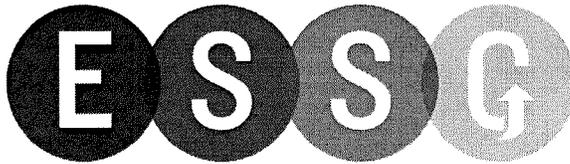


employer solutions staffing group_{llc}

Commercial Driver Application



employer solutions staffing group, inc.

COMMERCIAL DRIVER APPLICATION

FILL IN ALL BLANKS & PROVIDE ALL INFORMATION REQUESTED--PRINT OR TYPE

Date: 12-17-24
Name: First Marley Middle Last Waltero Rodriguez
Address 3754 McIndosh Dr NW Home telephone:
City Rochester State Mn Zip 55901 Cellular telephone: 719-501-8446
Date of Birth: 09-23-1979 Social Security Number: 031 - 73 - 7595

If your above address is less than 3 years continue listing them below to cover the previous 3 year period:

- 1 Street Dates: From To
City State Zip
2 Street Dates: From To
City State Zip
3 Street Dates: From To
City State Zip

Use backside of sheet for additional addresses

Driver's License Information: all licenses held, last 3 years:

State Minnesota Number V000-151-439-000 Expiration Date 09/23/2028
State Number Expiration Date
State Number Expiration Date

Experience:

Type of vehicle driven to Dates Approximate mileage driven
Type of vehicle driven to Dates Approximate mileage driven
Type of vehicle driven to Dates Approximate mileage driven

All Accidents, last 3 years: (If none, write NONE)

Date Describe Fatalities Injuries
Date Describe Fatalities Injuries
Date Describe Fatalities Injuries

X List all Traffic Violations Convictions, last 3 years: (If none, write NONE)

Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>
Date _____	Violation _____	State _____	Commercial Vehicle: <u>Yes / No</u>

X Have you ever had any driver license denied, suspended, revoked or canceled by any issuing state agency?

Yes No If yes; state of issuance; explanation: _____

X Employment History, last 10 years (383.35)—account for gaps between employers: (If owner/operator, list carriers leased to)

1) Employer: Eaton Dates: _____ to _____

Address: 15790 320th Ave Supervisor: Missi

City, State, Zip code: Waseca MN 56093 Telephone: 507-838-9563

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: winter / construction not working

only summer

2) Employer: _____ Dates: _____ to _____

Address: _____ Supervisor: _____

City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

3) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

.....

4) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

.....

5) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

.....

6) Employer: _____ Dates: _____ to _____
Address: _____ Supervisor: _____
City, State, Zip Code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

.....

"Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Designated Employer Representative(s):
 GIS – DOT Division
 Attn: _____

Please respond by Fax to: (877) 590-4006

Section I. To be completed and signed by the Applicant/Employee:

X Applicant/Employee Printed or Typed Name: Marley Waltero Rodriguez

X Applicant/Employee SS Number: 031-737595

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records retained by my previous employer, listed below, to _____ and its designated agent, GIS. This release is in accordance with DOT Regulation 49 CFR Part 40 and 391 and allowed by Section 383 of the Federal Motor Carrier Safety Regulations. I understand that information to be released by my previous employer is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Applicant/Employee Signature: Marley Waltero Date: 12-17-24

Previous Employer Name: Marley' waltero Rodriguez

Position(s) Held: _____

Address: 3754 McIntosh Dr NW

Phone #: 719-501-8446 Fax #: _____

Designated Employer Representative: _____

Section II. To be completed by the previous employer and transmitted by mail or fax to GIS at (877) 590-4006 within 30 days from the time of the request in compliance with the amended Parts 390 and 391 of the Federal Motor Carrier Safety Regulations (FMCSR) including any accidents defined in Section 390:

In the past three years prior to the date of the employee's signature (in Section I), for DOT-Regulated testing:

