

EXCELLENCE IN TRUCKING SINCE 1972

COMPANY DRIVER INFORMATION/APPLICATION PACKAGE



Our Mission

*To provide the best service to
Customers by on-time pickups and
deliveries of their products and operating
with the highest standards of
Safety, Integrity and Professionalism.*

4301 Eastside Road Redding, CA 96001 Phone: (530) 241-8193 Fax: (530) 241-0648



Dear Applicant,

Applicants applying for the position of Driver or Owner Operator with Redding Lumber Transport, Inc. must meet the following criteria before being hired:

- * Must have a Commercial Drivers License
- * Applicant shall have a minimum of two years recent over-the-road experience.
- * Minimum age of 23

RLT, Inc. shall not consider applicants who's driving record has drug or alcohol, reckless driving, or hit and run related citations. Also, applicants will not be considered who have more than two (2) moving violations in the past thirty-six (36) months and no preventable accidents in the past twelve (12) months.

All applicants meeting the above criteria will be considered for employment as a Commercial Class A Driver. If you feel you qualify based on the above requirements, please fill out the attached application package so we may start the qualification and verification process.

Please remember to **include ten (10) years of work history and a three (3) year DMV printout that is less than thirty (30) days old.**

You may return the application and the DMV printout via fax (530) 241-0648, U.S. Mail, email (denisa.f@rlttrucking.com) or by bringing it to our main office at 4301 Eastside Road Redding, CA. If you have any questions regarding our requirement, feel free to call at (800) 822-8161 Extension 3318.

Thank you again for applying with Redding Lumber Transport!

Sincerely,

Denisa Fink

Denisa Fink
Human Resources/Recruiting
Redding Lumber Transport, Inc.
530-241-8193 x3318
E-Mail: denisa.f@rlttrucking.com



Compensation

- \$.12 Per Diem
- Payday is every other Friday.

Bonuses

- Safety Bonus \$1,000 paid on a yearly basis
- Mileage Bonus paid on a quarterly basis *
- Fuel Bonus paid on a quarterly basis *

*Must be employed for the full quarter

Insurance

- Available the first of the month following a full 90 Days of employment
- Medical - Blue Shield
- \$15,000 Life Insurance - Guardian
- Dental - Guardian
- Vision - VSP

Vacation

- 1 Week after 1 year (based upon miles driven the previous year)
- 2 Weeks after 2 years (based upon miles driven the previous year)
- 3 Weeks after 5 years (based upon miles driven the previous year)

401K/Profit Sharing Plan

- Available the first of the month following a full 90 days of employment

Ride Along Program

- Subject to the Safety Department approval and completed Passenger Authorization Request Form

For more information call 800-822-8161



COMPANY DRIVER APPLICATION INSTRUCTIONS

Dear Driver:

Thank you for your interest in driving for Redding Lumber Transport, Inc.

RLT, Inc. is currently one of the fastest growing multi-truck, irregular route, contract and common carriers in the country with approximately 125 power units. RLT, Inc. also contracts with more than seventy independent contractor power units. Aggressive expansion plans, coupled with our continued commitment to safety and profitability, will ensure the security you deserve as a professional truck driver.

NOTE: If you are selected for employment, you will be required to demonstrate your ability to adjust brakes during your orientation. You may want to bring suitable clothing to change into.

As an experienced driver, you are aware of the renewed emphasis placed on carriers to have a complete and accurate employment history. To help us expedite your application, please follow the instructions as outlined below:

1. The application must be printed in ink in your own handwriting. Please print legibly. Read and follow all instructions carefully.
2. Fill in all blanks. If a particular question does not apply, put N/A in the blank.
3. **VERY IMPORTANT!** The section “**10 YEAR HISTORY**” **MUST BE COMPLETELY FILLED OUT**. You must list all employers, schools, military service and all periods of self-employment or unemployment for the **PAST TEN YEARS**. If there are gaps of more than thirty days in your employment history, please provide one or more of the following:
 - a. Verification of Unemployment Compensation
 - b. Verification of Self-employment (tax record/professional references)
 - c. W-2 forms (if your former employer has GONE OUT OF BUSINESS)
 - d. Completed declaration of employment status
4. In the section “Accident Record” list all tickets, accidents and forfeitures for the past three years. We will check your motor vehicle report, so please be accurate. If you do not attach a current (7 to 10 days) DMV printout, your application will not be considered.
5. Read and complete the **DRIVER NOTIFICATION AND RELEASE** form.
6. Read and complete the **DRIVER HIRING POLICY**.

