Anderson County Board of Commissioners
Purchasing Committee Meeting Agenda
April 8, 2024
4:30 p.m.
Room 312 of the Courthouse

Members: Phil Yager (Committee Chair), Tyler Mayes, Denise Palmer, Aaron Wells and Steve Verran.

A. Contracts Approved by Law Director

1. **Proactive MD MI, PLLC, Board of Trustees, Amendment to Contract #24-0090** – Amendment to add telehealth to the contract with the On-Site Health Clinic. (Page 2)

2. **Longmire Bus Lines Inc, BOE, Contract #24-0112** – Contract for Bus Routes. Term is six years with six one-year renewal options. Pricing from competitive RFP. (Page 16)

3. **Andersonville Bus Lines Inc, BOE, Contract #24-0113** – Contract for Bus Routes. Term is six years with six one-year renewal options. Pricing from competitive RFP. (Page 91)

4. **SCU Bus Lines, BOE, Contract #24-0114** – Contract for Bus Routes. Term is six years with six one-year renewal options. Pricing from competitive RFP. (Page 246)

5. **Parker Transport, BOE, Contract #24-0115** – Contract for Bus Routes. Term is six years with six one-year renewal options. Pricing from competitive RFP. (Page 366)

6. **State of Tennessee, Department of Commerce and Insurance, Sheriff, Contract #24-0121** – Five-year Grant for Law Enforcement Hiring, Training and Recruitment in the amount of $40,000 per year. (Page 437)

7. **Wireless CCTV, Sheriff, Contract #24-0123** – Contract for the purchase of three mobile dome cameras in the amount of $6,682.73 and a three-year maintenance plan for $3,100. (Page 454)

8. **Lexis Nexis, Law Director, Contract #24-0124** – Twenty-one month contract for a Legal Research Subscription with price of $304 per month. Replaces existing agreement that has the same price. The number of support staff users increases from one to three. (Page 471)

B. Contracts Pending Law Director Approval
C. Unfinished Business
D. New Business

24-0090 A3

ADDENDUM #3 TO SERVICES AGREEMENT
(Urgent Telemedicine and Virtual Behavioral Care/Mental Health Additional Services)

This Addendum is to that certain Employer Sponsored Direct Primary Care Healthcare Services Agreement between the Parties dated February 27, 2024 (as amended, the "**Agreement**") is by and between Proactive MD TN, P.C. ("**Proactive**" or "**Service Provider**") and Anderson County Government ("**Client**"). Client and Service Provider are referred to individually from time to time herein as a "**Party**" and collectively, as the "**Parties**."

WITNESSETH:

WHEREAS, pursuant to the Agreement, Service Provider provides broad-scope direct primary care services through licensed personnel to eligible Participants (as such term is defined in the Agreement) at the Anderson County Health & Wellness Center;

WHEREAS, the Client and Service Provider have agreed to modify Agreement to update the Effective Date and provide Additional Services beyond the scope of the services set forth in the Agreement;

NOW, THEREFORE, in consideration of the foregoing, and the mutual covenants and agreements hereinafter set forth, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged and confessed, Service Provider and the Client agree as follows:

1. Recitals; Defined Terms. The recitals to this Amendment are hereby incorporated into this Amendment as if fully re-stated herein. Capitalized terms used in this Amendment and not otherwise defined herein shall have the same meaning given to them in the Agreement.
2. Additional Services. The following "**Additional Services**" shall be added to the Agreement during the Term. The Parties understand and agree that all costs of these Additional Services are not included in Client's Monthly Service Fees, nor are they to be treated as Reimbursable Expenses, pursuant to the Agreement.

    a. *Description of Additional Services.* As requested by Client, Service Provider shall make available urgent telemedicine and virtual behavioral care services through Service Provider's third party vendor, First Stop Health, LLC (referred to in the Schedules as "FSH"), and its associated providers (referred to in the Schedules as "PROVIDER(s)"). The description of the Virtual Primary Care Services to be provided by the third party vendor are attached to the Membership Agreement attached hereto as Schedule 1.
    b. *Membership Agreement Required to Deliver Additional Services.* FSH and PROVIDER(s) require the Client to enter into the attached Membership Agreement with respect to the Additional Services and keep it in effect at all times Client receives the Additional Services. In the event the Membership Agreement is terminated in accordance with its terms, this Addendum shall terminate.
    c. *Fees for the Additional Services.* Notwithstanding anything to the contrary in the Agreement, Client understands and agrees that the Additional Services shall be billed as fees and themselves are not included in the Monthly Service Fees nor are they to be treated as Reimbursable Expenses, and instead that the fees for the Additional Services will be invoiced to the Client on a Three Dollars ($3.00) per-Member per-month basis ("Additional Service Fees"), provided however that, if any are incurred, Service Provider's additional costs and expenses necessary for FSH and the PROVIDER(s) to perform the Additional Services shall be Reimbursable Expenses. Service Provider shall invoice Client for these Additional Services in the same manner

as other fees under the Agreement, and Client understands and agrees to pay all such fees. Service Provider shall calculate the number of Members in its discretion based on available enrollment data, and shall re-calculate the number of Members at least on an annual basis or otherwise in response to the Client's request for a re-calculation in good faith (provided Proactive shall not be required to re-calculate the number of Members more frequently than twice annually in any event). This Addendum need not be amended when the number of Members is re-calculated.

3. Counterparts. This Amendment may be executed in one or more counterparts (including by facsimile or electronic mail) and all counterpart signed documents shall be deemed to be an original and constituting one and the same instrument.
4. Ratification. Except as hereby expressly amended herein, all other terms, conditions, charges and covenants of the Agreement are hereby ratified and confirmed and shall continue in full force and effect. References to the Agreement after the Amendment Effective Date shall mean the Agreement as amended by this Amendment.
5. Binding Effect. The parties hereto represent and warrant that they have the authority and all requisite approvals to enter into this Amendment. Upon full execution by both parties hereto, the Amendment shall be effective and binding upon and inure to the benefit of the parties hereto and their legal representatives, successors and assigns.
6. Interpretation; Entire Agreement. This Amendment may not be changed, modified, discharged or terminated orally or in any manner other than by an agreement in writing signed by Service Provider and Client.

[Signature Page Follows.]

IN WITNESS WHEREOF, the parties hereto have entered into this Addendum #3, effective as of the Amendment Effective Date.

AMENDMENT EFFECTIVE DATE: April 1, 2024.

PROACTIVE MD TN, P.C.

By:

_____

Name:

_____

Title:

_____

ANDERSON COUNTY, TENNESSEE

By:

_____

Name:

_____

Title.

_____

APPROVED AS TO LEGAL FORM

N. Jay Yeager
Anderson County Law Director

Schedule 1

Membership Agreement

(attached.)

MEMBERSHIP AGREEMENT TO
ADD FIRST STOP HEALTH THIRD PARTY SERVICES AS ADDITIONAL SERVICES

This Membership Agreement (this "Agreement") is entered into this 1st day of April, 2024 (the "Effective Date") by and between Anderson County, Tennessee ("Client") and Proactive MD TN, P.C. ("Service Provider").

RECITALS

A. Client and Service Provider are parties to that certain Employer Sponsored Direct Primary Care Healthcare Services Agreement between the Parties dated February 27, 2024, as amended (the "Services Agreement") pursuant to which Service Provider provides broad-scope direct primary care services through licensed personnel to eligible Participants at the Clinic (as such terms are defined in the Agreement).
B. Service Provider is a patient care entity contractually managed by Proactive MD Management Services LLC ("PMSO"), who is a party to a certain Reseller Agreement with First Stop Health, LLC ("FSH") and FSH Medical P.C., FSH Medical (California) P.C., FSH Medical (Michigan) P.C., FSH Medical New Jersey P.C., MF Physician, P.C. (collectively, the "Provider," and together with FSH the "Third Party Service Providers"), and Service Provider through this relationship can offer Third Party Service Providers' services to certain of Client's Participants.
C. PROVIDER is engaged in the provision of professional telemedicine services through licensed physicians and nurse practitioners (the "Telemedicine Services").
D. FSH is in the business, among other things, of providing management and administrative services (the "FSH Administrative Services") to healthcare providers and to clients of healthcare providers in order to facilitate the efficient delivery of healthcare services to patients by licensed healthcare providers.
E. As part of the FSH Administrative Services, FSH facilitates the delivery of virtual mental health services ("Virtual Mental Health Services," and, collectively with the Telemedicine Services, the FSH Administrative Services, and the Virtual Mental Health Services, are the "Third Party Services") to certain of Client's Participants.
F. Client and Service Provider have agreed to modify Agreement to update the Effective Date and provide Third Party Services through the Third Party Service Providers which shall be Additional Services as set forth in the Agreement which are beyond the scope of the services set forth in the Agreement and available on the terms and conditions set forth herein.
G. The Third Party Services that are the subject of this Agreement are not intended to constitute health insurance, a health plan or an insured health plan, neither FSH nor PROVIDER is an insurance company.