1. Did the employee have alcohol test with a result of 0.04 or higher? Yes No Date _____
2. Did the employee have verified positive drug test? Yes No Date _____
3. Did the employee refuse to be tested? Yes No Date _____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? Yes No Date _____
5. Did the previous employer report a drug and alcohol rule violation? Yes No Date _____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? Yes No Not Applicable

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

7) Employer: _____ Dates: _____ to _____
 Address: _____ Supervisor: _____
 City, State, Zip code: _____ Telephone: _____

Were you subject to the Federal Motor Carrier Safety Regulations during this period? Yes No

Were you subject to 49 CFR part 40 controlled substance and alcohol testing during this period? Yes No

Reason for Leaving: _____

Use backside of sheet for additional employers

For driver applicants of commercial motor vehicles that require a Commercial Driver License (CDL) the applicant must disclose their controlled substance and alcohol status per the requirements of 49 CFR part 40.25(j).

As a prospective driver employee, you have the right to review information provided by previous employers. You have the right to have errors in the information corrected by the previous employer(s) and for that previous employer(s) to re-send the corrected information to the prospective employer; the right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Driver employees who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer provided investigative information, must submit a written request to the prospective employer, which may be done at anytime, including when applying or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five (5) business day deadlines will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived their request to review the records.

Certification

"I certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge."

Le Morley
 Applicant's Signature

x 12-17-24
 Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Application reviewed for completeness by:

Name _____

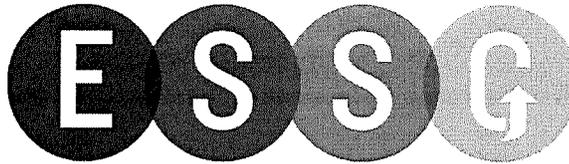
Name _____

Title _____ Date _____

Title _____ Date _____

SIGNIFICANT DATES:

Date of Hire: _____
 Time & Date of Pre-Employment CST: _____
 Time & Date of Pre-Employment CST Results Received: _____
 Date First Used in Safety Sensitive Position: _____
 Date of Termination: _____



employer solutions staffing group_{llc}

AUTHORIZATION FOR EMPLOYER TO RELEASE CDL/DOT FILE INFORMATION TO STAFFING CLIENT

(Please read the following statements and sign below if you consent.)

I, Marley Waltero Rodriguez, hereby authorize my employer, Employer Solutions Staffing Group LLC, to release any or all of the following information relating to my application for federal Department of Transportation driver qualification file to _____ (staffing client company's name).

(Check items you consent to release) —

- The driver's application for employment completed in accordance with the FMCSRs
- Records relating to the investigation of driver's safety performance history
- A copy of the initial driver's motor vehicle record check(s)
- A copy of the driver's road test or a copy of the driver's CDL, which the motor carrier may accept as equivalent to the driver's road test
- Copies of the annual driver's motor vehicle record check, the annual list of violations provided by the driver and certification of the annual review
- A copy of the driver's medical examination/certification. (Exception: A CDL holder who has submitted his/her medical certification to the state of licensure and indicated the status as non-exempt [meaning he/she is subject to driver qualifications] will have his/her medical certification status information appearing on the motor vehicle record. A carrier must obtain the driver's motor vehicle record and place it in the driver qualification file.)

X A copy of the skills performance evaluation certificate or MN/DOT medical waiver, if applicable

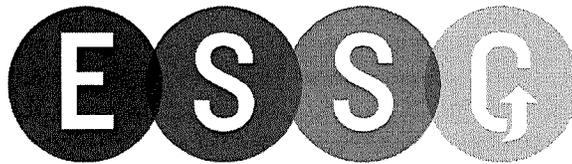
X Documentation indicating the carrier verified the driver was medically certified by a medical examiner listed on the National Registry of Certified Medical Examiners.

