

OSCAR V. DURAN  
10056 PLACER STREET APT G  
RANCHO CUCAMONGA CA 91730  
909.728.1232  
VINCETRUCKING@GMAIL.COM

## OSCAR VICENTE DURAN

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### OBJECTIVE

To utilize my knowledge of almost 35 years of experience in the Transportation of Logistics and Environmental Hazardous Waste industries for the benefit and the growth of the company as well as mine.

### SKILLS & ABILITIES

Class A truck driver and transportation manager/dispatcher for almost 35 years with strong communication skills and professional personal appearance with heavy customer service and sales agents interaction. I have all hazmat and tank endorsements and TSA clearances. I have traveled all over the United States. I am computer literate. Bilingual in Spanish. Willing to adapt to unexpected situations and solve problems. I enjoy new challenges. Experienced in many types of mechanical equipment and mechanically inclined.

### EXPERIENCE

**Truck driver: STARLITE RECLAMATION ENVIRONMENTAL SERVICES**

November 11, 2018- present

Operation and transport of hazardous wastes in various types of equipment such as, Flatbed trailers, Tanks, Rocket Launcher trailers PTO operated, Box van with lift gate, forklift certified. Dispatcher/ supervisor in charge of driver route assignments.

**Truck driver: NORTH STATE ENVIRONMENTAL**

June 07, 2016- November 09, 2018

Transportation of hazmat and non-hazmat waste materials in tanker trailers, roll off bins in rocket launcher trailers and roll off trucks as well as box van trailers and lift gated trailers for drum waste pickups and deliveries to various part of the country.

**Truck driver: ENVIROMENTAL & CHEMICAL CONSULTING, Inc.**

May 12,2014- June 04,2016

Transportation manager and dispatcher-driver in charge of truck driver assignments and job coordination with customers for various types of hazmat waste pickups and jobsite clean ups while ensuring customer's needs were met as well as their satisfaction.

**Truck driver: STARLITE RECLAMATION ENVIROMENTAL SERVICES.**

April 15,2010- May 10,2014

**Transportation manager and dispatcher and driver. Responsibilities included not only dispatch drivers and coordinate job sites but also drive and transport wastes when needed as well as DOT compliance and BIT inspections.**

**EDUCATION**

**MCFARLAND HIGH SCHOOL- DIPLOMA**

**259 W. Sherwood Ave, McFarland Ca 93250 Graduated from high school in 1987 with 2.8 GPA.**

**MTA TRUCK DRIVING SCHOOL-TRADE SCHOOL**

**CORONA, CA. Attended from April,1989 to June 1989.**

**COMMUNICATION**

**Heavy customer service interaction and communication via Email, phone and in person to provide excellent customer service. Provide customer with new ideas and explain how this can be most efficient and effective.**

**LEADERSHIP**

**I am a leader by nature since very young. I was the captain of sport teams all thru my school years in baseball, soccer and tennis. I received awards in high school for math and tennis. I have also received awards for safe driving and driver of the month. I have owned my own transportation company. I have been field supervisor and dispatcher for transportation companies. I work well with others and motivate them to be and do better and promote a healthy and respectful climate in the company.**

**REFERENCES**

**PHILLIP DUFF - FRIEND**

**FED EX Co.**

**760.261.8394**

**STEVEN RUVALCABA - FRIEND**

**SRES DISPATCHER**

**909.235.0934**

**VICTOR RUIZ - NEIGHBOR/FRIEND**

**Retired Veteran and FED EX retired employee.**

**909.237.2380**

**Public Burden Statement**  
 A Federal agency may not conduct or sponsor and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the information collection clearance office, Federal Motor Carrier Safety Administration, MC-900A, 1200 New Jersey Avenue, SE, Washington, DC 20020.

**U.S. Department of Transportation**  
**Federal Motor Carrier Safety Administration**

**Medical Examiner's Certificate**  
 (for Commercial Driver Medical Certification)

I certify that I have examined Last Name: DROWN First Name: OSCAR Y. in accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR
- I find this person is qualified, and, if applicable, only when (check all that apply):
  - Wearing corrective lenses
  - Accompanied by a Walker/Exemption
  - Wearing hearing aid
  - Accompanied by a Skill Performance Evaluation (SPE) Certificate
  - Driving within an exempt intrastate zone (49 CFR 391.62) (Federal)
  - Qualified by operation of 49 CFR 391.64a (Federal)
  - Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5975, with any attachments, embodies my findings completely and correctly and is on file in my office.

