

NC
FILE

17-2532-TR-CVF 5

Request for an Administrative Hearing

Case number: OH3228011468C

Dear Sir or Madam:

Regarding case#OH3228011468C, we received the **notice of preliminary determination** recently. But we cannot accept this decision and send this request for the further investigation.

We think the driver provided the wrong LOGBOOK on 8/11/2017 to make this violation against WES-MID AMERICA INC. This tractor was operated by driver JONATHAN R JENSEN but not operated by WES-MID AMERICA INC on 8/11/2017. JONATHAN R JENSEN used to work for WES-MID AMERICA INC, but he was already quit and started to operate his own truck. We request to move this citation from WES-MID AMERICA INC. Please contact me with the further action:

Contact Name: Weijie(Carol) Hu

Contact phone#: 951-316-0307

Email: wesmidamerica2015@yahoo.com

Address: 12527 Blue Rock CT, Mira Loma, CA 91752

Regards,

Weijie Hu

WES-MID AMERICA INC

EXHIBIT A: REGISTRATION CARD

EXHIBIT B: CERT OF INSURANCE

EXHIBIT C: DMV REGISTRATION

EXHIBIT D: TERMINATION DATE

RECEIVED-DOCKETING DIV
2017 DEC 20 PM 1:31
PUCO

A

APPORTIONED REGISTRATION CAB CARD

STATE OF CALIFORNIA

DEPARTMENT OF MOTOR VEHICLES

P.O. Box 932320 MS H160 Sacramento, CA 94232-3200 (916) 657-7971



OPERATOR/LESSEE/REGISTRANT
JLD EXPRESS TRUCKING INC
13490 HWY 8 BUSINESS SPC 55
LAKEVIEW, CA 92040

OWNER/LESSOR

ISSUED: 08/01/2017

EFFECTIVE: 08/01/2017

EXPIRES: 08/31/2018

Account
90618

Fleet
001

Supp
0000

TYPE OF CARRIER
FOR HIRE

Plate
1P07644

Trailer Wt
15500

VIN

1T001857C8002652

MX

Make
FORD

Body Type
TR

THE VEHICLE DESCRIBED HEREON HAS BEEN REGISTERED IN THE STATE OF CALIFORNIA AND THE JURISDICTIONS SHOWN ON THIS CARD. If the vehicle is registered in Québec is shown in axles. All other jurisdictions are shown in axles. Buses may be identified by the number of seats. No jurisdictions are to be listed after the row of axles on the card is invalid.

AL 80000
CA 80000
FL 80000
IA 80000
MB 36287
MS 80000
NL 36287
NY 80000
OK 80000
QC 5 AXL
TN 80000
WA 80000

AB 80000
CO 80000
GA 80000
KS 80000
MD 80000
MO 80000
NE 36287
NC 80000
ON 36287
RI 80000
TX 80000
WV 80000

IL 80000
IN 80000
MI 80000
OH 80000
PA 80000
SD 80000
UT 80000
VT 80000
WY 80000

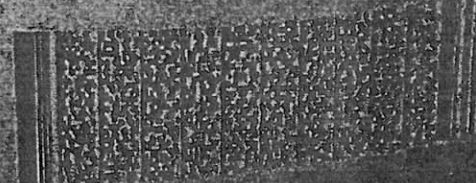
AK 80000
DE 80000
HI 80000
LA 80000
ME 80000
NH 80000
NJ 80000
NM 80000
OR 80000
SC 80000
TX 80000

BC 80000
DC 80000
FE 80000
GE 80000
HE 80000
IE 80000
JE 80000
KE 80000
LE 80000
ME 80000
NE 80000
OE 80000
PE 80000
QE 80000
RE 80000
SE 80000
TE 80000
UE 80000
VE 80000
WE 80000
XE 80000
YE 80000
ZE 80000

This apportioned Cab Card must be carried in the vehicle at all times. All fees are due to the State of California on or before the expiration date listed above. The cab card is non-transferable and must be returned to the license plate(s) if the vehicle is deleted from the fleet.

CARRIER RESPONSIBLE FOR SAFETY: USDOT 2825860
H&Z QUALITY SERVICE TRANSPORTATION
10010 REDWOOD AVENUE
FONTANA, CA 92335

H680801171C0005





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/31/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hoya Insurance Agency 8812 E Las Tunas Dr San Gabriel CA 91776		CONTACT NAME: May Zeng PHONE (A/C No, Ext): (626) 793-3800 E-MAIL ADDRESS: may@hoyains.com FAX (A/C No): (626) 793-3801	
INSURED H&Z Quality Service Transportation Inc 9978 Cherry Ave Fontana CA 92335		INSURER(S) AFFORDING COVERAGE INSURER A: National Liability & Fire Insurance INSURER B: Lloyd's of London INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL1612902385

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ OTHER \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			73TRS070638	12/14/2016	12/14/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ OTHER \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	PHYSICAL DAMAGE CARGO			LW167378 LW167378	12/9/2016 12/9/2016	12/9/2017 12/9/2017	COMP/COLL DED \$1,000 CARGO LIMIT: \$100,000 DED \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 104, Additional Remarks Schedule, may be attached if more space is required)

All terms and conditions are based upon the actual policy. Cargo policy Has Reefer Breakdown DED \$2,500
2012 FRHT VIN: 1FUJGLBG7CSBL2852, Value \$46,000 Eff 7/31/17

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

CERTIFICATE HOLDER**CANCELLATION**

AS INSURED	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Hoya Insurance Agency

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C.

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

***** DO NOT DETACH - REGISTERED OWNER INFORMATION *****



REGISTRATION CARD VALID FROM: REGISTRATION/PNO DEFERRED

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
FRHT	2012	0000	MP	2017	33G	C4	4QNH579
BODY TYPE MODEL	MP	MO	AX	WC	UNLADEN/G/CGW	VEHICLE ID NUMBER	
DS	D	YR	3	N	80000	1FUJGLBG7CSBL2852	
TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC			
COMMERCIAL	04/04/17	37	04/04/17	4			

REGISTERED OWNER

JENSEN JONATHAN ROBERT
13490 HWY 8 BUS 55

AMOUNT PAID
\$ 20.00

AMOUNT DUE	AMOUNT RECVD
\$ 20.00	CASH :
	CHCK : 34.00
	CRDT :
HQ REFUND	: 14.00

LAKESIDE
CA 92040

LIENHOLDER

GENERAL BUSINESS CREDIT
110 E 9TH ST STE A1126

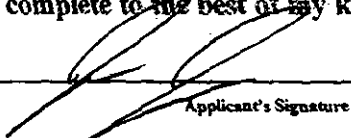
TITLE ONLY

D.

WES MID AMERICA INC
MIRA LOMA CA
FO TA A CA

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."


Applicant's Signature

6-15-16
Date Signed

TO BE COMPLETED BY THE EMPLOYER:

Application received by:

Name Wei Jie He
Title president Date 6/15/2016

Application reviewed for completeness by:

Name Wei Jie He
Title president Date 6/15/2016

SIGNIFICANT DATES:

Date of Hire:

6/16/2016

Time & Date of Pre-Employment CST:

6/16/2016

Time & Date of Pre-Employment CST Results Received:

6/16/2016

Date First Used in Safety Sensitive Position:

6/17/2016

Date of Termination:

4/01/2017

revised 10/04