I further release and hold harmless both Employer Solutions Staffing Group LLC and _____ (staffing client company's name) from any and all liability that may potentially result from the release and/or use of such information. I understand that any information released by Employer Solutions Staffing Group LLC will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

Marley waltero
Signature of Employee

Marley waltero Rodriguez
Employee's Name - Printed

Date Signed: 12-17-24



employer solutions staffing group, LLC

Marley Waltero
Driver's Name

V000151439000
Driver's Operators Lic. No.

031-73-7595
Driver's Social Sec. No.

Dear Marley Waltero,

The above listed individual has made application with us for employment as a driver. Applicant has indicated that the above numbered operator's license or permit has been issued by your State to applicant and that it is in good standing.

In accordance with Section 391.23(a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding 3 years of every State in which an applicant-driver has held a motor vehicle operator's license or permit during those 3 years.

Therefore, please certify to us what the individual's driving record is for the preceding 3 years or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms of yours as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Ross Plaetzer
Name of person making inquiry

Client Services Director
Title of person making inquiry

Employer Solutions Staffing Group LLC
Motor Carrier Name

PO BOX 46270 Eden Prairie, MN 55344
Address

**“Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing”
(Additional Questions)**

Please respond by Fax to: (877) 590-4006

X Employee Name: _____ Employer Name: _____

In the past three years prior to the date of the employee's signature (in Section I), for DOT-Regulated testing:

7. Was the employee a safe and efficient driver? Yes No

8. What motor vehicles did the employee operate?

Semi / Tractor-Trailer Straight Truck Bus Other (please identify type) _____

9. What license type did the driver hold?

Class A Class B Non-CDL Other (please identify type) _____

10. Was the employee involved in any traffic violations or accidents during service? Yes No

If Yes, please provide specific detail, including how many and whether injuries and/or fatalities were involved, as well as dates, and if accident, list the city/state where the accident occurred. _____

Employee Start Date: _____ Employee End Date: _____

Position Held: _____ Salary: _____

Reason for Leaving: _____ Eligible for Rehire: _____

Name of person providing information in Section II and additional questions:

Printed Name: _____ Signature: _____

Title: _____ Date: _____

Phone #: _____



MINNESOTA

NON-DOMICILED
COMMERCIAL
DRIVER'S LICENSE

NOT FOR FEDERAL IDENTIFICATION



1 WALTERO RODRIGUEZ
2 MARLEY
8 3754 MCINTOSH DR NW
ROCHESTER, MN 55901-5936

4d DL# V000-151-439-000
3i DOB 09/23/1979
4b EXP 09/23/2028

9 CLASS A
12 RESTR NONE
9a END NONE

15 SEX M
16 HGT 5'11"
17 WGT 180 lb
18 EYES BRO

Waltero Rodriguez

5i DD-00000010292302
09/23/79

CLASS: A-Any combination of Veh with towed Veh over 10,000 lbs. GVWR, when endorsed
END: None
RESTR: None







7760 France Ave S, Suite 1173
 Minneapolis, MN 55435
 Ph (888) 389-4023 (952) 545-3953
 Fax (888) 389-4024 (952) 545-3973
 www.TrustedEmployees.com

Prepared For: CORPORATE MANAGEMENT GROUP

Applicant Information

Applicant Name:	WALTERO RODRIGUEZ, MARELY NA	SSN:	XXX-XX-7595
Address:	3754 NW MACINTOSH DR	Phone(s):	719-501-8446
City/State/Zip:	ROCHESTER, MN 55901	Email:	ARELYWALTERO@GMAIL.COM
AKA Name(s):	WALTERORODRIGUEZ, MARLEY WALTERO, MARLEY		

Additional information provided by applicant

This information was provided by your applicant during the Apply Now process and has not been confirmed by Trusted Employees.