TO SPEED UP THE APPLICATION PROCESS, PLEASE INCLUDE COPIES OF THE FOLLOWING DOCUMENTS:

- A. Photo copy of your Commercial Drivers License and your Physical Card.
- B. 3 year Department of Motor Vehicle (DMV) original Printout, no older than 30 days old (within 7 to 10 days of the application date)
- C. Accident Report, if accident occurred within the last 3 years.
- D. School Certificate and Transcripts, if school was attended within the last 3 years.



DRIVER HIRING POLICY

For an individual to be considered to drive for by RLT, Inc., they must meet the following requirements.

- * Minimum Twenty-three (23) years of age.
- * A minimum of 2 years of recent interstate driving experience as a Heavy Duty Truck Driver.
- * Neat in appearance with hair, beard and/or mustache trimmed.
- * NOT have DUI or test refusal, reckless driving, hit and run, leaving the scene of an accident, related citations on their driving record (391.15c2FMCR)
- * NOT have a preventable accident in the past twelve (12) months.
- * Capable of lifting 75 pounds or more.
- * Pass a physical assessment test at time of hire, and at return to work of 90 days or more off duty.
- * Complete the application in the applicant’s own handwriting.
- * Current CDL Class A license.
- * No moving violations in the past 12 months, and no more than two moving violations in the past 36 months.
- * No more than two (2) previous employers for the previous twelve (12) months.
- * Willing to work Weekends and Holidays.
- * Pass a road test given by RLT, Inc.
- * Meet all Department of Transportation requirements as prescribed by part 391 of the Federal Motor Carrier Safety Regulations.
- * Pass the Federal Drug Screen and a company physical paid for by RLT, Inc.
- * TWIC Card (If you do not have one, apply for one)

WE ARE REQUIRED BY CALIFORNIA LAW (CVC 14606B) TO REPORT TO THE DMV ANY DRIVER WHO FAILS PHYSICAL EXAMINATIONS.

All candidates shall be given an Orientation to familiarize themselves with company policy and procedures, including the Safety Program. All drivers under the directions of RLT, Inc. are required to comply with all Federal Motor Carrier Safety Regulations. Drivers are responsible to keep track of their activities using the Drivers Daily Log. Logging of incorrect hours is a violation of DOT regulations. The reporting of incorrect hours to dispatch is a violation of Company policy. Reporting and/or the recording of hours incorrectly will not be tolerated and can lead to disciplinary action up to and including termination.

When you terminate your employment with RLT, Inc., you must return your tractor to the RLT yard in Redding, California. If you abandon your tractor anywhere else, you will be assessed \$150.00 for transportation of the tractor to the Redding yard.

I UNDERSTAND AND AGREE TO ABIDE BY RLT, INC. & D.O.T. POLICIES IF HIRED.

If hired, I understand that nothing creates or is intended to create a promise or representation of continued employment with the company and that my employment, position, and compensation with the company are at-will, and may be changed or terminated at the will of the company. I understand that I have the right to terminate my employment at any time, with or without cause or notice, and that the company has similar right. My signature below certifies that I understand the foregoing agreement that at-will status is the sole and entire agreement between the company and myself concerning the duration of my employment and the circumstances under which my employment may be terminated.

APPLICANT’S SIGNATURE

DATE



RLT COMPANY DRIVER APPLICATION FOR EMPLOYMENT

In compliance with Federal and State equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non-job related medical condition or handicap.

ANSWER ALL QUESTIONS. PLEASE PRINT OR HAND WRITE, DO NOT TYPE.
ALL OTHERS WILL BE RETURNED.

Date of Application: _____ Number of Years of Experience: _____

_____ Full Time _____ Part Time Date Available: _____

PERSONAL DATA

Social Security #: _____ - _____ - _____ Date of Birth: _____

Within the last 10 years have you been convicted of a felony? _____ Yes _____ No

Have you tested positive or refused to test for Alcohol or a
Controlled Substance at any time in the past 36 months? _____ Yes _____ No (As required by
Part 382 of FMCR)

Are you restricted from entering Canada? _____ Yes _____ No

Do you have the legal right to work in the USA? _____ Yes _____ No

Phone: () _____ - _____ Message: () _____ - _____ Cell: () _____ - _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

