** records of duty status - §395.8 (e) Failure to complete the record of duty activities of this section or §395.15, failure to preserve a record of such duty activities, or making of false reports in connection with such duty activities shall make the driver and/or the carrier liable to prosecution. **Falsification of logs and or running more than one log book will result in termination of employment. No driver is permitted or required to violate the hours of service or record keeping regulations.**

Tampering with the ELD including, removing, disconnecting, turning it off while working, destroying, etc., is PROHIBITED and will result in termination if found in violation of this rule.

In the event the ELD malfunctions during any part of your trip, a paper log must be kept to record your duty status as they occur. The paper log must include the reason/malfunction you switched to paper logs in the comment section. **All ELD malfunctions must be reported to the company immediately, no less than within 24 hours of the malfunction.**

Out-of-Service (OOS) Violations – Drivers must remain out of service for the prescribed duration of time after being declared out-of-service. Drivers violating an OOS order will be terminated.

Load-Related paperwork – All documents related to a load including weigh bills, toll receipts, fuel receipts, trip cost reports, bill of lading, logs, vehicle inspection reports, etc., must be submitted to the office in a timely manner but no later than 13 days. Drivers are required to accurately complete a trip cost report with all required trip and fuel information.

Driver Vehicle Inspection Report, DVIR – (Pre-trip/Post-trip vehicles inspections) – All drivers must complete and sign a written vehicle inspection report at the end of each day's work on each commercial motor vehicle driven. No driver is permitted to operate a CMV without making sure the vehicle/s is/are in safe operating condition. Prior to operating you are required to review the last DVIR to confirm any reported defects have been corrected prior to operating. Your vehicle inspections are to be completed **at the end of your duty** and must be indicated on your log as your post-trip inspection. **Vehicle inspection reports should list any defects discovered during a roadside inspection.** Inspection reports are also part of your load paperwork and must be turned in when you submit your paperwork to the office. If defects are discovered during a roadside inspection you are required to enter the defect on the daily inspection report.

Notification to Carrier – Drivers are to inform the company of any notification of, or actual driver's license suspension, revocation, cancellation, citations or disqualification, etc. within 24 hours of being issued. You are also required to report the issuance of all citations including warnings, (regardless of the type of vehicle being operated), to your supervisor within the same day of receipt.

Citation/Violation Fines – The payment of all fines for citations issued to drivers are the responsibility of the driver; however if requested and approved, the company may consider paying a fine and deduct the payment via payroll deduction. It is your responsibility to confirm such payment has been made.

Crashes – No driver is permitted to leave the scene of a crash until released by a law enforcement officer and/or an authorized Company employee. All crashes/incidents must be reported to the company immediately, no matter how minor. You are not permitted to consume alcohol after a crash without first being notified of whether a drug and alcohol test is required. **You are required to also contact the safety department to report the accident after the company has been notified to make sure all DOT required compliance is satisfied.** In the event you are involved in an accident/incident, you are required to move your vehicle COMPLETELY off the road (if possible), turn your 4-way emergency flashers on, set out your triangles, and call 911 for law enforcement assistance.

Roadside Inspections – All roadside inspection reports must be recorded on your log when it occurred and also must be reported and turned into the company within 24 hours of receiving the report, regardless if no violations were cited. Roadside inspections with OOS violations must be repaired prior to resuming trip. Non-out-of-service defects must be repaired within 3 days of the violation being discovered. Evidence of repair must accompany the roadside inspection when it's submitted to the office.

DOT Certified Examiner's Medical Card and Long Form Physical – No driver is permitted to drive without a valid and un-expired medical card in his possession at all times.

Commercial Driver's License – No driver is permitted to operate CMV without having in his/her possession, a valid, unexpired, properly classified (Class A, Class B, etc), and/or endorsed (T – doubles/triples, X– HazMat/Tanker, etc.) driver's license.

Radar Detector – No driver shall use a radar detector in a commercial motor vehicle, or operate a commercial motor vehicle that is equipped with or contains any radar detector.

Speeding – No driver is required to exceed the posted speed limit nor exceed the appropriate speed for the conditions in which you are traveling. No driver shall schedule a load to necessitate speeding. Drivers who fail to conform to the posted speed limits will be subject to disciplinary action up to and including termination.

Vehicle Operation – **All drivers must remain awake and alert while at the controls of the vehicle.** No driver is permitted to allow another driver to operate a vehicle under the company's DOT number without being qualified by the company. All owner operators and company drivers are required to operate any CMV safely and without driver distractions, and must always be in control of their vehicle. No personal use of any company equipment is permitted, including going out of route without prior approval. All equipment must be operated with the proper license classification and endorsements in drivers possession at all times.

Cargo Securement – No driver is permitted to transport any load without securing and distributing the cargo in accordance to the CFR 49, parts 392 and 393. All drivers are required to perform cargo inspection stops within the first 50 miles, when a duty status change occurs or when the vehicle has been driven three hours, or the vehicle has been driven for 150 miles whichever occurs first.

Transportation of Hazardous Material –No driver is permitted to transport a load without having the appropriate endorsement for loads requiring placarding. Prior to operating the vehicle, all drivers transporting cargo requiring placarding must have HazMat awareness and security plan training, must comply with the regulations in CFR 49, part 172, and must receive re-certification every three years. All drivers must perform tire checks every two hours or every 100 miles, and every time the vehicle is parked.