NOW, THEREFORE, in consideration of the above premises, the representations, warranties and covenants set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound hereby, the Parties agree as follows:

1. Recitals; Defined Terms. The recitals to this Amendment are hereby incorporated into this Amendment as if fully re-stated herein. Capitalized terms used in this Amendment and not otherwise defined herein shall have the same meaning given to them in the Agreement.
2. Additional Services. On the terms and conditions set forth herein, the Parties intend that the Additional Services described herein shall be made available to FSH Members (as defined below) by April 1, 2024. In the event the Additional Services cannot be made available by that date, Service Provider shall exercise its commercially reasonable efforts to adhere thereto, but Service Provider shall not be liable for any losses, damages, costs, or expenses of such a delay,

whether foreseeable or unforeseeable. Service Provider may terminate this Agreement immediately upon the termination, expiration or non-renewal of PMSO's agreement with the Third Party Service Providers, and either Client or Service Provider may terminate this Agreement upon ninety (90) days' prior written notice. In such event, Client shall pay all fees through the date of the termination, even if issued after the date of termination.

3. Communication. Service Provider is (not Third Party Service Providers) permitted to encourage utilization of the Services by Covered Employees (as defined below), provided however, that FSH reserves the right to communicate with Covered Employees provides Client and Service Provider approves the communication, such approval not to be unreasonably withheld. FSH also reserves the right to send transactional messages to Client and Client Employees without prior Client and Service Provider's approval in each case. Without limitation of the generality of the foregoing, Service Provider may deploy communications, including ones co-branded with FSH and Client logos (but not Client logos or branding in communications, except to the extent authorized by the Client). Service Provider may communicate on behalf of FSH with each Covered Employee. Communications may include, without limitations, tips, reminders, and health-related incentives to promote utilization and help ensure that Covered Employees take advantage of the Services. Any communications with Covered Employees shall comply with applicable laws, including without limitation the Health Insurance Portability and Accountability Act (HIPAA) (45 CFR Part 160 and Part 164, Subparts A and C).

4 Eligibility. By selecting the Third Party Services, Client agrees to provide, and authorizes Service Provider to provide to FSH, an electronic eligibility file identifying the Covered Employees and eligible dependents (collectively with the Covered Employees, "FSH Members") of Client who Client wishes to allow to access the Third Party Services including the first name, last name, birthdate, gender, e-mail address (if available), employee or dependent ID number, mobile phone number (if available), home address, coverage codes for medical, vision and dental (as applicable), work location, eligibility dates and preferred language (if other than English, and if available) of such FSH Member, and which Third Party Services such FSH Members are eligible to receive

5. Notices, or otherwise will incur an additional flat fee of three hundred dollars ($300) for the originally planned start date month, which shall be billed to Client by Service Provider as a Reimbursable Expense.

6. Information. Client shall provide to Service Provider the following information to share with FSH: (i) Client's Benefit Guide or similar documentation with information on health insurance plans, health coverage and pharmacy benefits manager prescription coverage; and (ii) Client's information on any additional health and wellness related vendors who provide services to the Client (collectively the "Benefits Information"). Client shall promptly exercise its commercially reasonable efforts to notify Service Provider in the event of any material change to Client's Benefits Information and shall furnish Service Provider with all updated documentation related to such material change to share with FSH.

7. Costs and Fees. The Parties understand and agree that the costs of the Third Party Services are Additional Services are not included in Client's Monthly Service Fees payable to Service Provider pursuant to the Agreement.

a. *Fees for Third Party Services.* Fees for Additional Services shall be as set forth in Addendum #3 to the Services Agreement, which shall be invoiced monthly and payable to Service Provider within ten (10) days of the date of invoice. If Client does not provide an eligibility file for the prior month with respect to Additional Service Fees, Service Provider may use the previous month's Client census to preliminarily calculate the appropriate monthly payment, and send a corrective bill to true-up any discrepancies in the actual number of FSH Members, as applicable.
b. *Reimbursable Expenses.* In addition to the Additional Service Fees, all Service Provider's costs and expenses associated with the Third Party Services will be passed through to Client as Reimbursable Expenses pursuant to the Services

Agreement, including without limitation, with respect to any equipment, technology, registrations, licenses, permits, and supplies as may be necessary for the Third Party Service Providers to perform the Third Party Services. Service Provider shall invoice Client for these Additional Services in the same manner as other Reimbursable Expenses under the Agreement, and Client understands and agrees to reimburse Service Provider for all such Reimbursable Expenses within ten (10) days of the date of invoice.

c. Late Payment. Client understands that payment within ten (10) days of the date of the invoice is necessary to promptly pay the Third Party Service Provider, and Client understands and agrees that the Third Party Service Providers have the right to suspend the Third Party Services for late payment and may charge a late payment fee of two hundred dollars ($200) per month (or. only if lesser, the highest rate permitted by applicable law) and shall accrue until such amount is paid in full, and the suspension of such Third Party Services and late fee will be Client's and not Service Provider's responsibility.

8 Compliance. Service Provider shall comply with all applicable laws, rules, and regulations in the provision of the Third Party Services, and reserve the right to discontinue provision of the Third Party Services immediately in the event Service Provider deems it can no longer offer the Third Party Services in full compliance with applicable laws. rules, and regulations.

9. Third Party Services from the Third Party Service Providers.

a. Provider shall provide the Third Party Services described in Schedule 1 to FSH Members. Subject to the conditions below, PROVIDER shall provide the Telemedicine Services to FSH Members, provided, however, that the eligible dependents shall be eligible only for such Services as the corresponding Covered Employee is eligible to receive. The Telemedicine Services are available only to FSH Members residing in the United States, including the District of Columbia, and all U.S. territories.

b. Provider, through licensed health care personnel employed or otherwise engaged by Provider, shall be solely responsible for and have sole and complete authority, supervision, medical management, and control over the provision of clinical and other health care services performed for FSH Members, and all diagnoses, treatments, procedures. and other professional health care services rendered in connection with the Telemedicine Services shall be provided and performed exclusively by or under the supervision of licensed health care personnel employed or otherwise engaged by Provider (the "Provider Physicians" or "Provider Nurse Practitioners" together the "Provider Personnel"), as determined by Provider and in accordance with applicable laws, and professional and ethical standards.

c. Provider shall provide professional services to Client and the FSH Members in compliance at all times with applicable ethical standards, laws and regulations. Provider shall also ensure that each Provider Personnel have all required licenses, credentials, approvals, and other certifications to perform his or her duties and services for Provider.

d. Provider shall provide the Services in accordance with the User Agreement, Privacy Policy and Notice of Privacy Practices set forth at https://www.fshealth.com/legal-information/, each as amended by PROVIDER from time to time in its sole discretion.

e. FSH shall have the responsibility and commensurate authority to provide the FSH Administrative Services set forth below. Subject to the terms hereof, FSH is hereby expressly authorized to provide all such FSH Administrative Services in a reasonable manner to meet the day-to-day requirements with respect to the Third Party Services, namely:

i. Establish and maintain a comprehensive system of records, books and accounts in compliance with all state and federal statutes and

regulations and requirements, and also in accordance with applicable law, professional and ethical standards, and appropriate customary medical practice and clinical standards as approved by Provider;

ii. Assist in maintaining patient record management software, as approved by Provider;

iii. Bill and collect on behalf of both itself and Provider for all Third Party Services;

iv. Provide practice management computer systems;

v. Provide hardware and software infrastructure to be utilized by Provider in receiving and transmitting information from and to Service Provider related to the Telemedicine Services, per instruction of Provider; and

vi. Such other services as FSH deems necessary to fulfill its obligations with respect to the Third Party Services.

f. FSH may, at its expense and in its reasonable discretion, engage, hire or retain any other person or entity, including independent contractors, to perform some or all of the same or any similar services and delegate any of its responsibilities under this Agreement; provided however, notwithstanding the foregoing, FSH will retain full responsibility for the performance of its duties identified above.

g. FSH will not provide any marketing or engagement to FSH Members. FSH and its personnel shall not become involved, directly or indirectly with the exercise of medical judgment or in the care or treatment of FSH Members nor shall FSH interfere with, control, direct, or supervise Provider, or any employee or independent contractor of Provider, in connection with the provision of medical services.