NO ADDITIONAL INFORMATION PROVIDED BY APPLICANT

Employer Information

Account #:	11659S	Attn:	KELSEY SIKKINK
Phone:	651-666-3883	Date Ordered:	12/17/2024
Completed:	12/17/2024	Entered By:	11659SKELSEY
Proofed By:	CAROLINAA	Charges:	\$35.00
Report Type:	DRIVER PACKAGE (PKG # 1)	File #:	55A592
Position Applied For:	CDL		

Fraud Protection

Social Security Numbers can only be validated to being issued or not issued based on information available from the Social Security Administration. They may be valid numbers but issued to a different person. If no credit report is found please request to see the applicant's social security card and State ID. For security purposes only partial Social Security Numbers are displayed. Contact Trusted Employees if you need to discuss discrepancies.

Name:	WALTERO RODRIGUEZ, MARELY	SSN:	XXX-XX-7595	Status:	POSSIBLE INVALID SSN
State Issued:	MASSACHUSETTS				

Message/Alerts	What does it mean?	Why was it generated?	Suggested actions
4501 - INPUT SSN LIKELY NOT ISSUED PRIOR TO JUNE 2011	TransUnion is unable to determine if the SSN has been issued by the Social Security Administration (SSA).	<ul style="list-style-type: none"> System unable to find SSN on SSA's historical year-of-issuance database. SSN may or may not have been issued under SSN Randomization – unable to determine. Applicant may be using a valid SSN. Due to SSN Randomization by the SSA, the SSN cannot be confirmed as being issued to a consumer. 	<ul style="list-style-type: none"> Verify accuracy of input SSN and other identity data. Require consumer to provide documentary proof of valid and issued SSN. Conduct proper due diligence based on your company's fraud policies. Determine if input SSN matches the file SSN for the consumer by reviewing TransUnion's ID Mismatch or Identity Verification solutions.

BEGINNING JUNE 25TH, 2011, THE SOCIAL SECURITY ADMINISTRATION BEGAN RANDOMIZING SOCIAL SECURITY NUMBERS. NUMBERS ISSUED AFTER THIS DATE CANNOT BE POSITIVELY CONFIRMED.

The Social Security Administration recommends the following actions be taken to verify identity:

- Ask to see the original Social Security card. If the applicant does not have that available, please click the link below if you would like to order the CBSV to verify the SSN.
- Ask for a US Government issued photo ID

WITH YOUR APPLICANT'S SIGNED CONSENT, **TE CAN GUARANTEE THE VALIDITY OF THE SOCIAL SECURITY NUMBER PROVIDED BY COMPARING IT DIRECTLY TO THE SOCIAL SECURITY ADMINISTRATION'S RECORDS.** [CLICK HERE](#) IF YOU WOULD LIKE TO ORDER CONSENT-BASED SSN VERIFICATION FOR \$7.50.

Criminal, Traffic, and Infraction Records

For a period of 7 years prior to the date of this report we have searched public records and commercially available data sources for criminal records. The Public Records and commercially available data sources used in this report should not be relied upon as definitively accurate. Data is sometimes entered poorly, processed incorrectly and is generally not free from defects. This report does not eliminate the possibility of additional information contained outside the scope of our search. **WARNING:** Criminal offenders frequently use aliases, including the names of other individuals. Do not assume search results correspond to the subject of your inquiry. Use **EXTREME CAUTION** in making employment decisions based upon this information. Fingerprint verification is the only way of confirming a subject's identity. **Nationwide Criminal SuperSearch requested** ([Click here](#) for more information).

Minnesota End-Users and Consumers: We are required to inform you that each criminal history record identified in the report was collected as of the "Date Ordered" shown on the report, and also that the information may include criminal records that have been expunged, sealed or otherwise have become inaccessible to the public since that date.

US, NATIONWIDE CRIMINAL SUPERSEARCH (MULTI STATE)
 WALTERO RODRIGUEZ, MARELY NA

MN, STATE COURT (ALL 87 COUNTIES)
 WALTERO RODRIGUEZ, MARELY NA
 WALTERO, MARLEY
 WALTERORODRIGUEZ, MARLEY

NO RECORDS FOUND

Motor Vehicle Record Search

Trusted Employees has obtained information about your applicant's driving history. This information may contain records of driving offenses which may also be reflected in the Criminal Records section above. A report of an accident does not indicate fault. Use EXTREME CAUTION when making employment decisions based upon this information.

