

**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 680	SUBAREA B31

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

MAILING ADDRESS (NUMBER, STREET, CITY, ZIP CODE) (IF DIFFERENT FROM ABOVE) Same as above	INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY) Same as Above
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**LICENSE, FLEET AND TERMINAL INFORMATION**

HM LIC. NO. 115792	HWT REG. NO. 2069	IMS LIC. NO.	TRUCKS AND TYPES 45 X,D	TRAILERS AND TYPES 84 D,V,R,F	PASS VEHs BY TYPE I II	DRIVERS 35	BIT FLEET SIZE
EXP. DATE 06/30/2019	EXP. DATE 02/28/2019	EXP. DATE	REG. CT.	HW VEH.	HW CONT. 15	PPB/CBAT <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Powered 45 Towed 84
TERMINALS IDENTIFIED IN SECTION 34616(b) CVC <input type="checkbox"/> Yes <input type="checkbox"/> No			FILE CODE NUMBERS OF TERMINALS INCLUDED IN INSPECTION AS A RESULT OF SECTION 34616(b) CVC				

**EMERGENCY CONTACTS (In Calling Order of Preference)**

EMERGENCY CONTACT (NAME) <b>Joe Graves</b>	DAY TELEPHONE NO. (W/ AREA CODE) <b>(619) 443-6193</b>	NIGHT TELEPHONE NO. (W/ AREA CODE) <b>(360) 608-8397</b>
EMERGENCY CONTACT (NAME) <b>Tory Rust</b>	DAY TELEPHONE NO. (W/ AREA CODE) <b>(619) 443-6193</b>	NIGHT TELEPHONE NO. (W/ AREA CODE) <b>(619) 390-5469</b>

**ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL FOR LAST YEAR [ 2017 ]**

A <input type="checkbox"/> UNDER 15,000	B <input type="checkbox"/> 15,001 - 50,000	C <input type="checkbox"/> 50,001 - 100,000	D <input type="checkbox"/> 100,001 - 500,000	E <input checked="" type="checkbox"/> 500,001 - 1,000,000	F <input type="checkbox"/> 1,000,001 - 2,000,000	G <input type="checkbox"/> 2,000,001 - 5,000,000	H <input type="checkbox"/> 5,000,001 - 10,000,000	I <input type="checkbox"/> MORE THAN 10,000,000
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**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 type="checkbox"/> No
USDOT 479041	<input checked="" type="checkbox"/> MC <input type="checkbox"/> MX 210104	REASON FOR INSPECTION	

INSPECTION FINDINGS REQUIREMENTS VIOL	INSPECTION RATINGS: S = Satisfactory U = Unsatisfactory C = Conditional UR = Unrated N/A = Not Applicable																			
	MAINTENANCE PROGRAM				DRIVER RECORDS				REG. EQUIPMENT				HAZARDOUS MATERIALS				TERMINAL			
MAINTENANCE PROGRAM	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	No. 23 Time				No. 20 Time				No. 23 Time				TIME				TOTAL TIME			
DRIVER HOURS	<input type="checkbox"/> No H/M Transported				<input checked="" type="checkbox"/> No H/M violations noted				CONTAINERS/TANKS No. 4 Time				VEHICLES PLACED OUT-OF-SERVICE Vehicles 28A Units							
BRAKES	REMARKS																			


**BIT Inspection**

See attached Pages (part B and part C) for inspection findings, actions necessary to gain compliance, directives and vehicles declared out of service.

INSPECTION TYPE <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/>	NON-BIT <input type="checkbox"/>	CPSS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CHP 346 <input type="checkbox"/>	CHP 100D COL. <input type="checkbox"/>	INSPECTION DATE(S) 8-7-18,8-9-18,8-14-18,9-4-18	TIME IN	TIME OUT
INSPECTED BY (NAME(S)) <b>T. Mattison</b>					ID NUMBER(S) A10482	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 22), 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) 650-3655 within 5 business days of the rating.

CURRENT TERMINAL RATING <b>SATISFACTORY</b>	CARRIER REPRESENTATIVE'S SIGNATURE 	DATE 09/04/2018
CARRIER REPRESENTATIVE'S PRINTED NAME <b>Joe Graves</b>	TITLE <b>General Manager</b>	DRIVER LICENSE NUMBER <b>GRAVEJN481Q2</b>

Destroy Previous Editions