MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS UNDER 49 C.F.R. 391.27

I CERTIFY THAT THE FOLLOWING IS A TRUE AND COMPLETE LIST OF TRAFFIC VIOLATIONS (OTHER THAN PARKING VIOLATIONS) FOR WHICH I HAVE BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL DURING THE PAST 12 MONTHS.

DATE	OFFSET	LOCATION	TYPE OF VEHICLE OPERATED

IF NO VIOLATIONS ARE LISTED ABOVE, I CERTIFY THAT I HAVE NOT BEEN CONVICTED OR FORFEITED BOND OR COLLATERAL ON ACCOUNT OF ANY VIOLATION REQUIRED TO BE LISTED DURING THE PAST 12 MONTHS.



DRIVER'S SIGNATURE	4/2/2024 DATE OF CERTIFICATION / RECORD DMV (DMV PRINT OUT)
AXL TRANSPORT LLC MOTOR CARRIER'S NAME	401 INDUSTRIAL RD STE B 91980 UNITED STATES CALIFORNIA TECATE MOTOR CARRIER'S ADDRESS
REVIEWED BY (SIGNATURE)	REVIEWED BY (TITLE)
REVIEWED BY (PRINTED NAME)	4/2/2024 DATE OF REVIEW

NOTE: THIS FORM IS PROVIDED AS A SUGGESTED FORMAT FOR A COMMERCIAL MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS. A MOTOR CARRIER MAY USE ANY FORMAT WHICH COMPLIES WITH 49 CFR 391.21.

ANNUAL REVIEW OF DRIVING RECORD
UNDER 49 C.F.R. 391.25

MONTELLANO ALFONSO

DRIVER'S NAME (LAST, FIRST, M.I.)

SOCIAL SECURITY NUMBER

ON THE DATES INDICATED BELOW, I/WE HAVE REVIEWED THE DRIVING RECORD OF THE ABOVE NAMED DRIVER IN ACCORDANCE
WITH 49 C.F.R. 391.25 OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS.
I/WE CONSIDERED ANY EVIDENCE THAT THE DRIVER HAS VIOLATED ANY APPLICABLE FEDERAL MOTOR CARRIER SAFETY
REGULATIONS IN THIS SUBCHAPTER OR HAZARDOUS MATERIALS REGULATIONS (49 CFR CHAPTER I, SUBCHAPTER C).
THE DRIVER'S ACCIDENT RECORD AND ANY EVIDENCE THAT THE DRIVER HAS VIOLATED LAWS GOVERNING THE OPERATION OF
I ALSO CONSIDERED MOTOR VEHICLES. I/WE GAVE GREAT WEIGHT TO VIOLATIONS, SUCH AS SPEEDING, RECKLESS DRIVING,
AND OPERATING WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS, THAT INDICATES THAT THE DRIVER HAS EXHIBITED
A DISREGARD FOR THE SAFETY OF THE PUBLIC. HAVING DONE THE ABOVE I FIND THAT:

ANNUAL REVIEW

- ☐ THE DRIVER MEETS THE MINIMUM REQUIREMENTS FOR SAFE DRIVING, OR
- ☑ THE DRIVER IS DISQUALIFIED TO DRIVE A COMMERCIAL MOTOR VEHICLE PURSUANT TO 49 C.F.R. 391.15.

REVIEWER'S SIGNATURE

4/2/2024
DATE OF REVIEW

()
REVIEWER'S PRINTED NAME AND TITLE

AXL TRANSPORT LLC
MOTOR CARRIER'S NAME

NOTE: THIS FORM IS PROVIDED AS A SUGGESTED FORMAT FOR DOCUMENTING THE ANNUAL REVIEW OF A DRIVER'S DRIVING RECORD. A MOTOR CARRIER MAY USE ANY FORMAT FOR DOCUMENTING THE ANNUAL REVIEW WHICH COMPLIES WITH 391.25.