1. State:	MN - NO RECORDS	Name:	MARLEY WALTERO RODRIGUEZ	Birth Date:	09/23/1979
Med Cert Exp:	03/22/2026	DLNumber:	V000151439000	Issued:	09/20/2024
Expires:	09/23/2028	Class:	A	Status:	VALID
Self-Cert Status:	NON-EXEMPT INTERSTATE / CERTIFIED				

Nationwide Sex Offender Registry Search

The information provided below is gathered from every state, territory, and Indian tribe that contributes to the NSOPW / Dru Sjodin National Sex Offender Registry. Information is gathered and refreshed on a bi-weekly basis, and all possible match results are manually checked against the Dru Sjodin website at www.nsopw.gov prior to being displayed on the report.

Names Checked:
 WALTERO RODRIGUEZ, MARELY NA

NO RECORDS FOUND

Employment Verification

Only data fields that have been verified by Trusted Employees are displayed.

1. Previous Employer: EATON
Comments: EMPLOYER USES THE WORK NUMBER / PLEASE CONTACT TRUSTED EMPLOYEES TO PROCESS

DOT References

1. Company Name: EATON **Contact Name:** MISSIS
Phone: 507-835-1400
Comments: UNABLE TO PROCESS WITHOUT DOT PAPERWORK / PLEASE SEND TO TRUSTED EMPLOYEES

OFAC / Global Terrorist Search

A search has been made of the following designations which are compiled in the OFAC database.

Names Searched:
 WALTERO RODRIGUEZ, MARELY
 WALTERORODRIGUEZ, MARLEY
 WALTERO, MARLEY

Specially Designated Narcotics Traffickers - NO RECORDS
Specially Designated Global Terrorists - NO RECORDS
Weapons of Mass Destruction Proliferators - NO RECORDS

Foreign Terrorist Organizations - NO RECORDS
Specially Designated Terrorists - NO RECORDS
Specially Designated Nationals - NO RECORDS

Address History

The following records represent an applicant's current and previous address history according to information provided within the application form and various databases. Any dates provided are approximate.

1. Address:	3754 NW MACINTOSH DR		
City/State/Zip:	ROCHESTER, MN 55901		
County:	OLMSTED		
2. Address:	3754 MCINTOSH NW	First Reported:	07/01/2024
City/State/Zip:	ROCHESTER, MN 559015936		
County:	OLMSTED		
3. Address:	4622 13TH NW	First Reported:	06/01/2024
City/State/Zip:	ROCHESTER, MN 559010450		
County:	OLMSTED		

******* End of Report *******

Please be advised that the information provided should not be the sole determining factor in evaluating the individual. Trusted Employees shall exercise good faith in obtaining information from sources deemed to be reliable but cannot guarantee the accuracy of the information reported. Human error in compiling this information is possible. This report is being provided to you in strict confidence, and except where required by law, no information provided in this report may be revealed directly or indirectly to any person except those authorized to do so in connection with performing their duties.

Note: If any information contained in this report will be used for an adverse action please advise your applicant. Should the applicant dispute the information reported please advise us of any discrepancies so further verification can be performed prior to issuance of an adverse action.





**OLMSTED
MEDICAL
CENTER**

GOOD HEALTH STARTS WITH GREAT CARE.™

Olmsted Medical Center
210 9th Street SouthEast
Rochester, Minnesota, 55904

Attention:

House

Participant: Waltero-Rodriguez, Marley

Participant ID: 14090469

Primary ID:

Driver's License: V000151439000

Negative

Laboratory: Medtox Laboratories

Collection Site: Olmsted Medical Center

Test Type: Pre Employment

132 17th Ave NW

Collected: 12/17/2024 2:38:00 PM

Received: 12/18/2024

Test Authority: FMCSA

Specimen ID: Y45049365

Sample Type: Urine

Invalid: No

Rejected: No

Adulterated: No

Substituted: No

Dilute: No

Substance	Status	Measurement
Opioids	Negative	
Amphetamines	Negative	
Cocaine	Negative	
PCP	Negative	
Marijuana	Negative	

Dr. Danya Klydal

DEC 18 2024

12/18/2024

This test was performed, recorded, verified and reported in accordance with CFR Part 40, the governing regulation for all mandated testing per the Department of Transportation.

