

**SAFETY COMPLIANCE REPORT/
TERMINAL RECORD UPDATE**

CHP 343 (Rev 6-10) OPI 062

NEW TERMINAL INFORMATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CA NUMBER 415519	FILE CODE NUMBER 346288	COUNTY CODE 19	BED
TERMINAL TYPE <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Bus	CODE 1	OTHER PROGRAM(S)	LOCATION CODE 535	SUBAREA S28

TERMINAL NAME NEXT FREIGHT, INC.	TELEPHONE NUMBER (W/ AREA CODE) (323) 974-9182
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TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE)
7700 INDUSTRY AVE. PICO RIVERA, CA. 90660

MAILING ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) (IF DIFFERENT FROM ABOVE)	INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY) SAME AS ABOVE.
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LICENSE, FLEET AND TERMINAL INFORMATION

HM LIC. NO. NA	HWT. REG. NO. NA	IMS LIC. NO. NA	TRUCKS AND TYPES 24-X,V	TRAILERS AND TYPES 7-V	BUSES BY TYPE I- NA II- NA	DRIVERS 13	BIT FLEET SIZE 31
EXP. DATE NA	EXP. DATE NA	EXP. DATE NA	REG. CT NA	HW VEH. NA	HW CONT. NA	PPB / CSAT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CONSOLIDATED TERMINALS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	FILE CODE NUMBER OF CONSOLIDATED TERMINALS AND DIVISION LOCATIONS BY NUMBER (Use Remarks for Additional FCNS)
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EMERGENCY CONTACTS (In Calling Order of Preference)

EMERGENCY CONTACT (NAME) JAVIER PACHECO	DAY TELEPHONE NO. (W/ AREA CODE) (323) 974-9182	NIGHT TELEPHONE NO. (W/ AREA CODE) (213) 248-1909
EMERGENCY CONTACT (NAME) VLADIMIR GONZALEZ	DAY TELEPHONE NO. (W/ AREA CODE) (323) 974-9182	NIGHT TELEPHONE NO. (W/ AREA CODE)

ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL LAST YEAR [2015]

<input type="checkbox"/> A UNDER 15,000	<input type="checkbox"/> B 15,001 - 50,000	<input type="checkbox"/> C 50,001 - 100,000	<input checked="" type="checkbox"/> D 100,001 - 500,000	<input type="checkbox"/> E 500,001 - 1,000,000	<input type="checkbox"/> F 1,000,001 - 2,000,000	<input type="checkbox"/> G 2,000,001 - 5,000,000	<input type="checkbox"/> H 5,000,001 - 10,000,000	<input type="checkbox"/> I MORE THAN 10,000,000
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OPERATING AUTHORITIES OR PERMITS

PUC	<input type="checkbox"/> T	<input type="checkbox"/> TCP <input type="checkbox"/> PSC	MOTOR CARRIER OF PROPERTY PERMIT ACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	IMS FITNESS EVALUATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
USDOT	US DOT NUMBER 2126852	<input checked="" type="checkbox"/> MC 740974 <input type="checkbox"/> MX	<input type="checkbox"/> MC <input type="checkbox"/> MX	REASON FOR INSPECTION CPSS / BIT INSPECTION

INSPECTION FINDINGS INSPECTION RATINGS: S = Satisfactory U = Unsatisfactory C = Conditional UR = Unrated N/A = Not Applicable

REQUIREMENTS	VIOL	HAZARDOUS MATERIALS	CONTAINERS/TANKS	VEHICLES PLACED OUT-OF-SERVICE	TERMINAL
HAZARDOUS MATERIALS	1	1 N/A 2 N/A 3 N/A 4 N/A	No. Time	Vehicles	1 UR 2 S 3 S 4 S
DRIVER RECORDS	2	No. 9 Time	No. 10 Time	No. 9 Time	1 UR 2 S 3 S 4 S
DRIVER HOURS		<input type="checkbox"/> No H/M Transported	<input type="checkbox"/> No H/M violations noted	No. Time	1 UR 2 S 3 S 4 S
BRAKES	1	REMARKS 13 CCR 1233(a)(1) Carrier is in compliance at this time, terminal is rated: "SATISFACTORY". See attached documents for findings and recommendations. On-highway inspection reports were utilized to fulfill 2 of 9 required vehicle inspections.			
LAMPS & SIGNALS	3				
CONNECTING DEVICES					
STEERING & SUSPENSION	1				
TIRES & WHEELS					
EQUIPMENT REQUIREMENTS	3				
CONTAINERS & TANKS					
HAZARDOUS MATERIALS					

BIT <input type="checkbox"/> I <input type="checkbox"/> R	NON - BIT <input type="checkbox"/>	FEE DUE <input type="checkbox"/> Yes <input type="checkbox"/> No	CHP 345 <input type="checkbox"/>	CHP 100D COL.	INSPECTION DATE(S) 05/03, 05/10/16	TIME IN 0900	TIME OUT
INSPECTED BY (NAME(S)) S. ROJO				ID NUMBER(S) A12353	SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None		

MOTOR CARRIER CERTIFICATION

I hereby certify that all violations described hereon and recorded on the attached pages (2 through _____), will be corrected in accordance with applicable provisions of the California Vehicle Code and the California Code of Regulations. I understand that I may request a review of an unsatisfactory rating by contacting the Motor Carrier Safety Unit Supervisor at (323) 644-9557 within 5 calendar days of the rating.

CURRENT TERMINAL RATING SATISFACTORY	CARRIER REPRESENTATIVE'S SIGNATURE	DATE
CARRIER REPRESENTATIVE'S PRINTED NAME VLADIMIR GONZALEZ	TITLE SAFETY COORDINATOR	DRIVER LICENSE NUMBER STATE