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

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

I certify that I have examined **Last Name** **ORR** **First Name** **DAVID** in accordance with

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

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

Medical Examiner's Certificate Expiration Date 01/10/2024

Medical Examiner's Signature
Kathleen Wrona

Medical Examiner's Name (please print or type)
 Wrona, Kathleen

Medical Examiner's State License, Certificate, or Registration Number
 C0004083

Medical Examiner's Telephone Number (410)247-9595 **Date Certificate Signed** 01/10/2022

☐ MD ☒ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State MD **National Registry Number** 8317684192

Driver's Signature
David Orr

Driver's Address
 Street Address: 6005 Barstow Rd City: Baltimore State/Province: MD Zip Code: 21206

Driver's License Number MD10272030185 **Issuing State/Province** MD

CLP/CDL Applicant/Holder Yes ☐ No ☐

Commercial Driver's License
 Customer Identifier: MD-10272030185
 ORR
 DAVID RICHARD, JR
 6005 BARSTOW RD
 BALTIMORE MD 21206 3710
 Date of Birth: 12/13/1975 Sex: M Height: 5'-08" Weight: 175
 Restrictions: A

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

DRIVER APPLICATION / APLICACIÓN DE CHOFER

Name / Nombre: David R. Orr Jr. Date / Fecha: 7.11.22

Company applying to / Compañía a que aplica: _____

Per FMCSA's 391.23 (Investigation and inquiries), subpart (J): (Driver) I understand that I have the right to: Review information provided by current/previous employers; Have errors in the information corrected by previous employers and for those previous employers to re-send the 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.

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, or the presence of a non-job related medical condition or handicap. / En cumplimiento con las leyes federales y estatales de igualdad de empleo, aplicantes calificados son considerados para empleo sin distinción de raza, color, religión, sexo, origen, edad, estado civil, o la presencia de salud física no relacionada con este empleo.

Position(s) applied for / Posición a que aplica: Truck Driver Referred by / Referido por: _____

Social Security / Seguro Social: 215-02-8741 Date of Birth / Fecha de Nacimiento: 12/13/1975

Address / Dirección: 6005 Barstow Rd

City / Ciudad: Balto. State / Estado: MD Zip / Código Postal: 21206

CDL / CDL: Class A CDL Expiration / Expiración de CDL: 12/13/2029

Home / Hogar: _____ Work / Trabajo: _____

Cell / Celular: 443 768 6971 Email / Email: ourworld220@gmail.com

Emergency Contact / Contacto de Emergencia: Latifa Orr Tel. / Tel.: 443 490 3939

ADDRESS FOR PAST 3 YEARS / DIRECCIÓN PASADOS 3 AÑOS

1. Address / Dirección: 6005 Barstow Rd Balto MD 21206

How long / Tiempo: 4 yrs

2. Address / Dirección: _____

How long / Tiempo: _____

Do you have the legal right to work in the U.S. / Usted esta autorizado para trabajar en EU?

☒ Yes / Si ☐ No

Are you presently working / Usted esta actualmente trabajando?

☒ Yes / Si ☐ No

If not, how long since last job / Si no, que tiempo hace desde su ultimo trabajo? _____

PHYSICAL HISTORY / HISTORIA FISICA

Do you have any physical condition which may limit your ability to perform the job applied for /
 Tiene usted alguna condición física que limite su capacidad de cumplir con su trabajo?

Yes / Si

☒ No

Have you ever tested positive for drugs or alcohol as a commercial driver /
 Usted ha salido positivo en una prueba de drogas o alcohol como un chofer comercial?

Yes / Si

☒ No

If yes, when / Si, cuando : _____

Please explain / Por favor explique : _____

EXPERIENCE AND QUALIFICATIONS - DRIVER / EXPERIENCIA Y CALIFICACIONES - CHOFER

	STATE / ESTADO	LICENSE NO. / NO. DE LICENCIA	TYPE / TIPO	EXPIRES / EXPIRA
DRIVER'S LICENSES / LICENCIAS	Maryland	MD-10272030185	Class A	12/13/2029

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle /
 alguna vez le han cancelado su licencia, permiso de manejar?

Yes / Si

☒ No

B. Has any license, permit or privilege ever been suspended or revoked /
 alguna vez le han suspendido o revocado su permiso de manejar?

Yes / Si

☐ No

(If YES to either A or B, attach statement giving details / Si ha contestado "SI" a la pregunta "A" o "B" explique las razones)

Commercial Motor Vehicle Driver Since : 2001

Years of Commercial Motor Vehicle experience : 20+ yrs

Below, please list the type of Commercial Motor Vehicle experience you have had:

☒ Dry Van Truck

☐ Tractor-Semi Trailer

☐ Reefer

☒ Flatbed Truck

☐ Dump Truck

☐ Tank Truck

☐ Beverage Truck

☐ Bucket/Boom Truck

☒ Cab & Chassis Truck

☐ Cabover Truck

☐ Car Carrier Truck

☐ Crane Truck

☐ Transfer Truck

☐ Expeditor/Hot Shot

☐ Farm/Grain Truck

☐ Fire Truck

☐ Fuel/Lube Truck

☐ Logging Truck

☐ Low Boy

☐ Mixer: Asphalt/Concrete

☐ Off-Highway

☒ Passenger Bus

☐ Plow Truck

☐ Refuse Hauler

☐ Roll-back Tow Truck

☐ Salvage Truck

☐ Service: Utility/Mechanic Truck

☐ Toter Truck

☐ Tractor

☐ Wrecker Tow Truck

ACCIDENT RECORD / LISTA DE ACCIDENTES

Accident record for past 3 years. Attach sheet if more space is needed / Lista de accidentes en que se haya visto envuelto en los últimos 3 años :

	DATE / FECHA	TYPE OF ACCIDENT / TIPO DE ACCIDENTE	FATALITIES / MUERTOS	INJURIES / HERIDAS
ACCIDENT / ACCIDENTE 1	N/A			
ACCIDENT / ACCIDENTE 2				
ACCIDENT / ACCIDENTE 3				

Traffic convictions and forfeitures for the past 3 years (other than parking violations) /
Violaciones de tránsito en los últimos 3 años (violaciones que no sean de parqueo) :

LOCATION / LUGAR	DATE / FECHA	CHARGE / TIPO DE MULTA	PENALTY / PENALIDAD
	N/A		

TO BE READ AND SIGNED BY APPLICANT

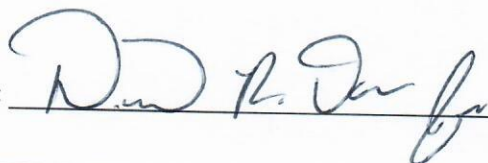
This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. As a commercial CDL driver I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company, as permitted by Law.

PARA SER LEIDO Y FIRMADO POR EL APLICANTE

Esto certifica que esta aplicación a sido completada por mí, y que toda la información dada aquí a mi entender es correcta. Yo autorizo a que se investigue mi pasado medico, de empleado, historia de manejo y violaciones y otras cosas que sean relacionadas a este empleo que estoy siendo considerado como chofer comercial CDL. Si soy contratado entiendo que puedo ser despedido si yo e proveido información falsa en esta aplicación. Tambien entiendo que estoy requerido a obedecer las regulaciones de esta compañía permitidas por la Ley.

**SIGN
HERE** →

Signature / Firma :



Date / Fecha :

7-11-2022

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize you to release the following information to _____ for purposes of investigation as required by section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

**SIGN
HERE** →

Driver's Signature :

David R. Orr Jr.

Date : 7-11-22

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the driver named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

**SIGN
HERE** →

Requester's Signature :

David R. Orr Jr.

Date : 7-11-2022

TO WHOM IT MAY CONCERN:

The following named person has applied with us for the position of DRIVER. As in accordance with Section 391.23, Federal Department of Transportation Regulations, please furnish the undersigned with the applicant's driving record for the past three years.

Name of Applicant : David R. Orr Jr.

Address : 6005 Burstow Rd

City, State, Zip : Balto. md 21206

Former Address : 6908 Fairwood Ave

City, State, Zip : Balto. md 21206

Date of Birth : 12-13-1975

Social Security No. : 215 02 8741

License No. : md 10272030185

REQUESTED BY:

Name : _____

Title : _____

**SIGN
HERE** →


Signature : _____

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

For as long as I am operating for the under named carrier company, I the undersigned, have authorized The Simplex Group, its agents and representatives, to obtain the following information:

- **Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)**
- **Driving Record History**
- **Criminal Background Records**

I understand that any information obtained as a result of this release will be provided to the under named carrier company for hiring eligibility based on DOT regulation under part 391 of 49CFR.


Driver: David R. Orr Jr. Company: Raf Salmon Trucking
Social Security #: 215 02 8741 CDL #: MD 10272030185
Address: 6005 Barstow Rd City: Balto. State: MD Zip: 21206
 Signature: David R. Orr Jr. Date: 7-11-2022

AUTORIZACION PARA OBTENER INFORMACION DE RECORDS

Yo el abajo firmante autorizo a The Simplex Group, sus agentes, representantes, como también a la compañía de transporte la siguiente información. Esta autorización estará vigente mientras yo este operando para la compañía de transporte mencionada en esta forma.

- **Past Employment References (skills, behavior, experience, drug & alcohol tests) (as per Section 391.23)**
- **Driving Record History**
- **Criminal Background Records**

Yo entiendo que cualquier información obtenida como resultado de esta autorización será dada a la compañía transportista para la cual yo estoy aplicando. El resultado será usado para determinar la aprobación de su aplicación basada en la regulación de DOT bajo parte 391 de 49CFR.