Present Address: _____
street city state zip

Addresses for past 3 years:

street city state zip

street city state zip

In an emergency Notify: _____

street city state zip

Phone: () _____ - _____ Relationship: _____

How were you referred to RLT, Inc.?: _____

If currently working, may we contact your Contractor/Lessee and/or Employer? _____ Yes _____ No

Have you worked for RLT, Inc. previously? _____ Yes _____ No When?: _____

Reason for leaving: _____

PHYSICAL REQUIREMENTS

Are you capable of lifting 100 lbs.? _____ Yes _____ No

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4



LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN TRUCKS):

**COMMERCIAL DRIVER TRAINING/
DRIVING EXPERIENCE**

| <u>CLASS OF EQUIPMENT</u> | <u>TYPE OF EQUIPMENT</u> (Van, Tank, Flat, etc.) | <u>DATE</u> | <u>APPROX. MILES</u> |
|---------------------------|---|-------------|----------------------|
| | | | |
| | | | |
| | | | |

DRIVER LICENSES

List all licenses held in the last 10 yrs:

| <u>State/Date</u> | <u>LICENSE NO.</u> | <u>TYPE</u> | <u>ENDORS.</u> | <u>EXPIRATION</u> |
|-------------------|--------------------|-------------|----------------|-------------------|
| ____ / ____ | _____ | _____ | _____ | _____ |
| ____ / ____ | _____ | _____ | _____ | _____ |

- A. Within the last 10 years have you been denied a license, permit or privilege to operate a motor vehicle?
Yes _____ No _____
- B. Within the last 10 years has any license, permit or privilege been suspended or revoked?
Yes _____ No _____

If the answer to either A or B is YES, attach statement giving details.

ACCIDENT RECORD FOR PAST 7 YEARS

| <u>DATE</u> | <u>NATURE OF ACCIDENT</u> | <u>FATALITIES</u> | <u>INJURIES</u> | <u>PREVENTABLE NON/PREVENTABLE</u> |
|-------------|---------------------------|-------------------|-----------------|--|
| | | | | |
| | | | | |
| | | | | |

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

| <u>LOCATION</u> | <u>DATE</u> | <u>CHARGE</u> | <u>PENALTY</u> |
|-----------------|-------------|---------------|----------------|
| | | | |
| | | | |
| | | | |

INFORMATION VERIFICATION

This certifies that this application was completed by applicant, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that falsification on this application is grounds for termination.

Applicant's Signature

Date



Employment History

PROVIDE EMPLOYMENT INFORMATION FOR THE PAST 10 YEARS.
ATTACH A SHEET IF MORE SPACE IS NEEDED.

| EMPLOYER | DATE |
|---|--|
| NAME: | FROM : TO: |
| ADDRESS: | POSITION HELD: |
| CITY: STATE: ZIP: | SALARY/WAGE: |
| CONTACT PERSON: PHONE NUMBER: | REASON FOR LEAVING: |
| WERE YOU SUBJECT TO THE FMCSR's REGULATIONS WHILE EMPLOYED HERE? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| EMPLOYER | DATE |
|---|--|
| NAME: | FROM : TO: |
| ADDRESS: | POSITION HELD: |
| CITY: STATE: ZIP: | SALARY/WAGE: |
| CONTACT PERSON: PHONE NUMBER: | REASON FOR LEAVING: |
| WERE YOU SUBJECT TO THE FMCSR's REGULATIONS WHILE EMPLOYED HERE? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| EMPLOYER | DATE |
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| NAME: | FROM : TO: |
| ADDRESS: | POSITION HELD: |
| CITY: STATE: ZIP: | SALARY/WAGE: |
| CONTACT PERSON: PHONE NUMBER: | REASON FOR LEAVING: |
| WERE YOU SUBJECT TO THE FMCSR's REGULATIONS WHILE EMPLOYED HERE? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REQUIREMENTS OF 49 CFR PART? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

