

# ARIZONA

## Commercial Driver License

Number	D06285816
Expires	02/10/2016
Date of Birth	02/10/1962
Issued	11/22/2010

WILLIAM ALLEN KONKOL JR  
7900 E LARKSPUR DR  
KINGMAN AZ 86401-9600

Class A	Sex	M
Eyes HAZ	Height	5-10
Hair GY	Weight	205

*[Handwritten signature]*







## Owner-Operator Independent Drivers Association Inc.

**National Headquarters:** OOIDA Building • I-70 at Grain Valley Exit  
1 NW OOIDA Drive • P O Box 1000 • Grain Valley, Missouri 64029  
Tel: (816) 229-5791 • (800) 444-5791 • Fax: (816) 229-0518  
e-mail: [ooida@ooida.com](mailto:ooida@ooida.com) • web site: [www.ooida.com](http://www.ooida.com)

November 15, 2012

WILLIAM A KONKOL JR  
7900 E LARKSPUR DR  
KINGMAN, AZ 864019600

Dear William:

Thank you for your continued support of OOIDA. Your commitment to working together for positive change helps OOIDA have the credibility and the strength needed to make a difference for you.

Besides all the benefits that we offer our members, we represent the view and interests of professional truckers at all levels of government, defend the rights of professional truckers in the courts and other jurisdictions and inform truckers of political and economic issues that will affect their lives and their profession.

There are so many other interest groups who are working on agendas that are contrary to your rights and your ability to run your business successfully. We have dedicated increased resources to expanding our presence in Washington D.C. and our ability to bring pressure on legislators and their staffs. Homeland security issues, tolls on highways, new idling legislation, parking, split speed limits and highway safety are among the many issues that we must address together. It goes without saying that there will be many more in the future. OOIDA is the only organization speaking up for your interests with lawmakers.

Enclosed is your new OOIDA membership card.

If you should have any questions or need assistance, please feel free to call our Membership Department at (800) 444-5791. Remember, we are here for you if you need us.

Sincerely,

Sylvia Dodson, Supervisor  
Membership Department

ONDIDX 1070587 MEMBERSHIP CORRESPONDENCE MBOLD Correspondence to Member

## MEDICAL EXAMINER CERTIFICATE

Driver Name

WILLIAM A KONKOL JR

I certify that I have examined this driver in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with the knowledge of the driving duties. I find this person is qualified; and, if applicable, only when:

- ☒ Wearing corrective lenses      ☐ Wearing a hearing aid
- ☐ Accompanied by a \_\_\_\_\_ waiver/exemption
- ☐ Driving within an exempt intracity zone
- ☐ Qualified by operation of 49 CFR 391.64
- ☐ Accompanied by a Skill Performance Evaluation Certificate (SPE)

The information I provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Medical Examiner Name (print) VITAYANEL PALANICHAMY		This Medical Certificate Expires 10/8/2014	
Medical Examiner Signature Vigayanel Palanichamy		Date of Exam 10-08-2012	
<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Registered Nurse Practitioner			
Medical License or Certificate Number 27022	State AZ	Phone (928) 757-2050	
Driver Address, City, State, Zip 7900 E LARKSPUR DR KINGMAN AZ 86401			
Driver License Number D067285814			State AZ
Driver Signature [Signature]			





# Motor Vehicle Division

40-1501 R01/01

D.O.T.

## MEDICAL EXAMINATION REPORT

Commercial Driver Fitness Determination

### DRIVER INFORMATION Driver completes this section

Driver Name (first, middle, last, suffix) <b>WILLIAM ALLEN KONKOL JR</b>	Date of Birth <b>02-10-1962</b>	Age <b>50</b>	Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Exam <b>10-08-2012</b>	Home Telephone <b>928 1278-0358</b>
Street Address <b>7900 E LAKESIDE DRIVE</b>	City <b>KINGMAN</b>	State <b>AZ</b>	Zip <b>86401</b>	Work Telephone <b>(928) 1278-0358</b>	
Certification <input type="checkbox"/> New Certification <input checked="" type="checkbox"/> Re-certification <input type="checkbox"/> Follow Up	Driver License Number <b>DD6185814</b>	License Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Other:			State of Issue <b>AZ</b>