Annual inspection / Periodic Maintenance Inspection – No driver is permitted to operate a CMV without having a valid annual inspection report /sticker or without the required periodic maintenance inspections being performed. PMI (vehicle safety inspection), must be performed no less than each quarter.

Workplace Violence – Employees and owner operators are expected to refrain from fighting, shouting or raising your voice, profanity, “horseplay”, or other conduct that may be dangerous and/or intimidating to others. Firearms, weapons, and other dangerous or hazardous devices or materials, and drug or alcohol substances are prohibited on the premises of the Company, or in a Company vehicle or your personal vehicle while conducting business on behalf of the Company, vendors’ property or customer jobsites. Conduct that threatens, intimidates, or harasses another employee, a customer, or a member of the public at any time, including off-duty periods, will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual’s sex, race, age, or any characteristic protected by federal, state, or local law. All threats of (or actual) violence, both direct and indirect, should be reported as soon as possible to your immediate supervisor or any other member of management. This includes threats by employees, as well as threats by customers, vendors, solicitors, or other members of the public.

Drug/Alcohol testing – No driver is permitted to report to duty or to perform safety sensitive functions without first receiving a verified negative pre-employment test result; nor anyone not participating in a random drug and alcohol testing program. No driver is permitted to report to duty or remain on duty or to perform a safety-sensitive functions if you have received a positive, adulterated, diluted, or substituted drug test result; within 10 hours of using alcohol; and/or if you have used drugs. All drivers are required to advise their attending physician that they are a commercial motor vehicle driver, prior to being prescribed medication and are also required to notify the company when they have been given a prescription for any medication. Refusing a drug test, not presenting to the collection site immediately after being notified, engaging in or allowing engagement, including knowingly or unknowingly, in alcohol and drug related activity; knowledge of or actual misconduct, including use, allowing use, possession, transporting, distribution, and sale, while doing business on behalf of the company, in any vehicles or equipment, on job sites, in personal vehicles while operating on behalf of the company, regardless of being off duty or not, will result in immediate termination.

Safety Performance – Drivers whose safety performance and/or MVR does meet the company’s safety performance guidelines will be subject to disciplinary action up and including termination of employment or lease. The company’s position regarding accidents, is that most accidents can be prevented. All driver are **REQUIRED** to have control of your vehicle at all times by using safe following distances, obeying posted speed limits, and driving safe for the traffic & road conditions.

Safe Operation of Commercial Vehicles Policy

Safety and compliance is the company’s number one priority. The company depends on you and your on-road performance to continue fostering the safety culture we have developed. Every driver’s performance is measured, scored and calculated by the DOT each month. Roadside inspections and internal audits of your logs and trip-related paperwork reflect the level of your safety and compliance performance. The intention of this policy is to eliminate unsafe driving behavior thereby making traveling on public roadways safer for all motorists and to promote a safe driving culture within the company.

Objectives of the policy are:

- To ensure drivers demonstrate safe, efficient driving skills and habits and having your vehicle in control at all times.
- To maintain all vehicles in a safe, clean and roadworthy condition to ensure the maximum safety of all road users.
- To ensure drivers comply with traffic control devices
- To ensure drivers are conscious of road safety

Code of conduct

It is the company’s expectation for drivers to comply to this policy and with FMCSR’s and state or local laws related to the safe driving of a commercial motor vehicle.

Failing to comply will result in progressive step disciplinary action 1st offense - written warning, 2nd offense – final warning

and suspension, 3rd offense will result in termination. The following actions will be viewed as serious violations which will result in termination: (These guidelines are not all-inclusive):

<ul style="list-style-type: none"> • Not having vehicle in control at all times • Using a mobile device cell phone, tablet, etc. while behind the controls of a motor vehicle • Texting while at the controls of a commercial motor vehicle • Speeding more than 7 over the posted limit • Traveling too fast for conditions, Following too close • More than 2 On-road aggressive driving complaints/call ins • Disobeying a traffic control device, including red light violation, stop sign violation, scale signs or lane restrictions • Improper/erratic lane change • Lane restriction violations • Accident (at-fault and/or preventable) • Violation of OOS Order • Failure to properly use seatbelt • Failure to yield violation • Refusing a drug or alcohol test • Drinking or being under the influence of alcohol or controlled substances while at the controls of the motor vehicle • Failure to report accident/incident 	<ul style="list-style-type: none"> • Leaving scene of an accident • Reckless driving or careless driving • Improper load securement Failure to perform vehicle inspections • Failure to maintain an acceptable Motor Vehicle Report in accordance to the fleet insurance guidelines • Log falsification • Improper parking/Improper stop on highway • The use of a radar detector • Railroad crossing violation • Driving while license suspended/revoked • Excessive equipment damage • Unauthorized use of vehicles, property • False report to DMV, fraudulent use of D. L. • Passing a school bus while stopping for passengers • Speeding in a construction and/or school one. • Failing to possess a valid D.L. and/or DOT medical card while operating a CMV • Committing a felony using a CMV
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Every driver will:

- Always maintain control of your vehicle in any situation by using proper speed and space management, and not driving while fatigued or ill.
- Ensure they hold a current driver licence for the class of vehicle they are driving and this licence is carried when operating any vehicle.
- Properly wear a safety belt at all times
- Drive within the legal speed limits, including driving to the conditions
- Comply with traffic control devices, including lane restriction and scales
- Immediately notify their dispatcher if their driver licence has been suspended or cancelled, or has had limitations placed upon it. You SHALL NOT operate any vehicle without a current, valid CDL in your possession.
- Never drive under the influence of alcohol or drugs. Prescription drugs must be reported to the company prior going under dispatch. Failure to follow this policy will result in termination.
- Avoid distraction when driving – the driver will adjust mirrors/navigational device etc., prior to setting off, or shall exit the road to use devices while legally parked.
- Be responsible and accountable for their actions when operating any motor vehicle
- Demonstrate the highest level of safe and professional conduct when driving
- Report violations to operations within 24 hours of being issued
- Daily, check the safety of the vehicle prior to operating, and if defects are discovered, repair them PRIOR to operating
- Use four-way flasher when re-entering the main roadway until travel speed is reached
- Immediately report out of service and non-OOS defects to operations
- **NEVER operate a vehicle that has been declared OOS**
- Repair all non-OOS defects discovered during roadside inspections within 48 hours
- Assess hazards and be in control of their vehicle
- Report all crashes and incidents, including those that do not result in injury.
- Never use a hand-held device while behind the controls of a motor vehicle
- Head lights shall be used during inclement weather (rain, fog, snow, etc.), and 2 hour before sunset and until 2 hour after sunrise, or anytime when a distance of 500 feet ahead of the vehicle is not clearly visible

I have received and understand the safe driving of a commercial motor vehicle program policy and acknowledge my responsibilities and requirements to comply with the policy. I further understand that failing to operate my CMV safely and complying with the policy and will result in disciplinary action up to and including termination.

Driver Printed Name

Signature

Date

Cell phone and electronic device Policy

The U.S. DOT prohibits the use of hand-held cell phones while driving. Driving includes:

- temporary stops because of traffic
- a stop at a traffic control device and
- other momentary delays of driving
- texting is also prohibited

Using a cell phone while behind the controls and a vehicle and while stopped at any traffic control device or due to traffic conditions is prohibited. There are no exceptions or what if's, that would allow the use of a hand-held cell phone except reporting an emergency to emergency service or if you are involved in the response for service by a State or Federal enforcement agency. "Push to Talk" phones are included in the hand-held phone category when used to make a phone call. CB radios are not covered by this rule but you are reminded that using the CB is also a distraction and need to limit the use of the CB radio.

The rule interpretation is:

- Using at least one hand to hold the mobile telephone to conduct a voice communication
- Having to press more than a single button to initiate a call or answer a mobile phone
- Having to leave the normal seated driving position to reach, locate, get or use a mobile phone.
- To legally use a hand-held cell phone, a driver will need to get off the roadway, legally park and stay parked until the call has concluded.

Company Policy - The company recognizes that distracted driving can impair safe driving and contribute to vehicle accidents. This policy will apply to all commercial drivers; company drivers, independent contractors operating under a lease or owner-operator agreement, and to non-commercial drivers, including sales and management personnel and all others operating company owned vehicles or personally owned vehicles used while conducting business on behalf of the company.

NO TEXTING OR USE OF HAND HELD ELECTRONIC DEVICE IS PERMITTED UNDER ANY CIRCUMSTANCES WHILE BEHIND THE CONTROLS OF A VEHICLE AND/OR WHILE THE VEHICLE IS IN MOTION.

Anyone whose job responsibilities include regular or occasional driving are expected to refrain from using their phone **and/or any electronic device** (including computers, tablets, etc.) to text, receive or place calls, surf the web, email or instant message or to take pictures or video while driving.

Regardless of the circumstances, including slow or stopped traffic, anyone behind the controls of any vehicle being operated on behalf of the company are **required** to pull into a rest area or parking lot and safely stop the vehicle before placing or accepting a call or use hands-free device for cell phone use. A hands-free device must be used if a driver uses a cell phone. Refrain from becoming involved in conversations of complicated or emotional matters and keep your eyes and mind on the road.

As a condition of continued employment or lease, you are required to comply with the regulation banning the use of a hand-held cell phone. If you are issued a citation including warnings against using a hand held cell phone for calls or texting as well as if you are seen operating your vehicle while using your cell phone without a hands free device, including while in the yard or at a shipper or consignee, your employment or lease will be terminated without further notice.

I understand and agree that I shall comply with the policy regarding the use of hand held cell phones. Furthermore, I understand the company will not tolerate non-compliance of the hand held devices and am aware the consequence of non-compliance will result in termination without further warning.

Printed Name

Signature

Date

Hours of Service & Record of Duty Status Policy

BBTS Logging LLC is committed to following the hours-of-service regulations. Department of Transportation (DOT) regulations require all motor carriers and drivers to comply with the hours-of-service requirements. The purpose of required compliance is to reduce driver fatigue and to efficiently manage the company's operations. Company affiliates and drivers shall subscribe to a philosophy of continuous improvement.

The objectives of the company's Hours of Service Policies and Plan are:

- Protect the safety of all motoring public against the involvement of an accident.
- Ensure operational relationships with customers are sustained by safe and efficient transportation of freight.
- Ensure drivers are operating at peak efficiency
- Protect the health and well-being of the drivers
- Meet or exceed federal and state regulation requirements
- Adhere to a strict management of the hours of service program
- Provide cost-effective transportation services.

11-hour driving rule

A driver cannot drive for more than 11 hours following **10 consecutive hours off duty**. All time spent at the driving controls of a commercial vehicle is considered driving time.