10. Third Party Service Provider Terms. Client understands and agrees to the following terms of Third Party Service Providers, together with all Third Party Service Provider terms and conditions described in Schedule 1:

a. THIRD PARTY SERVICE PROVIDERS DO NOT MAKE, AND EXPRESSLY DISCLAIM, ANY REPRESENTATIONS OR WARRANTIES IN CONNECTION WITH THE THIRD PARTY SEREVICES, WHETHER EXPRESS, IMPLIED, STATUTORY OR OTHERWISE, INCLUDING, WITHOUT LIMITATION, WARRANTIES OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, NON-INFRINGEMENT OF THIRD PARTY RIGHTS, TITLE, ANY WARRANTIES ARISING OUT OF A COURSE OF PERFORMANCE, DEALING OR TRADE USAGE, AND THEIR EQUIVALENTS UNDER THE LAWS OF ANY JURISDICTION.

b. THIRD PARTY SERVICE PROVIDERS AND SERVICE PROVIDER SHALL NOT BE LIABLE TO CLIENT FOR ANY SPECIAL, CONSEQUENTIAL, PUNITIVE, INCIDENTAL, OR INDIRECT DAMAGES, OR ANY DAMAGES FOR LOST DATA, BUSINESS INTERRUPTION, LOST PROFITS, LOST REVENUE OR LOST BUSINESS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT, HOWEVER CAUSED AND BASED ON ANY THEORY OF LIABILITY, ARISING OUT OF THIS AGREEMENT, WHETHER OR NOT SUCH PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE, AND NOTWITHSTANDING ANY FAILURE OF ESSENTIAL PURPOSE OF ANY LIMITED REMEDY.

c. IN NO EVENT WILL THE AGGREGATE LIABILITY OF SERVICE PROVIDER OR THIRD PARTY SERVICE PROVIDERS WITH RESPECT TO THE THIRD PARTY SERVICES EXCEED THE SUM OF THE INVOICED AMOUNTS BILLED TO SERVICE PROVIDER BY THIRD PARTY SERVICE PROVIDERS IN THE PREVIOUS TWELVE (12) MONTH PERIOD PRECEDING THE ACCRUAL OF THE CLAIM.

d The relationship between Client and the Third Party Service Providers will be that of independent contractors. Nothing contained herein will be construed to imply a joint venture, principal or agent relationship, or other joint relationship.

e. Client agrees to indemnify and hold harmless the Third Party Service Providers and Service Provider from and against any and all claims, damages, liabilities, losses, or judgments payable to a third party claimant, as well as any related costs and attorneys' fees arising directly out of, or relating to: (i) Client's gross negligence or willful misconduct in the performance of its obligations pursuant to this Agreement; (ii) Client's breach of this Agreement or any of its representations or warranties hereunder; (iii) Client's violation of applicable law; or (v) the Indemnifying Party's infringement of the Indemnified Party's intellectual property with respect to the Third Party Services. Notwithstanding the foregoing, an Indemnifying Party shall have the right, in its absolute discretion and at its sole cost, to employ attorneys of its own choice and to institute or defend any claim for which the Indemnified Party has a right to be indemnified. Notwithstanding the foregoing, each Indemnified Party shall have the right, in its absolute discretion and at its sole cost, to also be represented by counsel of its choosing in addition to the counsel selected by the Indemnifying Party.]

11. Confidentiality and Data Privacy. Client acknowledges that Third Party Service Providers may use, process, transfer, or disclose FSH Member's Personal Information to their subcontractors and vendors to the extent Third Party Service Providers are authorized to do so by the consents the FSH Members provide to them, including pursuant to the Privacy Policy and Notice of Privacy Practices, but only to the extent reasonably necessary for Third Party Service Provider to perform our obligations under this Agreement. Third Party Service Providers shall comply with all applicable Federal and State laws concerning information or data privacy. "**Personal Information**" shall include but is not limited to social insurance numbers, social security numbers or other government issued identification numbers or any other personal information such as gender, religion, ethnicity, race, creed, sexuality, marital status, or similar information.

12. Counterparts. This Amendment may be executed in one or more counterparts (including by facsimile or electronic mail) and all counterpart signed documents shall be deemed to be an original and constituting one and the same instrument.

13. Binding Effect. The parties hereto represent and warrant that they have the authority and all requisite approvals to enter into this Amendment. Upon full execution by both parties hereto, the Amendment shall be effective and binding upon and inure to the benefit of the parties hereto and their legal representatives, successors and assigns.

14. Interpretation; Entire Agreement. This Amendment may not be changed, modified, discharged or terminated orally or in any manner other than by an agreement in writing signed by Service Provider and Client.

{signatures on next page}

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date first written above.

EFFECTIVE DATE: April 1, 2024.

PROACTIVE MD TN, P.C.

By:

_____

Name:

_____

Title:

_____

ANDERSON COUNTY, TENNESSEE

By:

_____

Name:

_____

Title

_____

APPROVED AS TO LEGAL FORM

N. Jay Yeager
Anderson County Law Director

SCHEDULE 1
DESCRIPTION OF THIRD PARTY SERVICES AVAILABLE
[attached.]

SCHEDULE 1-A
TELEMEDICINE SERVICES

Description of the Services:
Providers will provide FSH Members with access to the following Telemedicine Services, provided, that the Services they are eligible to receive shall be as indicated in the eligibility file or other instructions by Client:

Provider Consultations
Providers, in collaboration with FSH, provide 24/7/365 smart phone app, Web and phone access through voice, video or, when available, chat/text to a network of US-based, licensed, board-certified physicians and licensed nurse practitioners via customer service representatives, patient experience representatives and other qualified personnel. There are no limits on the number of calls FSH Members can make to Provider, except that PROVIDER reserves the right to limit access to FSH Members abusing the Telemedicine Services. All Provider Personnel have been trained to use the FSH telemedicine platform and are covered under Provider's or their own respective malpractice insurance coverage(s) for their medical consultations. The FSH telemedicine platform allows Provider Personnel to access telephone and electronic medical records and to perform telephone and video consultations. FSH Members will have the option to choose their preferred method of communication, unless state law or regulation requires a particular method. Provider Personnel are available to treat FSH Members residing in and then located in the United States, including the District of Columbia and all U.S. territories, subject to their individual laws and regulations. The ability to provide prescriptions is subject to Federal and individual state laws, rules, and regulations, as well as the FSH prescription policy set forth at https://www.fshealth.com/prescription-policy.

Personalized Medical Dashboards, Medical Records, Information and Tools

FSH Members have access to their medical information on personalized dashboards. These records contain recordings of consults with Provider Personnel. FSH Members can upload personal health records to an online medical portal controlled by the FSH Member. FSH Members, regardless of current FSH Member status, have lifetime access to their records through FSH or as otherwise required by applicable laws, rules, and regulations.

SCHEDULE 1-B
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SCHEDULE 1-C
DESCRIPTION OF VIRTUAL MENTAL HEALTH SERVICES

Description of the Virtual Mental Health Services:
FSH will coordinate the provision of the following Virtual Mental Health Services to FSH Members:

Nature of Counseling
Short-term counseling, typically two to five (2-5) counseling sessions, is used to treat issues including, but not limited to, anxiety, depression, grief, stress, including work related stress, relationship issues and substance abuse. The Virtual Mental Health Services are not intended to act as a substitute for long-term counseling. In addition, the Virtual Mental Health Services are not meant to treat more complex or chronic conditions such as bi-polar disease, schizophrenia, and chronic depression.

24 Hour Access
Telephonic support services are available 24/7/365 for intake and assessment. Scheduled appointments with a counselor will be available between 8am and 8pm, Monday through Friday in all U.S. time zones.

Intake and Assessment
FSH Members may initiate a consultation using the FSH mobile application, FSH Web-based Member portal or by phone. An experienced care representative will assess the Member's concern and address the FSH Member's need.

Counseling Sessions
Counseling sessions will be provided in a clinically appropriate manner either by telephone or video, and such option is at the FSH Member's and counselor's discretion, unless state law or regulation requires a particular method. Counselors are available to treat FSH Members residing in and then located in the United States, including the District of Columbia and all U.S. territories, subject to their individual laws, rules, and regulations. Sessions will be related to the original assessment and will continue until the counselor determines that the matter has been addressed appropriately, typically within 2-5 counseling sessions, and in such cases where this is not possible, the FSH Member may be referred to an in-network, appropriate provider or resource, except that FSH reserves the right to limit access to FSH Members abusing the service. Such determination will be based on the nature of the specific concern and the counselor's expertise and protocols.

FSH Members may have the ability to choose a counselor based on gender, expertise and preferred language, provided it complies with applicable laws, rules, and regulations. Counselors will have a graduate-level degree or above in Counseling, Social Work, Psychology or related mental health profession and be licensed in all states where licensing is required by applicable state law to complete the counseling session in question.

Referrals
If additional care is appropriate, a counselor may coordinate with the FSH Member, and their benefits provider, to secure additional services.

SCHOOL BUS ROUTES CONTRACT #24-0112

REGULAR TRANSPORTATION PROGRAM

Contractor: Longmire Bus Lines Inc

Route Numbers: 37, 42, 45, 63 and 82

Contract Period: July 1, 2024 – June 30, 2030 with six one-year renewal options

THIS AGREEMENT (the "Contract") is made and entered into by and between the Board of Education of Anderson County, Tennessee (hereinafter referred to as "the Board,") and Longmire Bus Lines Inc, (hereinafter referred to as "the Contractor").

For and in consideration of the consideration and agreements set forth hereinafter, the sufficiency of which is hereby acknowledged by both parties, the Board and the Contractor hereby recite and agree to the following:

1. The Board is charged with the responsibility of providing education for the children of Anderson County, Tennessee and student transportation to and from Anderson County Schools as required by law, and pursuant to those obligations, the Board desires to make arrangements for the transportation of students to and from school each school day.

