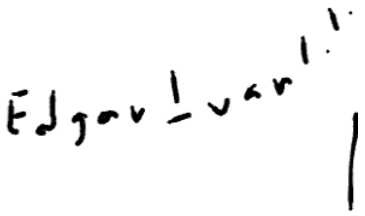
# MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS UNDER 49 C.F.R. 391.27

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

10/20/2026
DATE OF CERTIFICATION / RECORD DMV (DMV PRINT OUT)

ALGODON TRANSPORT
MOTOR CARRIER'S NAME

8580 AVENIDA DE LA FUENTE SUITE L 92154 UNITED STATES CALIFORNIA SAN DIEGO
MOTOR CARRIER'S ADDRESS

REVIEWED BY (SIGNATURE)

REVIEWED BY (TITLE)

REVIEWED BY (PRINTED NAME)

10/20/2026
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

LOPEZ EDGAR IVAN

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

10/20/2026

DATE OF REVIEW

()

REVIEWER'S PRINTED NAME AND TITLE

ALGODON TRANSPORT

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.**