14-hour rule

A driver cannot drive after the 14th consecutive hour after coming on duty. After that 14th hour, a driver cannot drive again until he/she has **10 consecutive hours of rest**. Off-duty time of less than 10 hours does not extend the 14-hour day.

70-hour/8-day limit

The company utilizes the 70-hour/8-day rule for all drivers. A driver cannot drive after having been on duty for 70 hours in any 8 consecutive days.

Adverse driving conditions

A driver who encounters adverse driving conditions and, because of these conditions, cannot safely complete his/her run within the 11-hours maximum driving time may drive for an additional two hours to complete the run.

Adverse driving conditions mean snow, sleet, fog, or unusual road and traffic conditions, which were not apparent to the person dispatching or the driver, at the time the run started. Adverse driving conditions do not include loading or unloading delays or conditions that were apparent before the run was dispatched.

The 10-consecutive-hours off-duty requirement can be met by combining time in the sleeper berth with other off-duty time, but only if they are immediately consecutive, with no other type of duty intervening. After 10 consecutive hours off duty a driver has 11 hours of driving time available.

34-hour restart

A driver who obtains 34 consecutive off duty and/or in a sleeper berth may restart his/her 70-hour clock

On-duty time

All time from the time a driver begins work or is required to be in readiness to work until the time he/she is relieved from work and all work responsibility is considered on-duty time. Work for any entity, regardless of whether the employer is a carrier, is considered on-duty time. On-duty time includes the following:

- All time at a plant, terminal, or facility of a motor carrier or shipper or other property, or on any public property, waiting to be dispatched, unless the driver has been relieved from duty by the motor carrier.
- All time inspecting, servicing, or conditioning any commercial motor vehicle at any time.
- All driving time.
- All time, other than driving time, in or upon any commercial motor vehicle except time spent resting in a sleeper berth.
- All time loading or unloading a commercial motor vehicle, supervising, or assisting in the loading or unloading, attending a commercial motor vehicle being loaded or unloaded, remaining in readiness to operate the commercial motor vehicle, or in giving or receiving receipts for shipments loaded or unloaded.
- All time repairing, obtaining assistance, or remaining in attendance upon a disabled commercial motor vehicle.
- All time spent providing a breath sample or urine specimen, including travel time to and from the collection site, in order to comply with alcohol and drug testing requirements.
- Performing any other work in the capacity, employ, or service of a motor carrier.

- _ Performing any compensated work for a person who is not a motor carrier.
- _ Drivers shall record their activities on their grid style record of duty as they perform that activity
- _ The driver's record of duty should be current up until the last change of duty status and be an accurate and honest reflection of the driver's duty.
- The company will randomly use numerous documents, i.e.; bills of lading, trip reports, toll receipts, and fuel reports to ensure accuracy of the driver's record of duty status
- _ Drivers shall record their activities on their grid style record of duty or on the ELD as they perform that activity
- _ Drivers shall keep record of duty status current to the last change; paper log or ELDs records are included
- _ Drivers shall make entries as prescribe in 395.8 including duty status flags, shipper information, equipment numbers, etc. Paper logs and ELDs are included.
- _ Drivers shall keep in their possession the record of duty status for the previous 7 days
- _ Drivers using paper logs shall submit the original record of duty status to the carrier no later than 13 days from completion.
- _ Drivers shall not drive beyond 11 hours after having a qualified 10 hour rest break
- _ Drivers shall not drive after being on duty 14 hours after a qualified 10 hour break
- _ Drivers shall not drive after being on duty for 70 hours in an 8 day period
- _ Drivers shall not drive without taking a 30 minute break within 8 hours of coming on duty
- _ Drivers shall submit to the carrier all trip related documents (bill of ladings, daily worksheets, weigh bills, receipts of any kind, roadside inspection reports, etc.)
- _ If using an ELD, you are required to log in to the ELD with the proper duty status ANY time you use your vehicle, including personal use.
- _ If using an ELD, you are not allowed to disconnect, tamper or any way attempt to alter the device to avoid recording truck activity.
- _ If using an ELD and the device malfunctions, you are required to contact the safety department to report EVERY malfunction each time a malfunction occurs.
- _ If using ELD, any yard moves or personal conveyance status **MUST** include a driver comment.
- _ **Falsification of record of duty status will not be tolerated; paper logs and ELDs included**

Supporting Documents, Violations and Falsification:

Determining whether the driver has logging or hours of service violations, including failing to submit logs on time, will occur from actions of spot checking the logs as they are received, and by a comprehensive audit of records of duty status that will be performed monthly. A driver's record of duty status must be completed as prescribed in the hours of service regulations and match the date, location and time of all supporting documents. If they do not match, the company views the log as logging inconsistency errors or false. The FMCSA defines a supporting document as any record that is generated in the normal course of business of the motor carrier (ALL trip related documents). These could include, but are not limited to, bill of ladings, toll receipts, interchange tickets, gate tickets, fuel receipts, fuel billing reports, scale tickets, lumper receipts, drug and alcohol testing records, dispatch records, cash advance records, roadside inspections, accidents reports, repair bills, credit card receipts, etc.

Corrective Action Regarding Hours of Service Violations

- Step 1: Drivers will be issued a written warning against logging violations.
- Step 2: The company will impose monetary fines against drivers with logging violations discovered after the first warning.
- Step 3: The company will consider drivers who fail to correct violations after 2 warning as non-compliance and will suspend the driver for no less than 3 days.
- Step 4 Termination will result for subsequent HOS violations after suspension.