2. The Contractor is desirous of entering into an agreement with the Board whereby the Contractor, for agreed compensation, will provide such transportation for the Board and carry out the responsibility of transporting such school students to and from school each day, as the Board through its authorized agents may designate, in accordance with the terms and conditions of this Contract, utilizing appropriate and authorized personnel and equipment to be provided by the Contractor.

3. Both parties to this Contract are aware that various laws, rules, regulations, and Board policies control and govern the operation of school buses within this County, and that it is necessary at all times for both the Board and the Contractor to be in compliance with any such laws, rules, regulations and policies which apply to the services to be provided under this Contract.

4. Both parties to this agreement are aware that such laws, rules, regulations and policies may be changed, amended, deleted or created during the term of this Contract.

In view of the foregoing, and in consideration of the mutual promises and conditions contained herein, the Board and the Contractor have agreed, and by the execution of this Contract do intend to set their agreement down in writing, as hereinafter set out.

A. The Contractor agrees to operate school buses for the purpose of transporting school students to and from school, at the time and along a specified bus route or routes described in Exhibit A hereof. All buses used shall be provided by the Contractor and it shall be the Contractor's responsibility to maintain such buses in good, safe, working order, and in compliance with all laws and regulations applicable thereto. All bus drivers must be appropriately licensed, competent, responsible individuals and shall be employees of the Contractor and must not be considered for any purpose as employees of the Board. The Board assumes no liability for the actions of school bus drivers, trainees, or other employees of the Contractor.

B. The base compensation to be paid to the Contractor (the "Base Contract Price") by the Board for these services shall be calculated on the basis of the Contractor's bid price for the attached route(s). The base contract mileage shall be the mileage from the place where the first student is picked up in route to the school, or other location to where the last student is delivered. Mileage between runs is not to be included in determining mileage. In the event of a change in the base contract mileage, the Base Contract Price shall be calculated according to the following formula:

   40% X Bid Price/ Specified Contract Miles per Day/
   176 X Number of Miles Increased (or Decreased) for the
   year or the amount of days remaining on the contract.

   The Bid is incorporated as Exhibit 1.

C. For the purpose of calculating mileage under this Contract, the miles identified in the attached route description shall be controlling unless mileage is increased or decreased by Board action subsequent to the execution of contracts. In the event of such increase or decrease, a written amendment to this Contract shall be entered into by the parties, and the mileage shown in said amendment shall be controlling.

D. For the purpose of determining the Base Contract Price, it shall be assumed that the school year lasts for a period of no less than 180 days, but should the school year be less than 180 days, then the contractor shall still receive guaranteed payment for 176 days. The Base Contract Price for the 176 guaranteed days shall be calculated at the daily rate set forth in Item B, above. The Board shall pay to the Contractor ten (10) equal monthly

installments of the Base Contract Price to be paid on or before the 25th day of each month beginning in August and ending in May of the following year.

E. The Base Contract Price (excluding fuel) shall be adjusted annually as of the commencement of each school year. The Board shall calculate the adjustment for each school year based upon the "Revised Consumer Price Index" (referred to herein as the "CPI") set forth by the United State Department of Labor. The date of the CPI for Base Contract Price adjustments shall be January 12 of the previous school year, and the corresponding index for the successive January 12th shall be the current index. The percentage of increase as bid in the base contract shall be the adjustment required over the Base Contract Price. At no time shall a decrease in the CPI operate to decrease the original Contractor's bid. The increased adjustment of the Base Contract Price shall not be less than 2% or greater than 4% even if the CPI change is less or more than these amounts.

F. In addition to the Base Contract Price, as adjusted from year to year, the Board will pay the Contractor for increases in diesel fuel costs ("Fuel Increase Compensation") as provided herein. The base price will be based on the lowest price of diesel at I-75, exit 122 on July 1, and will be calculated daily. The Fuel Increase Adjustment shall be based on the difference between the average price of diesel fuel on July 1 and the daily price. For each $0.15 increase in cost, the Board will pay the Contractor an additional $0.05 cents per mile, with the mileage calculated as provided in Section C above.

G. All buses must be Type I, and all replacement buses must be no older than five (5) years, unless such requirements are waived by the Board in its sole and absolute discretion, for good cause shown. Said bus chassis and body must conform to the rules and regulations of the State Board of Education and comply with all laws and regulations of the State of Tennessee. All buses used in the performance of this Contract must comply with all regulations, guidelines and requirements of the State of Tennessee and any other state in which the bus is operated. The Contractor may use no buses in the performance of this Contract that are older than eighteen (18) years from the build date not the put-into-service date.

H. All buses used to transport Anderson County School students will be equipped with a minimum of one (1) video/audio surveillance camera located at the front of the bus. The camera will cover both the driver and students on the bus and shall record video and audio at all times during bus operations. Said video will be available upon request by school administrators but will never be shown by the Contractor or its agent to any other person, including parents, without advance written permission from the Board.

I. Liability insurance coverage on each bus shall be no less than the minimum required by state law, and shall be provided by and at the expense of the Contractor. If the Contractor transports students across state lines, the Contractor must also carry the minimum insurance required by the adjacent state. Failure to carry appropriate insurance as contained herein shall be cause for immediate termination of this Contract. The Board shall be named as an additional insured on all such policies, and shall be provided with copies on such policies and a certificate of insurance indicating that such insurance is in full force and effect at all times material hereto. The insurer shall be required to give sixty (60) days written notice to the Board prior to cancellation of the contract of liability insurance required herein. Said mandatory notice of cancellation obligation of the insurer **shall** be evidenced by written amendment or endorsement or other provision in insurance contract.

J. The Contractor acknowledges and agrees that officials of the State of Tennessee shall conduct one or more bus inspections each year, that buses shall meet all state guidelines and that no bus shall ever be used by the Contractor which fails the state bus inspection. This inspection clause is meant to include both used and new buses. All buses must display a current state inspection sticker before transporting students.

K. All drivers used by Contractor in carrying out this contract shall be required to take a driver training program under the supervision of the State Department of Safety, or an equivalent course of training as may from time to time be prescribed by the State of Tennessee Department of Education and approved by the Board. All drivers shall have a current school bus endorsed Commercial Driver License ("CDL"). The Contractor shall provide the Board each year with driver information packets that include the front and back photograph of the CDL, a driver information sheet, a copy of the TN Official Driving Record report, current medical clearance for the driver, and a background check for the driver. The driver information packet for each driver shall be filed with, and maintained by the Anderson County Human Resources department.. If at any time the Anderson County Director of Transportation determines, in his or her sole and absolute discretion, that a driver is disqualified from performing services under this Contract, then said driver will immediately be removed from such duties and will not transport Anderson County students.

L. The Contractor shall bear the cost of all maintenance, repair or replacement of any equipment or any school buses used by the Contractor in the carrying out of the Contract, and it shall be the responsibility of the Contractor to provide a location for the maintenance, off season storage and after hours parking of school buses. If a bus or buses are allowed to be parked on a

school campus by the principal the Contractor will assume all liability for such buses and any equipment or property so stored.

M. The Contractor shall be responsible for all licenses, fees and permits required for performance of the Contract. All work to be performed under this Contract shall be provided at times directed by the Board or the Director of Transportation, or their employees or agents. Maintenance may only be performed at times which do not interfere with the daily operations of the performance of this Contract and Anderson County Schools. Should a bus fail to operate a route as scheduled, payment will be adjusted accordingly.

N. The Contractor will provide parking and maintenance facilities within Anderson County and will continue to maintain such facilities throughout the term of the Contract. All buses, parking, and maintenance facilities will be available for inspection by the Director of Transportation thirty (30) days prior to the first day of school.

O. The Contractor understands and agrees that it must and shall abide by any and all federal, state, or local laws, rules and regulations, including such policies as may be enacted from time to time by the Board. Such laws, rules and regulations of the federal government, the State of Tennessee, and the Board are incorporated herein by reference as if the same is set out verbatim, and if the laws, rules and regulations should conflict with these terms, then it is understood that this Contract shall be deemed modified to conform to such laws, rules and regulations. The Contractor shall strictly comply with this Contract and the Board's policies and procedures, including, but not limited to, starting points, destinations and times of departure and arrival, as necessary to adequately fulfill the performance of services hereunder. The Board may terminate this Contract for any violations of or failure to adequately fulfill its terms or the Board's policies and procedures. The Board's election not to terminate this Contract shall not constitute a waiver of the Board's right to terminate for subsequent violations of or for failure to adequately fulfill the terms hereof..

P. This Contract shall be effective as of the date established by the Board and shall remain in effect for six (6) years from said date. After the expiration of the six-year term, the Board, in its sole and absolute discretion, may exercise its option to extend the term of this Contract each year for one (1) additional year not to exceed six (6) one-year extensions. If the Contractor cannot fulfill the terms of the Contract, the Contractor may assign, sell, sublet or otherwise transfer any rights and obligations hereunder, with the Board prior written consent in its sole and absolute discretion; provided, the Contractor notifies the Board of such intent on or before March 31 of any year of the term of this Contract. Any attempted transfer without the Board's prior written consent is void ab initio. The Board may impose reasonable conditions on its approval of the transfer of the Contractor's rights and duties

hereunder, including but not limited to the new contractor signing such agreements and understandings necessary to obligate it to this Contract and the current Contractor remaining liable as guarantor. Any transfer duly made and approved pursuant to the provisions of this Section P shall not take effect until the next school year.

