

**SAFETY COMPLIANCE REPORT/
TERMINAL RECORD UPDATE**

CHP 343 (Rev. 12-17) OPI 062

NEW TERMINAL INFORMATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		CA NUMBER 8155	FILE CODE NUMBER 28188	COUNTY CODE 37	BED
TERMINAL TYPE <input checked="" type="checkbox"/> Truck <input type="checkbox"/> Bus <input type="checkbox"/> Mod Limo		CODE H	OTHER PROGRAM(S)	LOCATION CODE 645	SUBAREA B31

CARRIER LEGAL NAME Rust & Sons Trucking	TERMINAL NAME (IF DIFFERENT)	TELEPHONE NUMBER (W/ AREA CODE) (619) 443-6193
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TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE)
15353 Olde Hwy 80 El Cajon, CA 92021

MAILING ADDRESS (NUMBER, STREET, CITY, ZIP CODE) (IF DIFFERENT FROM ABOVE) INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY)
15353 Olde Hwy 80 El Cajon, CA 92021

LICENSE, FLEET AND TERMINAL INFORMATION

HM LIC. NO. 115792	HWT REG. NO. 2069	IMS LIC. NO.	TRUCKS AND TYPES 45 X D T S	TRAILERS AND TYPES 125 D V R F T	PASS VEH BY TYPE I II Mod Limo	DRIVERS 49	BIT FLEET SIZE Powered 45 Towed 125
EXP. DATE 06/30/2025	EXP. DATE 05/31/2025	EXP. DATE	REG. CT.	HW VEH.	HW CONT.	PPB/CSAT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
TERMINALS IDENTIFIED IN SECTION 34515(b) CVC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			FILE CODE NUMBERS OF TERMINALS INCLUDED IN INSPECTION AS A RESULT OF SECTION 34515(b) CVC				

EMERGENCY CONTACTS (In Calling Order of Preference)

EMERGENCY CONTACT (NAME) Tory Rust	DAY TELEPHONE NO. (W/ AREA CODE) (619) 443-6193	NIGHT TELEPHONE NO. (W/ AREA CODE) (619) 888-8816
EMERGENCY CONTACT (NAME) Charles Cummins	DAY TELEPHONE NO. (W/ AREA CODE) (619) 443-6193	NIGHT TELEPHONE NO. (W/ AREA CODE) (619) 536-3057

ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL FOR LAST YEAR [2024]

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

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 479041	USDOT NUMBER 479041	<input checked="" type="checkbox"/> MC <input type="checkbox"/> MX 210104	REASON FOR INSPECTION CPSS

INSPECTION FINDINGS

REQUIREMENTS		VIOL		INSPECTION RATINGS: S = Satisfactory U = Unsatisfactory C = Conditional UR = Unrated N/A = Not Applicable																			
MAINTENANCE PROGRAM				MAINTENANCE PROGRAM				DRIVER RECORDS				REG. EQUIPMENT				HAZARDOUS MATERIALS				TERMINAL			
				1 S 2 S 3 S 4 S				1 S 2 S 3 S 4 S				1 S 2 S 3 S 4 S				1 S 2 S 3 S 4 S				1 S 2 S 3 S 4 S			
DRIVER RECORDS		1		No. 29 Time 3.0				No. 25 Time 5.0				No. 29 Time 20.0				TIME 2.0				TOTAL TIME 30.0			
DRIVER HOURS		1		HAZARDOUS MATERIALS <input type="checkbox"/> No H/M Transported <input checked="" type="checkbox"/> No H/M violations noted				CONTAINERS/TANKS No. Time				VEHICLES PLACED OUT-OF-SERVICE Vehicles I Units											
BRAKES				REMARKS SEE ATTACHED PAGES (PART B AND C) FOR INSPECTION FINDINGS, ACTIONS NECESSARY TO GAIN COMPLIANCE, DIRECTIVES AND VEHICLES DECLARED OUT-OF-SERVICE.																			
LAMPS & SIGNALS				Notes:																			
CONNECTING DEVICES				1) All CDL drivers with hazmat endorsements were included in driver representative sample.																			
STEERING & SUSPENSION		1		2) 3 level 1 on highway inspections were used to satisfy 3 of 20 trailer representative sample.																			
TIRES & WHEELS				3) 22 CVSA Decals issued to vehicles decals #35079669 - #35079690																			
EQUIPMENT REQUIREMENTS																							
CONTAINERS & TANKS																							
HAZARDOUS MATERIALS																							

INSPECTION TYPE <input checked="" type="checkbox"/> I <input type="checkbox"/> R	NON-BIT <input type="checkbox"/>	CPSS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CHP 345 <input type="checkbox"/>	CHP 100D COL. <input type="checkbox"/>	INSPECTION DATE(S) 4/7 - 4/9 & 4/15/2025	TIME IN	TIME OUT
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INSPECTED BY (NAME(S)) C. LUNN MOTOR CARRIER SPECIALIST I	ID NUMBER(S) A19693	SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None
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MOTOR CARRIER CERTIFICATION

I hereby certify that all violations described hereon and recorded on the attached pages (2 through 32), 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 (858)944-6345 within 5 business days of the rating.

CURRENT TERMINAL RATING SATISFACTORY	CARRIER REPRESENTATIVE'S SIGNATURE 	DATE 04/15/2025
CARRIER REPRESENTATIVE'S PRINTED NAME Charles Cummins	TITLE General Manager	DRIVER LICENSE NUMBER STATE