Immediate termination will result for record of duty status falsifications. Progressive disciplinary steps may change based on violation severity and/or driver's willingness to comply.

Driver Printed Name

Signature

Date

Maintenance and Inspection Policy

BBTS Logging LLC is committed to following requirements of part 396 relating to maintenance and inspection of CMV's therefore as a condition of continued employment/lease, management expects all drivers to conform to the policies and procedures outlined in the Maintenance and Inspection Manual and to conform to the requirements of the federal motor carrier regulations.

Driver's daily inspection and roadside inspection

- Drivers are required to inspect their equipment to determine it is in safe operating condition. If defects are discovered, the driver must record the defects on the daily report, repair the defects and certify the repair is satisfactory. The driver shall not operate the equipment until defects are corrected.
- If a roadside inspection is conducted, drivers must submit the inspection report to the company within 24 hours of receipt.
- If a roadside inspection results in the driver being declared out of service, the driver is required to immediately call dispatch/operations to inform them of being declared OOS.
- The driver will be instructed not to operate, and must forward a copy of the inspection report to dispatch.
- A road call (if necessary), will be coordinated to have the OOS defects repaired. Once the defect is repaired, and PRIOR to the repairing mechanic leaving, the driver must submit a copy of the work order and roadside inspection with the repairing mechanic's signature or the DOT inspector's signature to dispatch.
- The driver must enter the defects discovered on the daily inspection report and record of duty status
- Once the repair work order and inspection report is reviewed and found to satisfy the OOS defect and non-OOS defects, the driver will be allowed to resume dispatch.
- No driver is required or permitted to operate a motor vehicle declared out of service. Anyone who permits a driver, and any driver who operates an OOS motor vehicle will be terminated immediately.
- Drivers operating without a current, valid annual inspection will be terminated.

During a Trip. Once on the road, the driver must examine the equipment and cargo. If a problem is found, the driver must either have the necessary repairs or adjustments made prior to operating the vehicle, or safely travel to the nearest repair facility. Enroute stops must be flagged on the record of duty status and occur:

- At each change of driving duty status
- After driving for 3 hours
- After driving for 300 miles

. During each stop the driver will check the following items:

- Tires, wheels and rims
- Brakes
- Lights and reflectors
- Brake and electrical connections to trailer
- Trailer coupling devices
- Cargo securement

Post-Trip Inspection and Report. At the end of the duty shift a post trip inspection is required to be performed. If defects are discovered, the driver must complete a written report on equipment's condition. The report must be completed in its entirety and the driver must note any defects to following:

Service brakes including trailer brake connections, Parking (hand) brake, Steering mechanism, Lighting devices and reflectors, Tires, Horn, Windshield wipers, Rear vision mirrors, Coupling devices, Wheels and rims, Emergency equipment.

Defects must be repaired prior to resuming driving duties or the next dispatch.

Driver Acknowledgement

I received and understand the maintenance and inspection program policy. I acknowledge the responsibilities & requirements to comply. Drivers who fail to comply with the requirements of the policy and program will face progressive disciplinary action: 1st offense - written warning, 2nd offense - final written warning and possible suspension, 3rd offense will result in termination. Immediate termination will result for violating an OOS order.

Driver Printed Name

Signature

Date

Seat Belt Statement and Policy

BBTS Logging LLC recognizes that safety belt use helps to protect drivers, reduce injuries, and control operating costs. Studies show conclusively that failure to use safety belts (lap and shoulder belts) results in increased deaths and injuries. Safety belt use in commercial motor vehicles is required by Federal law, and is a company policy.

Safety belts must be used at all times while driving or riding in any vehicle on company or personal business, or in any other vehicle while on official company business. For sleeper berths, occupant restraint systems installed by the manufacturer must be used, whether the system is at the entry point of the berth or incorporated as a belt-type restraint within the berth itself. This policy applies to all drivers and all occupants of vehicles driven by employees on official business, whether in company-owned vehicles, rented vehicles, or employees' personal vehicles.

THE SAFETY BELT ACKNOWLEDGEMENT AND PLEDGE

I have received and understand the seatbelt safety program policy. I will wear my safety belt because my well-being greatly affects my family and loved ones. It is my responsibility to maintain control of my vehicle. Using my safety belt is my best chance of remaining in control of my truck in a crash or emergency situation.

I understand it is the law, federal regulation and company policy that I am required to properly wear my seat belt at all times when operating a commercial motor vehicle. I also understand disciplinary action will result for failing to obey the law, regulation and company policy.

Print: Driver Name

Driver Signature

Date

CONSUMER DISCLOSURE AND AUTHORIZATION FORM

Disclosure Regarding Background Investigation – BBTS Logging LLC, in conjunction with authorized agent; SACS (The company) may request, for lawful employment purposes, background information about you from a consumer reporting agency in connection with your employment or application for employment (including independent contractor assignments, as applicable).

This background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as “background reports”). An “investigative consumer report” is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without information obtained from personal interviews), the most common form of which is checking personal or professional references. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or your contract period, as allowed by law.

HireRight, Inc. (“HireRight”), or another consumer reporting agency, will prepare or assemble the background reports for the Company. HireRight is located and can be contacted by mail at 5151 California, Irvine, CA 92617, and HireRight can be contacted by phone at (800) 400-2761. Information about HireRight’s privacy practices is available at www.hireright.com/Privacy-Policy.aspx. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. If locator information for other consumer reporting agencies is desired, notify the prospective employer and it will be provided to you upon request.