Q. This Contract constitutes the entire agreement of the parties. This Contract shall be binding upon the Contractor, any approved sub-contractors, employees and their respective heirs, executor's, administrators, successors and assigns.

R. In the event of a violation of the terms and intentions of this Contract, or the Board's policies and procedures, the Board, in addition to any and all remedies available at law or in equity, may impose disciplinary actions or measures upon the Contractor, or any of its approved sub-contractors, employees or agents, including but not limited to: written reprimand, written suspension, written discharge or temporary oral or written suspension. The Board shall not suspend or discharge Contractor, sub-contractor, employee or agent without good cause. The Board, acting by or through the Director of Transportation, may orally suspend a Contractor, sub-contractor, employee or agent temporarily for a period up to seventy-two (72) hours without notice of the cause substantiating the suspension; provided, the Board furnishes written notice of the good cause substantiating the suspension within that period of time. The Board may withhold any Base Contract Price or other payments otherwise due under this Contract during any period of suspension or discharge. Cell phone usage during the operation of a school bus, unless deemed an emergency, is a class C misdemeanor pursuant to Tenn. Code Ann. section 55-8-192 and will result in immediate dismissal.

S. Upon any suspension or discharge as provided in Section R above, the Contractor shall have the right to appear before the Board at its next regularly scheduled meeting to discuss or refute the basis for suspension or discharge. In all cases of discharge or suspension, written details of the charges will be furnished to the Contractor at least fifteen (15) days prior to the hearing. If the Board decides in its sole and absolute discretion that good cause does not exist for the suspension or discharge, any withheld Base Contract Price or other compensation for the suspension or discharge period shall be paid to the Contractor.

T. It is understood and expressly agreed by the parties to this contract that the Contractor shall be an independent contractor for all purposes, and the Contractor assumes all liability related to the operation of school buses, transportation of students and performance under this Contract. In no event shall the Contractor or the Contractor's employees be deemed an agent, servant, or employee of the Board or Anderson County.

U. If during the term of this Contract, as a result of inclement weather or for any other reason, the Director of Schools should cancel school for a particular day or a particular period of time, every effort will be made to notify the Contractor as soon as possible.

V. Only students currently enrolled in Anderson County Schools, school system employees or Contractor staff will be transported by buses operating under the terms of this Contract, unless otherwise approved in advance by the Board.

W. The Contractor agrees to indemnify and hold harmless the Board, Anderson County, and their employees, agents and representatives (the "Indemnified Parties"), from all lawsuits, claims, actions, causes of action, demands, or liabilities of any nature, resulting from any and all loss, harm, death, damage, personal injuries, property damage or otherwise (including to but not limited to attorneys' and expert witness or consulting fees and medical expenses) that may be asserted at any time against the Indemnified Parties and caused in whole or in part by the Contractor or its subcontractors, employees or agents. .

X. In the event of default of this Contract by the Contractor, the Board may avail itself of any and all remedies provided herein or provided by law or in equity, including but not limited to injunctive relief and specific performance, all at the option of the Board in its sole and absolute discretion. In the event the Board pursues any relief as a result of the Contractor's default hereunder, the Contractor agrees to pay the Board all resulting reasonable attorneys' fees and expenses incurred by the Board.

Y. No modifications, amendments, supplements to or waiver of this Contract or any of its provisions shall be binding upon the parties hereto unless made in writing and duly signed by all the parties.

Z. A failure of any party to exercise any right provided for herein, shall not be deemed to be a waiver of any right hereunder.

AA. In the event any one or more of the provisions of this Contract is invalid or otherwise unenforceable, the enforceability of the remaining provisions shall be unimpaired.

BB. Notwithstanding other provisions of this Contract, in the event any party materially breaches, defaults or fails to perform hereunder, this Contract may be terminated by the other party with cause on thirty (30) days written notice to the other, if the event constituting the breach, default, or failure is not cured during that time.

CC. Any Exhibits attached hereto or incorporated herein are made a part of this Contract for all purposes. The expression "this Contract" means the body of this Contract and the Exhibits.

DD. This Contract may be executed in multiple counterparts, each of which shall be deemed an original for all purposes and all of which shall be deemed, collectively, one Contract. This Contract shall become effective when executed and delivered by all the parties.

EE. Each party hereby irrevocably consents to the jurisdiction of all state courts sitting in Anderson County, Tennessee or all federal courts sitting in Knoxville, Tennessee and agrees that venue for any legal action brought in connection with this Contract shall lie exclusively in such courts.

FF. This Contract shall be binding upon and inure to the benefit of the parties and upon their respective successors, heirs, or assigns.

GG. This Contract shall be governed and construed in accordance with the laws of the State of Tennessee.

HH. Any notice required or provided pursuant to this Contract shall be in writing and sent or delivered to the parties at their respective addresses shown on the first page of this Contract.

II. Titles of paragraphs and subparagraphs are for convenient reference only and shall not have the effect of modifying, amending, or changing the express terms of this Contract.

JJ. In the event of assignment or succession as provided herein, the terms and conditions of this Contract shall be binding upon the parties and their successors, assigns, heirs, executors, and/or administrators.

KK. The parties agree for themselves and their successors and assigns to execute any and all instruments in writing which are or may become necessary or proper to carry out the purpose and intent of this Contract.

LL. The Board's obligation to pay the Base Contract Price or any other compensation under this Contract is contingent upon funds appropriated in the current fiscal year's budget as approved by the Anderson County Board of Commissioners. Any contract, including this Contract, requiring appropriated funds beyond the current fiscal year may be canceled without notice in the event that funding to support the Contract is unavailable in the subsequent fiscal year.

MM. The Contractor shall comply with the Tennessee Human Rights Act, T.C.A. §4-21-101 et. seq., as amended and any rules and regulations promulgated in accordance therewith.

NN. It shall also be an unlawful employment practice for the Contractor: (1) to fail or refuse to hire or to discharge any individual or otherwise to discriminate against any individual with respect to their compensation, or the terms, conditions, or privileges of their employment, because of such individual's race, color, religion, sex, age, handicap or national origin; or (2) to limit, segregate, or classify their employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect their status as an employee, because of such individual's race, color, religion, sex, age, handicap or national origin. Contractor shall comply with The Civil Rights Act of 1964, 42 U.S.C. sec. 2000 et seq. (2000), as amended.

IN WITNESS WHEREOF THE PARTIES DO HEREUNTO SET THEIR HANDS
on this the _____ day of _____, 20___.

CONTRACTOR:

Robert Longmire
Signature Date

Robert Longmire
Printed Name

President
Title

Longmire Business Inc
Name of Company

4313 Andersonville Hwy
Address

Andersonville Tn. 37705
City, State, Zip

ANDERSON COUNTY BOARD OF EDUCATION:

D. L. P.
Director of Schools

_____
Board of Education Chairman

ANDERSON COUNTY GOVERNMENT:

_____
Finance Director

Approved as to Legal Form

Jay Yeager
N. Jay Yeager
Anderson County Law Director

Longmire Bus Lines Inc.

School Bus Contractor Route Proposal

2024

RFP # 2419

Anderson County Government

Request for Proposals

100 North Main Street, Suite 214
Courthouse
Clinton, Tennessee 37716
(865) 457-6218 Office
(865) 457-6252 Fax

RFP No.: 2419

Date Issued: February 2, 2024

Proposals will be received until
2:30 p.m. Eastern Time on February 22, 2024

Sealed solicitations are subject to the *General Terms and Conditions* and any other data attached or incorporated by reference. Responses will be received in the Anderson County Purchasing Office until the date and time specified above, and at that time publicly opened and read aloud.

ANDERSON COUNTY RESERVES THE RIGHT TO WAIVE ANY INFORMALITIES IN OR TO REJECT ANY OR ALL PROPOSALS AND TO ACCEPT THE PROPOSAL DEEMED FAVORABLE AND IN THE BEST INTEREST OF ANDERSON COUNTY.

2/1/24
Robert J. Holbrook, Director of Finance

BID DESCRIPTION
Request for School Bus Contractor Routes. **Proposals must be submitted in a sealed envelope/box with the RFP # clearly labeled.** Questions are to be emailed to purchasing@andersoncountytn.gov and kkleehammer@andersoncountytn.gov

24-0112 Exhibit 1

General Terms and Conditions

BID ENVELOPE SUBMISSION INSTRUCTIONS:

Bids are to be received in a sealed envelope/package with the bid number, company name and opening date clearly marked. Failure to comply may result in rejection of the entire bid. Anderson County will not be responsible for any lost or misdirected mail. Late bids, e-mailed bids and faxed bids will not be considered nor returned. It is the sole responsibility of the bidder to ensure their bid is delivered to the Purchasing Department.

Please note that Anderson County Government does not receive a guaranteed delivery time for express mail and/or packages. PLEASE MAIL ACCORDINGLY.