Medical Examiner's Certificate Expiration Date: JUN 18 2024

Medical Examiner's Signature: [Signature]

Medical Examiner's Name (please print or type): DR. MARIO GARCIA DC

Medical Examiner's State License, Certificate, or Registration Number: DC31070

Medical Examiner's Telephone Number: 909-937-3955 Data Certificate Signed: JUN 18 2024

MD  Physician Assistant  Advanced Practice Nurse  
 DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_  
 Issuing State: California National Registry Number: 3313748483

Driver's Signature: [Signature]

Driver's Address: 10056 Pleacer St Apt G1 City: Rancho Dominguez State/Province: CA Zip Code: 91730 CLP/CDL Applicant/Holder: Yes  No

Issuing State/Province: California

Driver's License Number: USD600690

\*This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals, handle and secure this information appropriately to prevent inadvertent disclosure by keeping the documents under the control of authorized persons. Properly dispose of this document when no longer required to be maintained by regulatory requirements.

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U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

**Medical Examination Report Form**  
(for Commercial Driver Medical Certification)

MEDICAL RECORD #

(or sticker)

**SECTION 1. Driver Information** (to be filled out by the driver)

**PERSONAL INFORMATION**

Last Name: Duran First Name: Oscar Middle Initial: V Date of Birth: 6.16.68 Age: 56  
 Street Address: 10056 Placer St City: Rancho Cucamonga State/Province: CA  Zip Code: 91730  
 Driver's License Number: U5400690 Issuing State/Province: CA  Phone: 909.728.1232  
 E-Mail (optional): VinceTracing@gmail.com CLP/CDL Applicant/Holder\*:  Yes  No  
 Driver ID Verified By\*\*: \_\_\_\_\_  
 Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years?  Yes  No  Not Sure

\*CLP/CDL Applicant/Holder: See instructions for definitions.

\*\*Driver ID Verified By: Record what type of photo ID was used to verify the identity of the driver, e.g., CDL driver's license, passport.

**DRIVER HEALTH HISTORY**

Have you ever had surgery? If "yes," please list and explain below.  Yes  No  Not Sure

Heamia Repair in 2000

Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements)? If "yes," please describe below.  Yes  No  Not Sure

> Vitamin D/B12 Capsules  
> Magnesium Capsules

No Diabetes Medication

(Attach additional sheets if necessary)

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Last Name: Duran First Name: Oscar DOB: 6/16/68 Exam Date: 6/18/24

**DRIVER HEALTH HISTORY (continued)**

Do you have or have you ever had:	Not			Not			
	Yes	No	Sure	Yes	No	Sure	
1. Head/brain injuries or illnesses (e.g., concussion)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Seizures/epilepsy	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart procedures	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. High blood pressure	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems Insulin used	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
				31. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
				32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Other health condition(s) not described above:  Yes  No  Not Sure

Did you answer "yes" to any of questions 1-32? if so, please comment further on those health conditions below:  Yes  No  Not Sure

Diabetic type 2  
13 - No medication

(Attach additional sheets if necessary)

**CMV DRIVER'S SIGNATURE**

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of 49 CFR 390.35, and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under 49 CFR 390.37 and 49 CFR 386 Appendices A and B.

Driver's Signature: [Signature] Date: 6-18-24

**SECTION 2. Examination Report (to be filled out by the medical examiner)**

**DRIVER HEALTH HISTORY REVIEW**

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

13 driver states no medication or insulin usage  
Controlled with diet & exercise

(Attach additional sheets if necessary)

Last Name: Duraw First Name: Oscar DOB: 6/16/68 Exam Date: 6/18/24

**TESTING**

Pulse Rate: 77 Pulse rhythm regular:  Yes  No Height: 5 feet 11 inches Weight: 182 pounds

Blood Pressure	Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Sitting	<u>134</u>	<u>82</u>	Urinalysis is required. Numerical readings must be recorded.	<u>1.025</u>	<u>0</u>	<u>0</u>	<u>0</u>
Second reading (optional)							

Other testing if indicated

Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.

**Vision**  
Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye:	20/ <u>25</u>	20/___	Right Eye: <u>90</u> degrees
Left Eye:	20/ <u>25</u>	20/___	Left Eye: <u>90</u> degrees
Both Eyes:	20/ <u>20</u>	20/___	

**Hearing**  
Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Check if hearing aid used for test:  Right Ear  Left Ear  Neither

Whisper Test Results  
Record distance (in feet) from driver at which a forced whispered voice can first be heard  
Right Ear: 5 Left Ear: 5

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors  Yes  No

Monocular vision  Yes  No

Referred to ophthalmologist or optometrist?  Yes  No

Received documentation from ophthalmologist or optometrist?  Yes  No

**OR**

**Audiometric Test Results**

Right Ear:			Left Ear:		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
___	___	___	___	___	___