The types of information that may be obtained include, but are not limited to: social security number verifications; address history; credit reports and history; criminal records and history; public court records; driving records; accident history; worker’s compensation claims; bankruptcy filings; educational history verifications (e.g., dates of attendance, degrees obtained); employment history verifications (e.g., dates of employment, salary information, reasons for termination, etc.); personal and professional references checks; professional licensing and certification checks; drug/alcohol testing results, and drug/alcohol history in violation of law and/or company policy; and other information bearing on your character, general reputation, personal characteristics, mode of living and credit standing.

This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses; educational institutions; former employers; and, for investigative consumer reports, personal interviews with sources such as neighbors, friends, former employers and associates; and other information sources. If the Company should obtain information bearing on your credit worthiness, credit standing or credit capacity for reasons other than as required by law, then the Company will use such credit information to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being evaluated.

You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company. A summary of your rights under the Fair Credit Reporting Act, as well as certain state-specific notices, is available upon request.

**IMPORTANT DISCLOSURE REGARDING BACKGROUND REPORTS FROM THE PSP Online Service
The Below Disclosure and Authorization Language is for Mandatory Use By All Account Holders.**

In connection with your application for lease employment with **BBTS Logging LLC**, Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA). When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report. When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act. Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication. Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report. The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize **BBTS Logging LLC and/or Authorized Agent – Safety and Compliance Solutions, LLC (SACS)** to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee. I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication. I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear 2 on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature _____

Name (Please Print) _____

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language. LAST UPDATED 12/22/2015

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

Improving Highway Safety

The Clearinghouse provides FMCSA and employers the necessary tools to identify drivers who are prohibited from operating a CMV based on U.S. Department of Transportation (DOT) drug and alcohol program violations, and ensure that such drivers receive the required evaluation and treatment before operating a CMV on public roads.

The Clearinghouse Rule

The Clearinghouse rule requires FMCSA-regulated employers, medical review officers (MROs), substance abuse professionals (SAPs), consortia/third-party administrators (C/TPAs), and other service agents to report to the Clearinghouse information related to violations of the drug and alcohol regulations in 49 Code of Federal Regulations, Parts 40 and 382 by current and prospective employees.

The Clearinghouse also requires the following:

- Employers are required to query the Clearinghouse for current and prospective employees' drug and alcohol violations before permitting those employees to operate a CMV on public roads.
- Employers are required to annually query the Clearinghouse for each driver they currently employ.

I hereby provide consent to BBTS Logging LLC (the company), to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent is for the duration of my employment and will remain in effect unless I am no longer employed. This consent will be used for an unlimited number of queries at the employer's request. I understand that if the limited query conducted by the company indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to the company without first obtaining additional specific consent from me. I further understand that if I refuse to provide consent for the company to conduct a limited query of the Clearinghouse, 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.

Prospective Driver Name: _____
First Name Middle Initial Last Name

Driver's License Number: _____ State: _____

Signature: _____ Date: _____

PREVIOUS & PRE-EMPLOYMENT EMPLOYEE ALCOHOL AND DRUG TEST STATEMENT

Sec. 40.25(j) As the employer, the company must also ask the employee whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. Of the employee admits that he or she had a positive test or refused to test, you must not use the employee to perform safety-sensitive functions for you, until and unless the employee documents successful completion of the return-to-duty process (Sec. 40.25(b)(5) and (e))

PROSPECTIVE EMPLOYEE

Name: _____
 First Name Middle Initial Last Name Social Security No.

Prospective employee is required to respond to the following questions. As required by 49 CFR Part 40.25, please answer each questions by entering your initials in the appropriate lines.

Have you in the last two (2) years:

1. Had any DOT required alcohol tests with a result of 0.04 or higher alcohol concentration? _____ Yes _____ No
2. Had any verified positive DOT required drug tests? _____ Yes _____ No
3. Refused to be tested (including having a verified adulterated or substituted sample)? _____ Yes _____ No
4. Had any other violation of DOT agency drug or alcohol testing regulations? _____ Yes _____ No
5. If you violated a DOT drug and/or alcohol regulation did you successful complete DOT return to duty requirements (including follow up tests)? _____ N/A _____ Yes _____ No

In the past two (2) years:

Were there any situations in which you tested positive on a pre-employment test for a DOT employer that did not hire you? _____ Yes _____ No

Were there any situations in which you refused to submit (including positives by adulteration or substitution) to a pre-employment test for a DOT employer that did not hire you? _____ Yes _____ No

I certify that the information provided on this document is true and correct.

Signature: _____ Date: _____

Alcohol & Drug Testing DRIVER'S RECEIPT

I acknowledge receipt of J. J. Keller's *Alcohol & Drug Testing: Driver Awareness Training Driver Handbook* containing the following topics:

- Introduction
- Abbreviations
- Definitions
- Who is covered by the alcohol and drug regulations?
- What is safety-sensitive function?
- What are the alcohol and drug prohibitions?
- What tests are required and when will I be tested?
 - ✓ Pre-employment
 - ✓ Post-accident
 - ✓ Random
 - ✓ Reasonable suspicion
 - ✓ Return-to-duty and follow-up
- What happens if I refuse to be tested?
- How is drug and alcohol testing performed?
- What are the consequences of violating the drug and alcohol prohibitions?
- Where can I go for help?
 - ✓ Self-admission of alcohol and drug use
- What are the effects of drugs and alcohol on the body?