ANDERSON COUNTY FINANCE DEPARTMENT
100 NORTH MAIN STREET, SUITES 214 AND 218
CLINTON, TN 37716

Email: purchasing@andersoncountytn.gov
Website: http://andersontn.org/purchasing

(865) 457-6218 Phone
(865) 457-6252 Fax

Bid documents must be completed in ink or typed, signed in ink, and free from alterations, erasures or mark-throughs.

SECTION 1 - GENERAL TERMS AND CONDITIONS

1.1 ALTERATIONS OR AMENDMENTS: Alterations, amendments, changes, modifications or additions to this solicitation shall not be binding on Anderson County without prior written approval.

1.2 NO CONTACT POLICY: After vendor receives a copy of this bid, any contact initiated by any vendor with any Anderson County representative, other than the Purchasing Department, concerning this invitation for bid is prohibited and agreements made thereto will not be considered binding on Anderson County. Any such unauthorized contact may cause the disqualification of the bidder from this procurement transaction.

1.3 QUESTIONS: Pursuant to TCA §12-4-113, questions regarding the specifications or bid procedures must be received by the Purchasing Agent and/or designer no less than ninety-six (96) hours before the bid opening date. No addenda within less than forty-eight (48) hours of the bid opening date shall be permitted. Any questions concerning the bid document must be submitted to purchasing@andersontn.org no less than ninety-six (96) hours before bid opening date.

1.4 BID CLOCK: The bid/time clock in the Anderson County Purchasing office will be the time of record.

1.5 TAXES: Anderson County is not liable for Federal excise or State sales tax. Tax exemption certificates will be provided upon request.

1.6 CONFLICT OF INTEREST: If requested by the Purchasing Agent, vendors must complete and submit a "Conflict of Interest Affidavit Statement" prior to contract award, see T.C.A. 5-14-114 and T. C. A. 12-4-101.

1.7 NON-COLLUSION: Vendors, by submitting a signed bid, certify that the accompanying bid is not the result of, or affected by, any unlawful act of collusion with any other person or company engaged in the same line of business or commerce, or any other fraudulent act punishable under Tennessee or United States law.

1.8 NON-DISCRIMINATION: Contracted vendors will not discriminate against any employee or applicant for employment because of race, religion, sex, national origin or disability except where religion, sex, national origin or disability is a bona fide occupational qualification reasonably necessary to the normal operation of the contractor.

1.9 SAME AS OR EQUIVALENT TO: Vendors are to bid as specified herein or propose an approved equal. Determination of equality is solely Anderson County's responsibility. Any designated brands are for reference purpose only, not a statement of preference. When an alternate manufacturer, brand, model or make is bid, Anderson County will determine if the item bid meets or exceeds the items as specified. If the bidder does not indicate that an alternate manufacturer, brand, model or make is being bid, it is understood that the item(s) bid are the same manufacturer, brand, model or make as requested in the Invitation to Bid. Comparable products of other manufacturers will be considered if proof of comparability is contained in the bid submission. It shall be the responsibility of the vendors, including vendors whose product is referenced to furnish upon request catalog pages, brochures or other data to provide an adequate basis for determining the quality and functional capabilities of the product offered. Failure to provide this data may be considered valid justification for rejection of bid.

1.10 MULTIPLE BIDS/AWARDS: Anderson County may consider multiple bid awards.

1.11 STATE OF TENNESSEE CONTRACTORS' LICENSE LAW (T.C.A. 62-6-119) b): Bids for which the total cost of the project is twenty-five thousand dollars ($25,000) or more, the outside of the sealed bid envelope/package containing the bid provides the following information: the Company Name, the Contractor's license number, license classification, the date of the license expiration and that part of each license classification applying to the bid. In addition, each heating ventilation or air conditioning, plumbing and electrical subcontractor's license number, date of the license expiration and that part of each classification applying to the bid if the value of the work is $25,000 or greater, must be notated. If the value of either the contractor or the subcontractor's work is less than $25,000, the bid envelope/package containing the bid is to be notated with the phrase "Contractor or Subcontractor's Bid is Less than $25,000" after each appropriate heading. In the case of joint ventures, each party submitting the bid must provide this information. If no subcontractors are being used, the outside of the envelope/package containing the bid must state, "No Subcontractors are being used on this project."

1.12 ACCEPTANCE: Vendors shall hold their price firm and subject to acceptance by Anderson County for a minimum period of sixty (60) working days from the date of the bid opening, unless otherwise indicated in their bid. Any or all bids may be rejected for good cause.

1.13 BID AWARDS: Bids will be awarded to the lowest and best bidder, taking into consideration the qualities of the articles to be supplied, their conformity with specifications and their suitability to the requirements of Anderson County and the delivery terms. Anderson County also reserves the right to not award this bid.

1.14 BIDDER'S MINIMUM QUALIFICATIONS: Bidders must have the resources and capability to provide the materials and services as described in the solicitation. Anderson County reserves the right to request additional information and/or material not specified as a bid requirement from any bidder to confirm qualifications.

1.15 DEBARMENT: By submitting a response to this solicitation, bidders are certifying that bidder is not currently debarred from doing business with any local or state Government or the Federal Government. Bidders shall provide documentation relating to any and all debarments that occurred within the last ten

years. The County will search the "System for Award Management" for federally excluded vendors before awarding a bid.

1.16 **PROTEST:** Any vendor wishing to protest the bid award shall notify in writing the Anderson County Purchasing Agent and the County Law Director, 101 S. Main Street, Suite 310, Clinton, TN 37716. No protest will be accepted, except those protests made in writing and received within (10) ten calendar days of the bid award. Protests must be in writing and envelopes/package containing protest must be clearly marked with bid number and words "BID PROTEST". The Purchasing Agent, in conjunction with the Purchasing Committee, and with the advice and counsel of the County Law Director, shall review and make a final decision as to any bid protest. Appeals shall be filed in the Circuit or Chancery Courts of Anderson County within sixty (60) days of the final decision.

VENDORS PLEASE NOTE: ANDERSON COUNTY WILL NOT STOP THE PURCHASE PROCESS. THE PURCHASE MAY BE COMPLETED OR THE PROJECT MAY BE RE-BID WHILE THE PROTEST PROCEDURE IS STILL IN OPERATION. IF A RE-BID IS MADE, THE PROTESTING VENDOR SHOULD SUBMIT A NEW BID. OTHERWISE, THEY WILL BE WITHOUT A BID ON THE RE-BID. FURTHER, THE RE-BIDDING WILL NOT END THE APPEALS PROCESS. IT WILL CONTINUE UNTIL A FINAL DECISION IS REACHED OR THE COMPLAINANT WITHDRAWS THE APPEAL.

1.17 **DELIVERY:** Bid pricing is to include complete supply and delivery to Anderson County, Tennessee. Vendors are to state the delivery time in the bid. Anderson County requires that vendors deliver all products "free on board" to final destination unless indicated otherwise in the bid requirements.

1.18 **PROOF OF FINANCIAL AND BUSINESS CAPABILITY:** Bidders must, upon the request of Anderson County, provide satisfactory evidence of their ability to furnish products or services in accordance with the terms and conditions of these specifications. Anderson County will make the final determination as to the bidder's ability.

1.19 **VENDOR'S DEFAULT:** Anderson County reserves the right, in case of vendor default, to procure the articles or services from other sources and hold the defaulting vendor responsible for any excess costs occasioned thereby.

1.20 **DUPLICATE COPIES:** Vendors are to submit one original and at least one exact copy of their bids, including brochures; unless additional copies are requested in bid specifications.

1.21 **DRUG-FREE WORKPLACE:** Under the provisions of Tennessee Code Annotated §50-9-113 enacted by the General Assembly effective 2001, all employers with five (5) or more employees who contract with either the state or a local government to provide construction services are required to submit an affidavit stating that they have a drug free workplace program that complies with Title 50, Chapter 9, in effect at the time of submission of a bid at least to the extent required of governmental entities. The statute imposes other requirements on the contractor and contractors should consult private legal counsel if legal questions arise under this section or any other provision of this document. All contractors with five (5) or more employees that will be providing construction services are to return the provided written affidavit signed by the principal officer of a covered employer acknowledging that the contracting entity is in compliance with the Drug Free Workplace laws of State of Tennessee.

1.22 **COMPETITION INTENDED:** It is the responsibility of the bidder to review the entire Invitation to Bid document and to notify the Purchasing Department if the Invitation to Bid is formulated in a manner that would unnecessarily restrict competition or if it is ambiguous in what is being requested. The Purchasing Agent must receive questions regarding the specifications or bid procedures no less than ninety-six (96) hours prior to the time set for the bid opening.

1.23 **SCHOOL CAFETERIA BIDS:** If this bid is for Anderson County School's Cafeteria Food Service Department, bidders must be in compliance with Section 104(d) of the William F. Goodling Child Nutrition Reauthorization Act of 1998 which requires school and institutions participating in the National School Lunch Program (NSLP) and School Breakfast Program (SBP) to "Buy American" to the maximum extent practicable.