### HEALTH HISTORY Driver completes this section, but medical examiner is encouraged to discuss with driver.

Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> Any illness or injury in last 5 years? <input type="checkbox"/> <input checked="" type="checkbox"/> Head/Brain injuries, disorders or illnesses <input type="checkbox"/> <input checked="" type="checkbox"/> Seizures, epilepsy <input type="checkbox"/> <input type="checkbox"/> Medication <input type="checkbox"/> <input checked="" type="checkbox"/> Eye disorders or impaired vision (except corrective lenses) <input type="checkbox"/> <input checked="" type="checkbox"/> Ear disorders, loss of hearing or balance <input checked="" type="checkbox"/> <input type="checkbox"/> Heart disease or heart attack; other cardiovascular condition <input type="checkbox"/> <input checked="" type="checkbox"/> Medication <b>SEE BELOW</b> <input type="checkbox"/> <input checked="" type="checkbox"/> Heart surgery (valve replacement/bypass, angioplasty, pacemaker) <input checked="" type="checkbox"/> <input type="checkbox"/> High blood pressure Medication <b>LISINAPRIL</b> <input type="checkbox"/> <input checked="" type="checkbox"/> Muscular disease <input checked="" type="checkbox"/> <input type="checkbox"/> Shortness of breath <b>20mg 1/dy</b>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> Lung disease, emphysema, asthma, chronic bronchitis <input type="checkbox"/> <input checked="" type="checkbox"/> Kidney disease, dialysis <input type="checkbox"/> <input checked="" type="checkbox"/> Liver disease <input type="checkbox"/> <input checked="" type="checkbox"/> Digestive problems <input checked="" type="checkbox"/> <input type="checkbox"/> Diabetes or elevated blood sugar controlled by: <input type="checkbox"/> Diet <input checked="" type="checkbox"/> Pills <input type="checkbox"/> Insulin <input type="checkbox"/> <input checked="" type="checkbox"/> Nervous or psychiatric disorders, e.g., severe depression <input type="checkbox"/> <input type="checkbox"/> Medication <input type="checkbox"/> <input checked="" type="checkbox"/> Loss of, or altered consciousness	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/> Fainting, dizziness <input type="checkbox"/> <input checked="" type="checkbox"/> Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring <input type="checkbox"/> <input checked="" type="checkbox"/> Stroke or paralysis <input type="checkbox"/> <input checked="" type="checkbox"/> Missing or impaired hand, arm, foot, leg, finger, toe <input type="checkbox"/> <input checked="" type="checkbox"/> Spinal injury or disease <input type="checkbox"/> <input checked="" type="checkbox"/> Chronic low back pain <input type="checkbox"/> <input checked="" type="checkbox"/> Regular, frequent alcohol use <input type="checkbox"/> <input checked="" type="checkbox"/> Narcotic or habit forming drug use
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For any Yes answer, indicate onset date, diagnosis, treating physician's name and address, and any current limitation. List all medications (including over-the-counter) used regularly or recently.

**GLIMEPERIDONE 100mg 1/dy ; GLIMEPERIDONE 1mg 1/dy ; PRASASTATIN 80mg 1/dy**  
**METFORMIN 1000mg 2/dy ; AMLODIPINE 10mg 1/dy**

I certify that the above information is complete and true. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner Certificate.

Driver Signature 	Date <b>10-08-2012</b>
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Medical Examiner Comments on Health History (Examiner must review and discuss with driver any Yes answers and potential hazards of medications (including over-the-counter) while driving.)

<b>DM - On lisinopril + metformin</b>	<b>controlled!</b>
<b>HTN - Amlodipine + lisinopril</b>	
<b>Dyslipidemia - pravastatin + simvastatin</b>	



**VISION** (Numerical readings must be provided.) Standard: At least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° peripheral in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner Certificate.

Acuity	Uncorrected	Corrected	Horizontal Field Of Vision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   Applicant can recognize and distinguish among traffic control signals and devices showing standard red, green, and amber colors?
Right Eye	20/	20/15	Right Eye   110'   °	Applicant meets visual acuity requirement only when wearing: <input checked="" type="checkbox"/> Corrective Lenses
Left Eye	20/	20/15	Left Eye   110'   °	
Both Eyes	20/	20/15		

Examination Date	Ophthalmologist or Optometrist Name	Phone (      )	License Number	State	Signature
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Instructions: To convert audiometric test results from ISO to ANSI, -14dB from ISO for 500 Hz, -10 dB for 1,000 Hz, -8.5 dB for 2,000 Hz. To average, add the readings for 3 frequencies tested and divide by 3.

Right Ear	Left Ear
8 feet	8 feet

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
Average			Average		

Blood Pressure	Systolic 130	Diastolic 60	Guidelines For Blood Pressure Evaluation		
Driver qualified if $\leq 160/90$ on initial exam.			On Initial Exam	Within 3 Months	Certify
Pulse Rate	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Irregular	If 161-180 and/or 91-104, Qualify 3 months only	If $\leq 160$ and/or 90, Qualify for one year. Document Rx & control the 3 <sup>rd</sup> month	Annually, if acceptable BP is maintained
			If $> 180$ and/or 104, not qualified until reduced to $< 181/105$ . Then qualify for 3 mos. only.	If $\leq 60$ and/or 90, qualify for 6 mos. Document Rx & control the 3 <sup>rd</sup> month	Biannually

Urinalysis is required. Protein, blood or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.	Urine Specimen	Sp. Gr. 1.036	Protein Negative	Blood Negative	Sugar Negative
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Other Testing (describe and record)
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PHYSICAL EXAMINATION

Height 5 ft 10 in Weight 193 lbs

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen or is readily amenable to treatment. Even if a condition does not disqualify a driver, the medical examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible; particularly if the condition, if neglected, could result in more serious illness that might affect driving.