MILITARY STATUS

Have you served in the U.S. Armed Forces? _____

Branch: _____



APPLICATION NOTIFICATION AND RELEASE FORM

Part I CONSUMER REPORT DISCLOSURE AND RELEASE. I hereby give my consent to obtaining information, in connection with my application (including contract for services); and I understand that RLT Inc, or it's affiliated companies will be requesting all information required by State and Federal Law, or is of concern to RLT Inc. and its affiliated companies, with regard to past employment and/or contract for services history, driving record, work experience, alcohol or controlled substance testing results, accidents, workers' compensation history, credit, bankruptcy proceedings, criminal records; as well as information and/or reports from USIS Commercial Services. This information and/or reports may include the following types of information: names and dates of previous employers and/or contract for services carriers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, worker's compensation claims, credit bankruptcy proceedings, criminal records, etc. from federal, state and other agencies which maintain such records, and that RLT or it's affiliates may enlist the help from USIS Commercial Services, Tulsa, Oklahoma, or federal, state and other agencies or means to assist in obtaining the required information required by law to operate a commercial vehicle. I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY USIS, RLT, INC. OR ITS AFFILIATED COMPANIES TO FURNISH THE ABOVE MENTIONED INFORMATION TO THE EXTENT AUTHORIZED BY STATE AND FEDERAL LAW. I understand I have the right to review the information obtained from previous employers, to correct errors in that information and to rebut perceived incorrect information and to make a request to USIS, upon proper identification, to request the nature and substance of all information in it's files on me, including their sources of information; and the recipients of any records on me which USIS has previously furnished within the three-year period preceding my request. USIS may be contacted by mail at PO Box 33181, Tulsa, Oklahoma, 74153, or by phone at (800) 381-0645.

Part II DOT DRUG AND ALCOHOL RELEASE. In compliance with 49 C.F.R. Part 40 and 382, I hereby authorize the carriers (Company/School) listed as my prior work history to furnish to USIS, RLT, Inc., or its affiliated companies the following information concerning drug and alcohol tests: DOT drug and alcohol testing violations including pre-employment test during the past three years: (i) the dates on which I tested positive for drugs and the drugs involved; (ii) the dates on which I tested .04 or greater for alcohol and the test result levels; (iii) the dates on which I refused (including a verified adulterated or substituted result) to be tested for drugs and/or alcohol; (iv) and other violations of DOT drug and alcohol testing regulations; and (v) any information the carriers have received regarding violations of drug/alcohol testing regulations from my previous employers covered by DOT.

I fully understand that the information I authorize RLT, Inc., its affiliated companies or USIS to receive involves tests which were required by the Department of Transportation (DOT). If any carrier (company/school) below furnishes RLT, Inc., its affiliated companies or USIS with information concerning items (i) through (v) above, I also authorize that carrier (company/school) to release and furnish (vi) the dates of my negative drug and/or alcohol tests and/or tests with results below .04 during the three-year period; and (vii) the name and phone number of any substance abuse professional who evaluated me during the past three years. If you have more employers, please list on a separate sheet.

| <u>Company</u> | <u>City</u> | <u>State</u> | <u>Phone Number</u> |
|----------------|-------------|--------------|---------------------|
| | | | () |
| | | | () |
| | | | () |
| | | | () |
| | | | () |
| | | | () |

Part III CERTIFICATION AND ACKNOWLEDGEMENT. By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired. Any false, misleading or incomplete statement of the information requested in this application shall be sufficient grounds for discharge from employment. I, further, certify that all of the information that I have furnished on this form is true and complete, and that I have listed on my application every company for which I worked as a driver and every company for which I took a pre-employment drug and/or alcohol test during the past three years.

Applicant's Name (Print): _____

Applicant's Signature: _____

Social Security No: _____

Date: _____



CALIFORNIA NOTICE OF INVESTIGATIVE CONSUMER REPORT

In connection with your application for employment, we have ordered an investigative consumer report (as defined by California law). This report may contain information on your character, general reputation, personal characteristics and mode of living.

This report has been or will be ordered from Total Information Services, Inc., d/b/a DAC Services, 4500 South 129th East Avenue, Suite 200, Tulsa, Oklahoma 74134. The consumer department telephone number is 1-800-381-0645.

The scope of the report may include the following: names and date of previous contract/lessees and/or employers, reason for termination of lease contract and/or employment: work experience, accidents, drugs/alcohol use. Such report may also contain public record information concerning your driving record, workers, compensation claims, credit, bankruptcy proceedings, criminal records from federal, state and other agencies that maintain such records.

You have the right under Section 1786.22 of the California Civil Code to contact DAC during reasonable hours (8:00 a.m. to 5:00 p.m. CTZ Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows:

1. In person at DAC's offices listed above. You can have someone accompany you to DAC's offices. DAC may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for DAC to disclose to or discuss your information with this third party.
2. By certified mail, if you have previously provided proper identification in a written request that your file be sent to you or to a third party identified by you.
3. By telephone, if you have previously provided proper identification in writing to DAC.

DAC has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

I understand my rights and I have been given a copy of these rights along with this application.