1.24 TERMINATION: Anderson County reserves the right to terminate contracts in whole or in part with thirty (30) days written notification to the contractor. In the event of termination, the County shall not be liable for any costs other than the cost of services performed and materials delivered and accepted prior to termination date.

1.25 OSHA SAFETY: The Vendor is responsible for training their employees in Safety and Health Regulations for the job, assuring compliance with Tennessee Occupational Safety and Health regulations and any other Regulatory Agency.

1.26 PERFORMANCE BOND: A standard surety or performance bond or an irrevocable letter of credit in favor of Anderson County Government at a federally insured financial institution will be required to be submitted with bid, if indicated in section four, item six insurance requirement checklist.

1.27 BACKGROUND CHECKS: Contractors shall comply with Public Chapter 587 of 2007, as codified in Tennessee Code Annotated Section 49-5-413, which requires all contractors to facilitate a criminal history records check conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation for each employee prior to permitting the employee to have contact with students or enter school grounds when students are present.

1.28 AWARD RESULTS: As soon as practicable after proposal or bid evaluations, Anderson County shall post the award decision to Vendor Registry at www.vendorregistry.com. Individual notices are normally not mailed or e-mailed except to the successful vendor.

1.29 INDEMNIFICATION/HOLD HARMLESS: Vendor shall indemnify, defend, save and hold harmless Anderson County and, its officers, agents and employees from all suits, claims, actions or damages of any nature brought because of, arising out of, or due to breach of the agreement by Vendor, its subcontractors, suppliers, agents, or employees or due to any negligent act or occurrence or any omission or commission of Vendor, its subcontractors, suppliers, agents or employees.

1.30 DECLARATIVE STATEMENT: Any statement or words (i.e.: must, shall, will, etc.) are declarative statements and the proposer must comply with the condition. Failure to comply with any such condition may result in their bid being non-responsive and disqualified.

1.31 WAIVING OF INFORMALITIES: Anderson County reserves the right to waive minor informalities or technicalities when it is in the best interest of Anderson County.

1.32 APPROPRIATION: Funding for multi-year contracts are subject to budget appropriations. In the event no funds are appropriated by Anderson County for the goods or services in any fiscal year or insufficient funds exist to purchase the goods or services of a contract, then that contract shall expire upon the expenditure of previously appropriated funds or the end of the current fiscal year, whichever occurs first, with no further obligations owed to or by either party.

1.33 ASSIGNMENT: Vendor shall not assign or sub-contract any agreement, its obligations or rights hereunder to any party, company, partnership, incorporation or person without the prior written specific consent of Anderson County.

1.34 QUANTITIES: Anderson County does not guarantee quantities to be purchased off this bid.

1.35 UNIT PRICE: In case of discrepancy between any unit price and an extended price, the unit price will be presumed to be correct, subject, however, to correction to the same extent and in the same manner as any other mistake.

1.36 MODIFICATION OR WITHDRAWAL OF BIDS: When it is certain that a mistake has been made in the preparation of the bid, a request will be made to the bidder to confirm the bid. Provisions must be made so that mistakes can be taken care of and the ambiguity resolved satisfactorily. Bids may be modified or withdrawn by written notice received in the Purchasing Department prior to the time and date set for the bid

opening. The changes or withdrawal of the bids shall be in writing and signed by an official of the company. The envelope containing the modification should clearly state "modification to bid." Either the entire bid or a particular item may be withdrawn or modified in this manner.

1.37 PRE-BID CONFERENCES: Attendance at Pre-bid Conferences is strongly encouraged. When deemed necessary a Mandatory Pre-bid Conference will be held. A company representative MUST be in attendance and sign the Pre-bid sign-in sheet in order to be considered for bid award.

1.38 ADDENDUM: § T.C.A. 12-14-113 Anderson County Government reserves the right to amend this solicitation by addendum. Addenda will be posted to the vendor registry up to 48 hours in advance of the bid/proposals due date and time. It is the bidder's responsibility to check the website for addendum. If in the County's opinion revisions are of such a magnitude, the deadline for this solicitation may be extended in an addendum Addenda may change specifications, reply sheets, and times and dates for pre-bid meetings as well as due dates/deadlines for questions and bids/proposals.

1.39 OWNERSHIP: All bids, once received, become property of Anderson County Government and will not be returned.

1.40 WEATHER AND COURTHOUSE CLOSINGS: In the event of a situation severe enough to necessitate the closing of Anderson County Government offices during a planned bid opening, vendors will receive notification of the new date and time upon re-opening of county government offices. No bids will be opened until the rescheduled date for bid opening and all bidders/proposers whose submissions meet the extended deadline will be given equal consideration at that time. Anderson County shall not be liable for any commercial carrier's decision regarding deliveries during inclement weather.

1.41 IRAN DIVESTMENT ACT OF 2014: Pursuant to the Iran Divestment Act of 2014, Tenn. Code Ann. § 12-12-106 requires the State of Tennessee Chief Procurement Officer to publish, using creditable information freely available to the public, a list of persons it determines engage in investment activities in Iran, as described in § 12-12-105. Inclusion on this list makes a person ineligible to contract with Anderson County; if a person ceases its engagement in investment activities in Iran, it may be removed from the list. The State of Tennessee list is available here: http://tennessee.gov/generalservices/article/ Public-Information-library.

1.42 ANTI-BOYCOTT OF ISRAEL: By responding to this bid the Bidder certifies that it is not currently engaged in and agrees for the duration of this Agreement not to engage in, the boycott of Israel.

24-0112 Exhibit 1

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 02/06/2023

Inspection Type: Semi-Annual (Extended Utilization)

Sticker No: TNX023312

In Service Date: 07/01/2003

VIN: 4UZAAXAK92CJ24873

Body Build Date: 01/01/2002

Childcare Facility:

Childcare Facility License #:

School System: ANDERSON COUNTY

Bus Owner: LONGMIRE BUSLINE INC.

Vehicle Type: C

Mileage: 143383

Brake System: Air

Body Make: Thomas Built Bus

Registration #: CB50859

Bus Status: In Service

Bus Status Comments:

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: ROBERT LONGMIRE

Certification Date: 02/06/2023

24-0112 Exhibit 1

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 01/23/2023
Inspection Type: Semi-Annual (Extended Utilization)
Sticker No: TNX022792
In Service Date: 01/01/2007
VIN: 4UZAAXCS27CX13381
Body Build Date: 01/01/2007

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: LONGMIRE BUSLINE INC.

Vehicle Type: C
Mileage: 202920
Brake System: Air
Body Make: Thomas Built Bus
Registration #: CB50871
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
ectrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: ROBERT LONGMIRE
Certification Date: 01/23/2023

24-0112 Exhibit 1

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 02/06/2023
Inspection Type: Reinspection
Sticker No: TNX023311
In Service Date: 08/01/2007
VIN: 4UZAAXCS07CX13380
Body Build Date: 01/01/2007

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: LONGMIRE BUSLINE INC.

Vehicle Type: C
Mileage: 237569
Brake System: Air
Body Make: Blue Bird
Registration #: CB50872
Bus Status: In Service
Bus Status Comments: REPAIREDDRAG LINK

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: ROBERT LONGMIRE
Certification Date: 02/06/2023

24-0112 Exhibit 1

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/07/2023 | Inspection Type: Annual | Sticker No: TN123561
In Service Date: 08/01/2013 | VIN: 4DRBUAAN1EB772270 | Body Build Date: 08/01/2013

Childcare Facility:
School System: ANDERSON COUNTY
Bus Owner: LONGMIRE BUSLINE INC.

Childcare Facility License #:

Vehicle Type: C
Mileage: 104216
Brake System: Air

Body Make: IC Bus
Registration #: CB50868
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: ROBERT LONGMIRE | Certification Date: 03/07/2023

24-0112 Exhibit 1

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/07/2023
Inspection Type: Annual
Sticker No: TN123562
In Service Date: 08/01/2013
VIN: 4DRBUAAN5EB772272
Body Build Date: 08/01/2013

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: LONGMIRE BUSLINE INC.

Vehicle Type: C
Body Make: IC Bus
Mileage: 103483
Registration #: CB50870
Brake System: Air
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Safety/Gauges: Pass
Electrical: Pass
Body Exterior: Pass
Engine: Pass
Chassis: Pass
Suspension - Left Axle 1: Pass
Suspension - Right Axle 1: Pass
Suspension - Left Axle 2: Pass
Suspension - Right Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: ROBERT LONGMIRE
Certification Date: 03/07/2023

24-0112 Exhibit 1

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/07/2023
Inspection Type: Annual
Sticker No: TN123563
In Service Date: 08/01/2013
VIN: 4DRBUAAN1EB772271
Body Build Date: 08/01/2013

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: LONGMIRE BUSLINE INC.