Check Yes if there are any abnormalities. Check No if the body system is normal. Discuss any Yes answers in detail in the space below, and indicate whether it would affect the driver's ability to operate a commercial motor vehicle safely. Enter applicable item number before each comment. If organic disease is present, note that it has been compensated for. See Instructions To The Medical Examiner for guidance.

Body System	Check For:	Body System	Check For:
1. General Appearance	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Marked overweight, tremor, signs of alcoholism, problem drinking, or drug abuse.	7. Abdomen and Viscera	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Enlarged liver, enlarged spleen, masses, bruits, hernia, significant abdominal wall muscle weakness.
2. Eyes	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Pupillary equality, reaction to light, accommodation, ocular motility, ocular muscle imbalance, extraocular movement, nystagmus, exophthalmos, strabismus uncorrected by corrective lenses, retinopathy, cataracts, aphakia, glaucoma, macular degeneration.	8. Vascular system	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Abnormal pulse and amplitude, carotid or arterial bruits, varicose veins.
3. Ears	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Middle ear disease, occlusion of external canal, perforated eardrums.	9. Genito-urinary system	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Hernias.
4. Mouth and Throat	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Irremediable deformities likely to interfere with breathing or swallowing.	10. Extremities - Limb impaired. Driver may be subject to SPE certificate if otherwise qualified.	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Loss or impairment of leg, foot, toe, arm, hand, finger. Perceptible limp, deformities, atrophy, weakness, paralysis, clubbing, edema, hypotonia. Insufficient grasp and prehension in upper limb to maintain steering wheel grip. Insufficient mobility and strength in lower limb to operate pedals properly.
5. Heart	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Murmurs, extra sounds, enlarged heart, pacemaker.	11. Spine, other musculoskeletal	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Previous surgery, deformities, limitation of motion, tenderness.
6. Lungs and chest, not including breast examination.	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Abnormal chest wall expansion, abnormal respiratory rate, abnormal breath sounds including wheezes or alveolar rales, impaired respiratory function, dyspnea, cyanosis. Abnormal findings on physical exam may require further testing such as pulmonary tests and/or x-ray of chest.	12. Neurological	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No Impaired equilibrium, coordination or speech pattern; paresthesia, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal patellar and Babinski's reflexes, ataxia.

\*Comments

Note certification status here. See Instructions To The Medical Examiner for guidance.

☒ Meets standards in 49 CFR 391.41; qualifies for 2-year certificate.

☐ Does not meet standards

☐ Meets standards, but periodic evaluation required.

Due to \_\_\_\_\_, driver qualified only for:

☐ 3 months ☐ 1 year

☐ 6 months ☐ Other

☐ Temporarily disqualified due to (condition or medication): \_\_\_\_\_

Return to medical examiner's office for follow up on \_\_\_\_\_

☒ Wearing corrective lenses

☐ Wearing hearing aid

☐ Accompanied by a \_\_\_\_\_ waiver/exemption

☐ Skill Performance Evaluation (SPE) Certificate

☐ Driving within an exempt intracity zone.

☐ Qualified by operation of 49 CFR 391.64

Medical Examiner Name <u>NITAYAVEL PALANICHAMY</u>	Medical Examiner Signature <u>Nitayavel Palanichamy</u>	Phone Number <u>1928 1757-2050.</u>
Address <u>3535 E. Andy Devine Ave.</u>	City <u>Kenner,</u>	State Zip <u>AZ 86401.</u>

If driver meets standards, complete a Medical Examiner Certificate according to 49 CFR 391.43(h). (Driver must carry certificate when operating a commercial vehicle.)



November 20, 2012

BINGS BIG TRUCKING LLC  
EVA J KONKOL  
7900 E LARKSPUR DR  
KINGMAN, AZ 864019600

# CMCI

**Your partner in mandatory drug and alcohol testing requirements**

*A division of Owner-Operator Independent Drivers Association Inc.*

1 NW OOIDA Drive • P O Box 1000

Grain Valley, Missouri 64029

Tel: (800) 288-3784 • Fax: (816) 229-0518

e-mail: cmci@ooida.com • web site: www.ooida.com

**List Bill**

**1070587**

Dear EVA,

We would like to thank you for your participation in CMCI's Drug and Alcohol Testing Program.