Results for Waltero-Rodriguez, Marley, Participant ID: 14090469 Compiled on 12/18/2024 10:53:32 AM

Y45049365

402 W County Rd D
St. Paul, MN 55112

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

SPECIMEN ID NO.

ACCESSION NO.

A. Employer Name, Address, I.D. No.
EMPLOYER: Employer's Services Group
ADDRESS: PO Box 46270
Eden Prairie, MN 55344
ATTN: MESHAH BAKER
612-761-9663

B. MRO Name, Address, Phone No. and Fax No.
DR JONATHAN FIELDS, MD
UCHSTED MEDICAL CENTER
710 9TH ST S.E.
ROCKFORD, MN 55004
PH: 501-292-3443
FX: 501-292-7001

C. Donor SSN or Employee I.D., or CDL State and No. MN V000151431000

D. Specify Testing Authority: HHS NRC Specify DOT Agency: FMCSA FAA FRA FTA PHMSA USCG

E. Reason for Test: Pre-employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other (specify) _____

F. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP THC & COC Only Other (specify) _____

G. Collection Site Address:
Collector Contact Info: Phone 5072927144 Collector Contact Info: Fax 5072927001

STEP 2: COMPLETED BY COLLECTOR (make remarks when appropriate). URINE ORAL FLUID

COLLECTION: Split Single None Provided, Enter Remark.

URINE: Collector reads urine temperature within 4 minutes. Temperature between 90° and 100° F? Yes No, Enter Remark Observed, Enter Remark

ORAL FLUID: Split Type: Serial Concurrent Subdivided Each Device Within Expiration Date? Yes No Volume Indicator(s) Observed

REMARKS: 51028

STEP 3: Collector affixes seal(s) to bottle(s)/tube(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY TEST FACILITY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable federal requirements.

Signature of Collector: [Signature] Time of Collection: 02:38 AM PM

[Signature] (PRINT) Collector's Name (First, MI, Last) Date (Mo./Day/Yr.): 12/17/2024

SPECIMEN BOTTLE(S)/TUBE(S) RELEASED TO:
Name of Delivery Service Transferring Specimen to Lab: MedTox
 FedEx Local Courier Other: MedTox

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle/tube used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle/tube is correct.

Signature of Donor: Marley Walthero Rodriguez (PRINT) Donor's Name (First, MI, Last) Marley Walthero Rodriguez Date (Mo./Day/Yr.): 12/17/24

Daytime Phone No. (763) 501-6444 Evening Phone No. () Date of Birth 9/23/1979

Email Address: _____

After the Medical Review Officer receives the test results for the specimen identified by this form, he/she may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). - DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN URINE ORAL FLUID

In accordance with applicable federal requirements, my verification is:

NEGATIVE POSITIVE for: _____

DILUTE

REFUSAL TO TEST because - check reason(s) below: _____ TEST CANCELLED

ADULTERATED (adulterant/reason): _____

SUBSTITUTED

OTHER: _____

REMARKS: _____

Signature of Medical Review Officer: [Signature] (PRINT) Medical Review Officer's Name (First, MI, Last) Danya Kiydal, M.D. Date (Mo./Day/Yr.) DEC 18, 2024

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable federal requirements, my verification for the split specimen (if tested) is:

RECONFIRMED for: _____ TEST CANCELLED

FAILED TO RECONFIRM for: _____

REMARKS: _____

Signature of Medical Review Officer: _____ (PRINT) Medical Review Officer's Name (First, MI, Last) _____ Date (Mo./Day/Yr.) _____