Average (right): \_\_\_ Average (left): \_\_\_

**PHYSICAL EXAMINATION**

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 neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input checked="" type="radio"/>	<input type="radio"/>	8. Abdomen	<input checked="" type="radio"/>	<input type="radio"/>
2. Skin	<input checked="" type="radio"/>	<input type="radio"/>	9. Genito-urinary system including hernias	<input checked="" type="radio"/>	<input type="radio"/>
3. Eyes	<input checked="" type="radio"/>	<input type="radio"/>	10. Back/spine	<input checked="" type="radio"/>	<input type="radio"/>
4. Ears	<input checked="" type="radio"/>	<input type="radio"/>	11. Extremities/joints	<input checked="" type="radio"/>	<input type="radio"/>
5. Mouth/throat	<input checked="" type="radio"/>	<input type="radio"/>	12. Neurological system including reflexes	<input checked="" type="radio"/>	<input type="radio"/>
6. Cardiovascular	<input checked="" type="radio"/>	<input type="radio"/>	13. Gait	<input checked="" type="radio"/>	<input type="radio"/>
7. Lungs/chest	<input checked="" type="radio"/>	<input type="radio"/>	14. Vascular system	<input checked="" type="radio"/>	<input type="radio"/>

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

Driver denied any @ driving Exam

(Attach additional sheets if necessary)

Last Name: Duran First Name: OSCAR DOB: 6/6/68 Exam Date: 6/18/24

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

**MEDICAL EXAMINER DETERMINATION (Federal)**

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49):

- Does not meet standards (specify reason): \_\_\_\_\_
- Meets standards in 49 CFR 391.41; qualifies for 2-year certificate
- Meets standards, but periodic monitoring required (specify reason): Diabetes
  - Driver qualified for:  3 months  6 months  1 year  other (specify): \_\_\_\_\_
  - Wearing corrective lenses  Wearing hearing aid  Accompanied by a waiver/exemption (specify type): \_\_\_\_\_
  - Accompanied by a Skill Performance Evaluation (SPE) Certificate  Qualified by operation of 49 CFR 391.64 (Federal)
  - Driving within an exempt intracity zone (see 49 CFR 391.62) (Federal)
- Determination pending (specify reason): \_\_\_\_\_
  - Return to medical exam office for follow-up on (must be 45 days or less): \_\_\_\_\_
  - Medical Examination Report amended (specify reason): \_\_\_\_\_
    - (if amended) Medical Examiner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Incomplete examination (specify reason): \_\_\_\_\_

If the driver meets the standards outlined in 49 CFR 391.41, then complete a Medical Examiner's Certificate as stated in 49 CFR 391.43(b), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that, to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: [Signature]

Medical Examiner's Name (please print or type): DR. MARIO GARCIA DC

Medical Examiner's Address: 402 SOUTH MILLIKEN AVE E-2 City: ONTARIO State: CA Zip Code: 91761

Medical Examiner's Telephone Number: (909) 937-3955 Date Certificate Signed: JUN 18 2024

Medical Examiner's State License, Certificate, or Registration Number: DCS1070 Issuing State: CA

MD  DO  Physician Assistant  Chiropractor  Advanced Practice Nurse

Other Practitioner (specify): \_\_\_\_\_

National Registry Number: 3313748485

Medical Examiner's Certificate Expiration Date: [Signature]

# **DRIVER HISTORY REPORT**

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

\*\*\*CUSTOMER RECEIPT COPY\*\*\*

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

07/06/2024

"

DATE:07-06-24\*TIME:13:00\*

DL/NO:U5060690\*

B/D:06-16-1968\*NAME:DURAN,OSCAR VICENTE\*

RES ADD AS OF 06-13-24:10056 PLACER ST G, RCH CUCAMONGA 91730\*

OTH ADD AS OF 10-23-21:10056 PLACET ST APT G, RANCHO CUCAMO\*

IDENTIFYING INFORMATION:

SEX:MALE\*HAIR:BLACK\*EYES:BRN\*HT:5-11\*WT:180\*

ID CARD MLD:07-16-03\* EXP:06-16-09\*



LIC/ISS:06-13-24\* EXP:06-16-29\*CLASS:A COMMERCIAL\*

ENDORSEMENTS:

DOUBLES/TRIPLES,HAZARDOUS MATERIALS,TANK VEHICLE\*

TSA CLEARANCE APPROVED HAZARDOUS MATERIALS ENDORSEMENT EXP:06-24-25

"

MEDICAL EXPIRES:06-18-25\*

MEDICAL CERTIFICATE INFORMATION:

ISSUE DATE: 06-18-24 EXPIRATION DATE: 06-18-25

STATUS CODE: C

MED EXAMINER NUMBER: CA 3313748483

SPECIALTY: CH MED EXAMINER PHONE NUMBER: 9099373955

MED EXAMINER NAME:

LAST NAME: GARICA

**FIRST NAME: MARIO**

**MED CERT RESTRICTIONS: NONE**

**SPE EFF DATE: NONE**

**DRIVER WAIVER TYPE: NONE**

**SELF CERTIFICATION INFORMATION:**

**SELF CERTIFICATION CODE: NI**

**"**

**COMMERCIAL LICENSE STATUS:**

**VALID\***

**LICENSE STATUS:**

**VALID\***

**DEPARTMENTAL ACTIONS:**

**NONE\***

**CONVICTIONS:**

**NONE\***

**FAILURES TO APPEAR:**

**NONE\***

**ACCIDENTS:**

**NONE\***

**END**