Driver's Signature

Date

BBTS Logging LLC

Company

Facilitator's Signature

Date

Safety and Compliance Solutions LLC

Company (if different than Employer)

BBTS Logging LLC

DOT Controlled Substances and Alcohol Testing Program Policy Summary

BBTS Logging LLC has established additional alcohol and drug testing policies and procedures to comply with Department of Transportation (DOT) requirements. All employees (and applicants for employment) that perform duties covered by DOT regulations are covered by these policies and procedures IN ADDITION TO any and all other Company policies and procedures related to alcohol and drug use.

Individuals covered by these policies and procedures are those who, when any time there is any possibility that they may be required to perform any duties for the company that are covered by DOT regulations (49 CFR Part 382 - Controlled Substances and Alcohol Use and Testing). This means all provisions of this policy apply, including those requiring no use of alcohol in any form within 10 hours of performing any such duties, depending upon the applicable DOT prohibition based upon the individual's duties. The company will test individuals for alcohol and drug use using DOT Procedures in the situations and circumstances described in the Drug and Alcohol Policy.

Driver Drug and Alcohol Training and Awareness is provided to all employees regardless of the job position or duties, and consequences for engaging in alcohol and drug related activity is emphatically made know. All DOT alcohol and drug testing performed on individuals will be in accordance with required DOT procedures. These include the use of special testing forms, trained personnel, and special processes and handling to insure the integrity and accuracy of the testing process. Information related to testing will be treated as confidential except as required to comply with DOT requirements, safeguard the safety of personnel and the public, or as otherwise legally required. DOT drug testing includes taking urine samples which are sent to federally certified testing laboratories to test for the presence of amphetamines, Cannabinoids (marijuana), cocaine, opiates (codeine and morphine), and phencyclidine (PCP). Positive test results will be reviewed by a qualified physician - a Medical Review Officer (MRO) - to determine if the individual has a legitimate medical explanation for a positive test result.

BBTS Logging LLC has a zero tolerance policy against any violations pertaining to alcohol and drug related activity; Engaging in or allowing engagement, (including knowingly or unknowingly allowing anyone (helpers, passengers, etc.)), in alcohol and drug related activity; knowledge of or actual misconduct, including use, allowing use, possession, transporting, distribution, and sale, while doing business on behalf of the company, in company vehicles or equipment, on job sites, in personal vehicles while operating on behalf of the company, and at any overnight accommodations, hotels; regardless of being off duty or not, will result in immediate termination.

Designated Employer Representative (DER)

I understand that the Designated Employer Representative (DER), who can answer questions about the policy, requirements of part 382, drug and alcohol educational materials, and the consequences for engaging in prohibited drug and alcohol use-related activity, is: Jay Walton, Monday through Friday from 9 a.m. to 4:00 p.m. Phone: 850-997-2436.

Substance Abuse Professional Facility Referrals

Individuals who violate any part of the prohibitions of the Federal Motor Carrier Safety Regulation 49 CFR Part 382 - Controlled Substances and Alcohol Use and Testing will be provided with the Substance Abuse Professional referral and return-to-duty information.

Print Name

Signature

Date

Statement of Acknowledgment and Receipt Consent to Controlled Substances and Alcohol Testing

I certify that I have read and understand the Company's Statement of Policy on controlled substances use, alcohol misuse and contents therein and have received a copy of that policy. I understand that during my employment and as a condition of employment, I may be required to submit to controlled substances testing by providing a urine sample for analysis and a breath sample for alcohol analysis. A refusal to submit to testing or if the tests establish a violation of company policy may be grounds for termination of employment by the company. Additionally, any test results other than a verified negative result, including a negative dilute, will result in termination of employment.

I understand the Company is responsible for the administration of and has a copy of the complete drug and alcohol testing policy that I may review, in private, at any time. I also understand the drug and alcohol policy and agree I to comply with all of the requirements of the company, the Federal Motor Carrier Safety Regulations, and any federal, state or local laws and rules governing the use of controlled substances and the misuse of alcohol.

Company Policy - Individuals MUST NOT:

- (1) Use or be under the influence of alcohol, or have the general appearance or conduct or by other substantiating evidence appear to have used alcohol, within 10 hours before going on duty or operating, having physical control of, or being on duty to operate a commercial motor vehicle or performing other DOT-governed safety sensitive duties.
- (2) Report for duty or remain on duty requiring performance of safety-sensitive functions with an alcohol concentration of 0.02 or greater or report for duty within 24 hours after a DOT alcohol test result of 0.02 or greater, but less than 0.04.
- (3) Use any controlled substance unless specifically authorized by a physician and then only if the physician tells the individual that use of the controlled substance will not affect the performance of safety sensitive functions.
- (4) Refuse to submit to a DOT or law enforcement post-accident alcohol or drug test, a DOT random, reasonable suspicion, or a DOT follow-up alcohol or drug test. Refusal includes refusing to present at the testing location immediately on request by The company and refusal to comply with any testing procedures - including, but not limited to, refusal to provide specimens (breath or urine) unless medically incapable, refusal to provide identification or sign forms, refusal to provide necessary information, and refusal to submit to medical or other examinations as considered necessary by The company or The company's authorized agents. Refusal also consists of attempts to falsify or interfere with the testing process, including failure to comply with instructions or attempting to substitute or otherwise change specimens to be tested.
- (5) USE ALCOHOL (INCLUDING MEDICATIONS, FOODS, MOUTHWASHES, SPRAYS OR ANY OTHER SUBSTANCES WHICH CONTAIN ALCOHOL), EVEN WITH A DOCTOR'S PRESCRIPTION, FOR 10 HOURS BEFORE DUTY, WHILE ON DUTY, OR 8 HOURS AFTER AN ACCIDENT (UNLESS ALCOHOL TESTING HAS BEEN PERFORMED AFTER THE ACCIDENT).
- (6) Operate or attempt to operate a motor vehicle while in possession of, or after consuming intoxicating beverage. The possession and/or transportation of intoxicating beverage that is not manifested and part of cargo being transported is strictly prohibited.
- (7) Perform safety-sensitive duties if aware of any medical condition or alcohol or drug use that may adversely affect the individual's ability to perform such duties.

