

**SAFETY COMPLIANCE REPORT/
TERMINAL RECORD UPDATE**

CHP 343 (Rev 6-10) OPI 062

| | | | | |
|---|---------------------|----------------------------|----------------------|-----------------|
| NEW TERMINAL INFORMATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | CA NUMBER 109522 | FILE CODE NUMBER 178031 | COUNTY CODE 43 | BED |
| TERMINAL TYPE <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Bus | CODE 1 | OTHER PROGRAM(S) | LOCATION CODE 340 | SUBAREA 5035 |

TERMINAL NAME
DGA Services Inc dba JIT Transportation

TELEPHONE NUMBER (W / AREA CODE)
(408) 232-4800

TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE)
1075 Montaque Expressway Milpitas, CA 95035

MAILING ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE) (IF DIFFERENT FROM ABOVE)
PO Box 41372 San Jose, CA 95160

INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY)
1075 Montaque Expressway Milpitas, CA 95035

LICENSE, FLEET AND TERMINAL INFORMATION

| | | | | | | | |
|-------------|---------------|--------------|--------------------------|----------------------------|-------------------------|---|-----------------------|
| HM LIC. NO. | HWT. REG. NO. | IMS LIC. NO. | TRUCKS AND TYPES 50 X | TRAILERS AND TYPES 60 V | BUSES BY TYPE I- II- | DRIVERS 37 | BIT FLEET SIZE 110 |
| EXP. DATE | EXP. DATE | EXP. DATE | REG. CT | HW VEH. | HW CONT. | PPB / CSAT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

CONSOLIDATED TERMINALS
 Yes No

FILE CODE NUMBER OF CONSOLIDATED TERMINALS AND DIVISION LOCATIONS BY NUMBER (Use Remarks for Additional FCNS)

EMERGENCY CONTACTS (In Calling Order of Preference)

| | | |
|---|--|-------------------------------------|
| EMERGENCY CONTACT (NAME) Dave Butcher | DAY TELEPHONE NO. (W / AREA CODE) (408) 590-3252 | NIGHT TELEPHONE NO. (W / AREA CODE) |
| EMERGENCY CONTACT (NAME) Gene Ashley | DAY TELEPHONE NO. (W / AREA CODE) (408) 568-6830 | 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 checked="" type="checkbox"/> C 50,001 - 100,000 | <input 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 |
|---|--|--|--|--|--|--|---|---|

OPERATING AUTHORITIES OR PERMITS

| | | | |
|-----------------------------------|--|---|---|
| PUC <input type="checkbox"/> T | <input type="checkbox"/> TCP <input type="checkbox"/> PSC | MOTOR CARRIER OF PROPERTY PERMIT ACTIVE <input checked="" 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 688535 | US DOT NUMBER 688535 | MC 305717 | REASON FOR INSPECTION Initial Haz Mat Terminal Evaluation |

| | | | | | | |
|---------------------|---|--|-----------------|------------------------------|--|-------------------|
| INSPECTION FINDINGS | INSPECTION RATINGS: S = Satisfactory U = Unsatisfactory C = Conditional UR = Unrated N/A = Not Applicable | | | | | |
| REQUIREMENTS | VIOL | MAINTENANCE PROGRAM | DRIVER RECORDS | REG. EQUIPMENT | HAZARDOUS MATERIALS | TERMINAL |
| MAINTENANCE PROGRAM | | 1 S 2 S 3 S 4 S | 1 S 2 S 3 U 4 S | 1 S 2 S 3 S 4 S | 1 N/A 2 N/A 3 N/A 4 N/A | 1 S 2 S 3 U 4 S |
| DRIVER RECORDS | | No. 18 Time 4.0 | No. 19 Time 4.0 | No. Time | TIME | TOTAL TIME 8.0 |
| DRIVER HOURS | | HAZARDOUS MATERIALS <input checked="" type="checkbox"/> No H/M Transported <input type="checkbox"/> No H/M violations noted | | CONTAINERS/TANKS No. Time | VEHICLES PLACED OUT-OF-SERVICE Vehicles None Units None | |

REMARKS
.In accordance with Dept. policy, carriers inspection sample was reduced to current roadside inspections which are included in this report.

| | | | | | | | |
|---|---------------------------------------|--|-------------------------------------|------------------------|---|-----------------|------------------|
| BIT <input checked="" type="checkbox"/> I <input type="checkbox"/> R | NON - BIT <input type="checkbox"/> | FEES DUE <input type="checkbox"/> Yes <input type="checkbox"/> No | CHP 345 <input type="checkbox"/> | CHP 100D COL. 2 | INSPECTION DATE(S) 5/16,23/2016 | TIME IN 0800 | TIME OUT 1630 |
| INSPECTED BY (NAME(S)) Ubbo Coty MCS-I | | | | ID NUMBER(S) A10932 | 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 1), 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 (707) 648-4180 within 5 calendar days of the rating.

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|---|---|-----------------------------|
| CURRENT TERMINAL RATING SATISFACTORY | CARRIER REPRESENTATIVE'S SIGNATURE <i>M. Butcher</i> | DATE 5/23/2016 |
| CARRIER REPRESENTATIVE'S PRINTED NAME Maryann Butcher | TITLE Safety Adminstrator | DRIVER LICENSE NUMBER STATE |