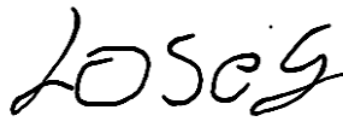
# MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS UNDER 49 C.F.R. 391.27

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

7/8/2025
DATE OF CERTIFICATION / PULL NOTICE

FM GROUP LOGISTICS INC
MOTOR CARRIER'S NAME

2330 ENRICO FERMI DR STE N 92154 UNITED STATES CALIFORNIA SAN DIEGO
MOTOR CARRIER'S ADDRESS

REVIEWED BY (SIGNATURE)

REVIEWED BY (TITLE)

REVIEWED BY (PRINTED NAME)

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

GAMBOA JOSE SINHUE

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

DATE OF REVIEW

() 

REVIEWER'S PRINTED NAME AND TITLE

FM GROUP LOGISTICS INC

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.**