Company Policy - Individuals MUST:

- (1) Inform the company of alcohol or drug use that may affect the safety of employees or the public. Notify the employer of being prescribed any prescription prior to performing safety-sensitive functions.
- (2) Submit to and pass a DOT alcohol and drug test prior to performing safety-sensitive job duties (pre-employment) and thereafter as directed by the DOT regulation outlined in part 382.
- (3) Contact the company alcohol and drug testing program administrator, or other authorized Company representative, immediately following any accident to make sure that required alcohol and drug testing procedures are followed; whether or not the individual is able to contact a Company representative, the individual must make sure that he/she is tested with a DOT or law enforcement post-accident alcohol test as soon as possible but always within 8 hours of the accident) and drug test (within 32 hours of the accident) after an accident in which a fatality occurs, significant damage occurs to property or physical injury, in which a traffic citation has been issued or in which the individual's possible contribution to the accident cannot be ruled out and in which case a DOT regulation requires testing.
- (4) Submit to and pass post-accident drug and alcohol test after being involved in an accident or incident, regardless of fault.

Print Name

Signature

Date

Controlled Substance and Alcohol Testing Acknowledgement and Consent

You have been offered an employment opportunity with our company. All commercial motor vehicle driver-applicants applying for employment shall undergo testing for the presence of controlled substance (FMSCR Part 382.301). You and the company mutually agree that a job has been offered and accepted thereby; you must proceed directly to the drug testing facility.

Candidates are required to voluntarily submit to a urinalysis at an authorized collection site chosen by the company.

The employer shall pay the costs of the drug testing. The candidate must pay for any additional drug tests requested by the employer to undergo further employment consideration for a test result other than a confirmed negative.

Any confirmed positive test result as well as any adulteration or substitution, or dilute negative (outside the level required for DOT required re-test), results will result in your employment being terminated or job offer rescinded.

Certificate of Agreement

I freely and voluntarily agree to submit to a pre-employment drug screen, as part of my application for employment and acceptance of employment offer. I understand that either refusal to test (including not proceeding directly to the drug testing facility, and/or failure to qualify according to the minimum standards established in the FMCSRs and those of the Company will disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company I may again be required to submit to random, post-accident, or reasonable suspicion drug and alcohol tests (FMCSR Part 382.303; 382.305; 382.307). I understand that refusal to submit to a drug or alcohol test or failure to present to a collection site immediately after being notified to do so will result in termination. In the event that I do not meet the minimum standards established in the FMCSRs and those of the Company (i.e. I violate any part of 49 CFR Part 382 or Part 40), I authorize the company to withhold the cost of the drug and or alcohol test from my paycheck.

By signing, I acknowledge receiving and understanding this policy.

Print Name of Applicant

Signature of Applicant

Date

BBTS Logging LLC
Confidentiality and Release of Information

In accordance with FMCSR Part 40 regarding the reporting of drug and alcohol test results to a C/TPA, I give "specific written consent", authorizing release of information on the items specified below to the following parties, in addition to the company's DER and MRO:

Krystina Pezza
SACS
KD@SACSDOT.COM
863-860-3130 Phone
877-490-4511 Fax

Subpart P - Confidentiality and Release of Information

§ 40.321 What is the general confidentiality rule for drug and alcohol test information?

Except as otherwise provided in this subpart, as a service agent or employer participating in the DOT drug or alcohol testing process, you are prohibited from releasing individual test results or medical information about an employee to third parties without the employee's specific written consent.

(a) A "third party" is any person or organization to whom other subparts of this regulation do not explicitly authorize or require the transmission of information in the course of the drug or alcohol testing process.

(b) "Specific written consent" means a statement signed by the employee that he or she agrees to the release of a particular piece of information to a particular, explicitly identified, person or organization at a particular time. "Blanket releases," in which an employee agrees to a release of a category of information (e.g., all test results) or to release information to a category of parties (e.g., other employers who are members of a C/TPA, companies to which the employee may apply for employment), are prohibited under this part.

SERVICES TO BE PERFORMED & RESULTS RELEASED

FEDERAL (DOT) Custody Control Form

Medical Services/Test Date: _____

DOT Physical _____ New _____ Re-Cert

Drug Screen/Results Alcohol Test/Results

Test Reason

Pre-Employment Return to Duty Other _____
 Random Follow-Up _____
 Post-Accident Reasonable Suspicion

Other Instructions: _____

Employee Name

Employee SSN

Employee Signature

Date