Chofer: _____ Compañía: _____
Seguro Social: _____ CDL: _____
Dirección: _____ Ciudad: _____ Estado: _____ Zip: _____
 Firma: _____ Fecha: _____

DRIVER WORK HISTORY / HISTORIA DE TRABAJO DE CHOFER

Name / Nombre: David Orr Jr. Date / Fecha: 7-11-2022

Company applying to / Compañía a que aplica: Roy Salmon Trucking

WORK HISTORY / HISTORIA DE TRABAJO

All drivers' applicants to drive in intra or interstate commerce must provide the following information on all work during the preceding 10 years. Please complete the following, by date order including those date periods in which you were not working, or worked as a sole proprietor. / Todos los chóferes que aplican a manejar vehículos comerciales en el estado o fuera del estado, tienen que proveer la siguiente información relacionada a sus trabajos anteriores. Por favor complete la siguiente información en orden cronológico incluyendo los periodos de tiempo en que usted estuvo desempleado, o trabajo por cuenta propia.

Which is the exact date of your first job in the US / Cual es la fecha exacta en que comenzó a trabajar en EE.UU.?

Date / Fecha: _____

Please list your work history beginning with the most recent / Por favor indique su historia de trabajo comenzando por el más reciente.

Date / Fecha: From / Desde: Jan. 2021 To / Hasta: Present

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía: Spectra Position Held / Posición: Truck Driver Class A

Address / Dirección: 7522 Connelly Dr
Hanover MD Reason for Leaving / Razón de Renuncia: _____

Contact Person / Supervisor: Dale Adams Currently working
cutting my hours

Phone / Teléfono: 410 271 0141 Fax / Fax: _____

 Signature / Firma: D. Orr Date / Fecha: 7-11-2022

Date / Fecha : From / Desde : Jan. 2020 To / Hasta : Jan 2021

☒ Unemployed / Desempleado ☐ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☒ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☒ NO

Company / Compañía : unemployed Position Held / Posición : _____

Address / Dirección : _____ Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : _____

Phone / Teléfono : _____ Fax / Fax : _____

Date / Fecha : From / Desde : Jan. 2018 To / Hasta : Jan. 2020

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía : Schneider International Position Held / Posición : Class A Driver

Address / Dirección : Carlisle, PA Reason for Leaving / Razón de Renuncia : _____

Contact Person / Supervisor : Trevor Appleby

Phone / Teléfono : 717 961 9714 Fax / Fax : _____

 Signature / Firma : _____ Date / Fecha : 7-11-2022

Date / Fecha : From / Desde : March 2017 To / Hasta : Dec 2017

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☐ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☒ YES / SI ☐ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☒ YES / SI ☐ NO

Company / Compañía : Seal Masters Position Held / Posición : Class B Driver

Address / Dirección : 10817 Williamson Ln Reason for Leaving / Razón de Renuncia : Upgrade
Cockeysville, MD 21030 driving skill level

Contact Person / Supervisor : Rick

Phone / Teléfono : 410 527-2801 Fax / Fax : _____

Date / Fecha : From / Desde : July 2011 To / Hasta : March 2017

☐ Unemployed / Desempleado ☒ Worked for Company / Trabajo Para Una Compañía ☒ Self-Employed / Trabajo por Cuenta Propia

Were you subject to Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? / Estuvo sujeto a las Regulaciones del Departamento Federal de Seguridad de Transporte mientras trabajo con su previo empleador? ☐ YES / SI ☒ NO

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substance testing requirements as required by 49 CFR part 40? / Su previa posición como conductor bajo alguno de los modos regulados por el DOT estuvo sujeto al requerimiento de exámenes de alcohol y drogas como es requerido en 49 CFR part 40? ☐ YES / SI ☒ NO

Company / Compañía : Esther Automotive Position Held / Posición : Tow Truck Driver

Address / Dirección : Hazelwood Ave Reason for Leaving / Razón de Renuncia : Better Opportunity
Balto. MD 21206

Contact Person / Supervisor : Lawrence

Phone / Teléfono : 443 392 8244 Fax / Fax : _____

 SIGN HERE Signature / Firma : _____ Date / Fecha : 7-11-2022

**Authorization for Examination or Treatment****Authorization ID: 486985**

This authorization expires on 07/13/2022.

Patient must present photo ID at time of service. If ID other than government issue is used list here:

Employee Information**Personal Info****Name:****ORR, David****Date Of Birth:****12/13/1975****Location Information****Employer:****Roy Salmon Trucking****Location Name:****Roy Salmon Trucking****Contact Name:****Roy Salmon****Location Phone:****(443)-629-4648****Street Address:****9737 Eustice Rd****City, State, ZIP:****Randallstown, MD, 21133-2511****Processing Info****Staffing Agency / PEO:****Alternate ID:****PO#:****Service Information****Services and Components****Service Package Selected:****CUSTOM - Non-Injury Care****Substance Abuse Testing****Desired Services(s):****Regulated drug screen (DOT)
Breath Alcohol****Reason for test:****Pre-placement****Special Instructions/Comments:****—****Authorization****Authorized by:****Roy Salmon****Title:****Primary Contact****Phone:****(443) 629-4648****Issuance Date:****07/12/2022****Authorization Expires:****07/13/2022****Suggested Concentra Center****Rosedale****Phone: 410-687-6462****Fax: 410-687-2261****8101 Pulaski Highway****Ste. H****Baltimore, MD 21237**

Due to the nature of these specific services, only the patient and staff are allowed in the testing/ treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.