APPLICANT'S SIGNATURE

DATE

PLEASE RETURN ASAP BY MAIL OR FAX TO:

*RLT, Inc.
P. O. Box 492110
Redding, CA 96049-2110*

Phone: (530) 241-8193 Fax: (530) 241-0648



CALIFORNIA CONSUMER RIGHTS

You have rights when an investigative consumer report is obtained on you. The following are some of your rights:

1. Whoever obtained the report is required to give you a free copy upon request.
2. You have the right to contact the agency that made the report. You can do this in one of the following ways:
 - (a) You can go to the agency in person during the normal business hours. You can bring someone with you. That person may be required to present identification. You may be required to sign a paper allowing the agency to discuss your file with or to show your file to this person.
 - (b) You may receive your file by certified mail, if you have given written notice to the agency that you want information mailed to you or to another person you want to receive the file. You will be required to provide identification when you write for your file.
 - (c) You may be able to discuss your file over the telephone if you have given written instructions to the agency and have provided identification.
3. You have the right to receive a copy of your file or your investigative consumer report at the agency. You may be charged up to \$8.00 to obtain a copy of your report or file. However, you may receive a free copy if:
 - (a) Once during a twelve month period if you are unemployed and intend to seek employment within sixty (60) days or you receive public welfare assistance or you believe your file contains inaccurate information because of fraud.
 - (b) If you are receiving a copy from the agency relating to an investigation into the accuracy of information you have disputed or if information is put back into your file.

The agency must describe these rights to you in English and Spanish. You have the right to know the following information:

- (a) The names of the persons and companies who have received a report about you in the last three (3) years. You may request their addresses and telephone numbers.
- (b) Explanations of any codes or abbreviations used in your report, so you can understand the report.
4. You have the right to dispute any information in your file. You must contact the agency directly to do so. The person who ordered a report is required to give you the name and address of the agency.
 - (a) The agency has thirty (30) days from the day it receives your dispute to complete the investigation.
 - (b) When the agency is done with the investigation, it must tell you of any changes made in the report as a result of the investigation.
 - (c) If the investigation does not remove the information disputed by you, you have the right to place your statement of the facts in your file. The agency has people to help you write the statement. The agency may limit your statement to five hundred (500) words.
 - (d) If information is removed or you add a statement to your file, you can request the agency to send the report, as changed or with your statement, to anyone who received the information in the last two (2) years.
 - (e) If information that is removed from your files is placed back in your file, you are entitled to receive written notice of that fact and you have the right to dispute the information added.
 - (f) You also have rights under federal law in regard to your report. A copy of those rights are given to you with this California statement of consumer rights. Many of these rights are also included within California law. Under federal law, your report is a consumer report, not an investigative consumer report.



FOR WASHINGTON RESIDENTS ONLY

EMPLOYEE OR PROSPECTIVE EMPLOYEE REQUEST

That I, _____, am an employee or prospective employee of the company
(Print Name)
named below and that I request a copy of my official Driving Record in the State of Washington be released to my
employer or prospective employer or their agent.

Authorization of employee or prospective employee for release of abstract of driving record

Signature

Date

WA License # or Print full D.O.B.

EMPLOYER ATTESTATION

[A] That the company named below is an employer or prospective employer of the above
named individual and that I am representative authorized to bind said company.

[B] That TOTAL INFORMATION SERVICES, INC., D/B/A DAC SERVICES is acting as agent on our behalf to obtain the
abstract of driver records of the above named individual.

[C] That abstracts of driver record shall be used exclusively to determine whether the above named individual should be
employed to operate school bus or commercial vehicle upon the public highways, and that no information contained therein
shall be divulged, sold, assigned, or otherwise transferred to any third person or party. A commercial vehicle is defined as any
vehicle the principle use of which is the transportation of commodities, merchandise, produce, freight, animals, or passenger
for hire.

[D] That the information contained in the abstracts of driver records obtained from the Washington State Department of
Licensing shall be used in accordance with the requirements and in no way violate the provisions of RCW 46.52.130, attached
in part for easy reference.

Redding Lumber Transport, Inc
Company Name

4301 Eastside Road, Redding, CA 96001
Address

Human Resources/Recruiting
Title

Signature

Date

**The employer or prospective employer must maintain this record for a period of not less than three (3) years from the last
date above. Failure to obtain all signatures or misuse of records obtained from the State of Washington may result in
prosecution under RCW 46.52.130.**