Attached you will find your Driver's Consortium Membership Card.

If you have any questions concerning the CMCI Drug and Alcohol Testing Program, feel free to call us at 800-288-3784 or fax at 816-229-0518.

Thank you,

CMCI



**CMCI** Your partner in mandatory drug and alcohol testing requirements  
*A division of Owner-Operator Independent Drivers Association Inc.*

P O Box 1000  
Grain Valley, MO 64029  
1-800-288-3784

**Consortium Card**

**BINGS BIG TRUCKING LLC**

Company Name

**WILLIAM A KONKOL JR**

Member Name

**1070587**

Member Number

**11/20/2012**

Member From

**11/20/2013**

Expiration Date





Transportation  
Security  
Administration

November 17, 2010

WILLIAM A KONKOL JR  
7900 E LARKSPUR DR  
KINGMAN, AZ 86401-9600



Re: TSA Determination of Eligibility, WILLIAM A KONKOL JR, CDL # D06285816

Dear Mr. KONKOL JR

The Transportation Security Administration (TSA) has reviewed your application to obtain or renew your hazardous materials endorsement (HME), pursuant to Title 49, Code of Federal Regulations (C.F.R.), section 1572. You currently meet the requirements to hold an HME.

Accordingly, this letter serves as a determination that you meet the eligibility requirements to hold an HME, as set forth in 49 C.F.R. section 1572.15(d)(1). TSA will notify the state that you may obtain or renew your HME.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert Freeman".

Robert Freeman, Director  
Adjudication Center  
Office of Transportation Threat  
Assessment and Credentialing





**Motor  
Vehicle  
Division**

96-0412 R01/05 www.azdot.gov

Mail Drop 500M  
Arizona Department of Transportation  
Motor Vehicle Division  
PO Box 2100  
Phoenix AZ 85001-2100


**HAZMAT BACKGROUND  
CHECK AUTHORIZATION**

This is to confirm that the applicant indicated below has successfully passed all required Commercial Driver License and Hazardous Materials Endorsement written tests.

Applicant Name WILLIAM ALLEN KONKOL JR	Date of Birth 02101962
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Test Completion Date 10252010	Arizona Driver License # D06285816	Class <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
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For additional information, please contact our Customer Service Call Center at 602-255-0072. Thank you.

MVD Agent Name (printed) BRIAN R COTE	MVD Office KINGMAN CDL
MVD Agent Signature 	Date 10252010

Applicant must bring current Arizona driver license.





Canada Border  
Services Agency

Agence des services  
frontaliers du Canada

Box 220  
Coutts, Alberta  
T0K 0N0

05 June 2012

William Allen KONKOL, JR  
7900 E Larkspur Drive  
Kingman, Arizona  
86401-9600

Coutts File: 4620-12-0051  
Client ID: 6528-6562

Dear Mr. KONKOL:

This refers to your application for approval of rehabilitation.

I have reviewed the information provided and approved your application. You are no longer described in subparagraph 36(2)(b) of the *Immigration and Refugee Protection Act* because of your two convictions as follows:

- Vandalism at San Francisco, California on or about 09 May 2000
- Hit and Run with Property Damage at Oakland, California on or about 25 September 2000

Please note that approval of this application for rehabilitation does not exempt you from any other requirement of the *Immigration Refugee Protection Act* or the *Immigration Regulations*.

Yours truly,

K. Hewson  
Director  
Southern Alberta and Southern Saskatchewan District  
Coutts, Alberta

Canada



*Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity, do ordain and establish this  
Constitution for the United States of America.*



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR



Type / Type / Tipo	Code / Code / Código	Passport No. / No. du Passeport / No. de Pasaporte
P	USA	476205931

Surname / Nom / Apellidos

KONKOL JR

Given Names / Prénoms / Nombres

WILLIAM ALLEN

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

10 Feb 1962

Place of birth / Lieu de naissance / Lugar de nacimiento

WISCONSIN, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

14 Oct 2010

Date of expiration / Date d'expiration / Fecha de caducidad

13 Oct 2020

Endorsements / Mentions Spéciales / Anotaciones

**SEE PAGE 27**

Sex / Sexe / Sexo

M

Authority / Autorité / Autoridad

United States

Department of State

Department of State

— 222 —

USA

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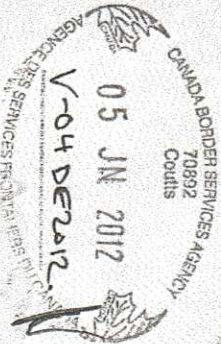


Let us raise a standard to which

the wise and honest can repair.

George Washington

Visas



Visas

IN CONGRESS, JULY 4, 1776,

the Declaration of the thirteen united States of America

8

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