Vehicle Type: C
Body Make: IC Bus
Mileage: 110375
Registration #: CB50869
Brake System: Air
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Safety/Gauges: Pass
Electrical: Pass
Body Exterior: Pass
Engine: Pass
Chassis: Pass
Suspension - Left Axle 1: Pass
Suspension - Right Axle 1: Pass
Suspension - Left Axle 2: Pass
Suspension - Right Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: ROBERT LONGMIRE
Certification Date: 03/07/2023

24-0112 Exhibit 1

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/07/2023
Inspection Type: Annual
Sticker No: TN123564
In Service Date: 07/01/2020
VIN: 1BAKJCEA3MF375774
Body Build Date: 04/01/2020

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: LONGMIRE BUSLINE INC.

Vehicle Type: C
Mileage: 40899
Brake System: Air
Body Make: Blue Bird
Registration #: CB50867
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: ROBERT LONGMIRE
Certification Date: 03/07/2023

24-0112 Exhibit 1

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/07/2023
Inspection Type: Annual
Sticker No: TN123565
In Service Date: 07/01/2020
VIN: 1BAKJCEA5MF375775
Body Build Date: 04/01/2020

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: LONGMIRE BUSLINE INC.

Vehicle Type: C
Mileage: 37259
Brake System: Air
Body Make: Blue Bird
Registration #: CB60762
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: ROBERT LONGMIRE
Certification Date: 03/07/2023

Longmire Bus Lines Contract Proposal 2023

Tab 3. Location of Facility

We only have one facility to maintain and store our fleet. The address to this facility is:

176 Nig Longmire Road

Andersonville, TN 37705

The owners and managers of our company, Robert and Jill Longmire, live approximately 350 feet from the location of our facility at:

4313 Andersonville Hwy

Andersonville, TN 37705

As you will find in Tab 4 of this proposal, each of our drivers lives within 12 miles of our facility. The close proximity of the owners and drivers allows for a quick gathering in case of inclement weather or a sudden early dismissal of our schools. Our facility is also less than 7 miles from each school we serve.

Longmire Bus Lines Contract Proposal 2023

Tab 4. Vendor Team

Management Team:

- Robert Longmire
  - Phone: (865) 679-7682 or (865) 494-7682
- Jill Longmire
  - Phone: (865) 806-9481 or (865) 494-7682
  - Email: farmingflowers@aol.com

*Please contact Robert or Jill at the numbers/email listed above.

Hiring Process:

Before we hire a candidate for a drivers' position, we complete the following:

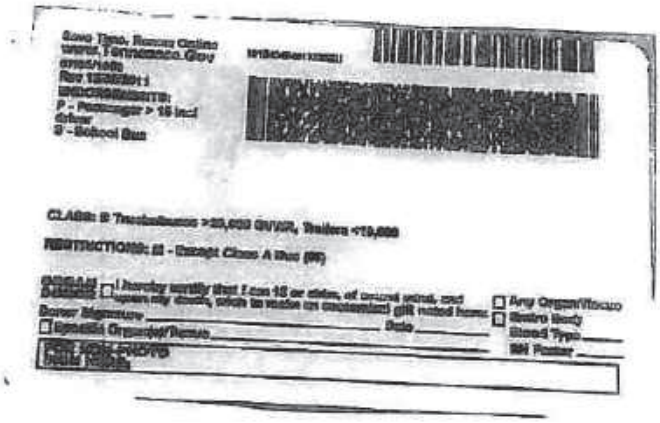
- Application
- Background Check
- Drug and Alcohol Screening
- Motor Vehicle Record
- Form 49CFR
- Physical & DOT Medical Card

Once the candidate has passed the requirements listed above, he/she will then complete the written CDL examination. After passing the written exam, he/she will watch the required online training and then begin preparing for the CDL skills test by training with our hired trainer, Justin Landreth. Justin will work with the candidate for a few weeks to learn the pre-trip inspection and basic bus driving skills. Once Justin thinks the candidate is prepared, he/she will complete the CDL skills test at either a state testing center or by a third party tester. We do hope the candidate is able to pass this test on the first try, but if not, he/she will try again after more training.

Retention Rate:

In the past ten years, we have had two drivers quit and one driver retire. We have had a total of 14 drivers during this period, which makes a 98% retention rate.

DL NO. 048651457
CLASS B
SEX F
ALLEN
TAMMIE BETH
ANDERSONVILLE, TN


P - Passenger > 15 incl driver
S - School Bus
Any Organ/Tissue
Donor Body
Blood Type

24-0112 Exhibit 1

Form MCSA-5876

OMB No. 2126-0006 Expiration Date 12/31/2024

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 currently 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 be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Office, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Allen (first name) Tammie in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations [illegible] and, with knowledge of the driving duties, I find that this person is qualified, and, if applicable, only when [illegible] OR

○ the Federal Motor Carrier Safety Regulations [illegible] with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when [illegible]

☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (see type) _____ ☐ Driving within an exempt intra-city zone [illegible]

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of [illegible]

☐ Grandfathered from State requirements [illegible]

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with drug/alcohol results, supports my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 02/05/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature] Medical Examiner's Telephone Number: 865.264.4012 Date Certificate Signed: 02/05/24

Medical Examiner's Name (please print or type): Hannah Burch ○ MD ☒ Physician Assistant ○ Advanced Practice Nurse ○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 5998 Issuing State: TN National Registry Number: 0134578020

CMV DRIVER INFORMATION

Driver's Signature: Tammie B. Allen Driver's License Number: 048551467 Issuing State/Province: TN

Driver's Address: Street Address: 308 Red Hill Rd City: Andersonville State/Province: TN Zip Code: 37705 CLP/CDL Applicant/Holder ☒ Yes ○ No

Rev. 12/16/21

correct copy of the record on file with this department.

Financial Responsibility Section
P.O. Box 945 Exhibit 1
Nashville, TN 37202-0945

Fax: (615) 242-3480
Phone: (866) 903-7357

Financial Responsibility Section
Financial Responsibility Section

Department of Safety & Homeland Security

MVR

April 17, 2023

Letter ID: L1251308304
Account ID: 048551467

TAMMIE ALLEN
308 RED HILL RD
ANDERSONVILLE TN 37705-3728

Real ID: Yes
Lic Class: B
Permit Class:

Lic Issue Date: 07/03/2019
Prm Issue Date: 00/00/00

Lic Expiration Date: 07/03/2027
Prm Expiration Date: 00/00/00

Dr Lic No: 048551467
Eye Color: Brown
Height: 5 FT 3 IN
Non-CDL Status: Valid
Non-CDL Eligibility: 00/00/00

Birthdate: 07/06/1959
Hair Color: Brown
Weight: 201
CDL Status: Licensed
CDL Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Original Issue Date: 07/02/1999
Sex: Female
Race: White
CDLP Status: Licensed
CDLP Eligibility: 00/00/00

Lic Restrictions: M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med Examiner Lic: 21338
Med Examiner Phone: (865) 264-4012
Med Expire Date: 02/15/2024
Med Status: Certified
Contains Offense Activity From 04/17/2020

Med License State: Tennessee
Med Examiner Registry: 7009021310

Med Issue Date: 02/15/2023
Med Variance :
Former State/Lic No: Unknown

Med Post Date: 02/16/2023
Med Self Code: Non-excepted Interstate

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

24-0112 Exhibit 1

COMMERCIAL
DRIVER LICENSE

DL NO 053420451 DOB 09/30/1961
EXP 09/13/2025 ISS 09/13/2017
CLASS B END PS
REST E M
SEX F HGT 5'-05" EYES BRO
DD 701170913314373
HOOKS
TERESA SMITH
4224 E WOLF VALLEY RD
HEISKELL, TN 37754-2708

Public Burden Statement

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

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Hooks (first name) Teresa and to the best of my knowledge and belief, it is my opinion that the driver named above is qualified to operate a commercial motor vehicle in interstate commerce in accordance with the Federal Motor Carrier Safety Regulations.

☐ Wearing corrective lens

☐ Accompanied by a hearing aid or other device

☐ Hearing or hearing aid

☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

☐ Hearing aid or other device by signature

☐ Examiner by signature

☐ Grandfathered from state requirements

Medical Examiner's Certificate Expiration Date: 8 18 24

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: Amy Young FNP-C

Medical Examiner's Telephone Number: 865-204-4012

Date Certificate Signed: 8-18-23

Medical Examiner's Name (please print or type): Amy Young, FNP-C

○ MD ○ Physician Assistant ● Advanced Practice Nurse

○ DO ○ Chiropractor ○ Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: 21338

Issuing State: TN

National Registry Number: 1009021310

MV DRIVER INFORMATION

Driver's Signature: Teresa Smith Hooks

Driver's License Number: 053482451

Issuing State/Province: TN

Driver's Address: Street Address: 1224 E Wolf Valley Rd City: Heiskell State/Province: TN Zip Code: 37754

CDL/CDL Applicant/Holder ● Yes ○ No

Page: 1

Hereby certify this to be a true and correct copy of the record on file with this department.

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945

Fax: (615) 242-3480
Phone: (866) 903-7357

24-0412 Exhibit 1

Financial Responsibility Section
Financial Responsibility Section

TN Department of Safety & Homeland Security

MVR

April 17, 2023

Letter ID: L1937257232
Account ID: 053420451

TERESA HOOKS
1224 E WOLF VALLEY RD
HEISKELL TN 37754-2706

Real ID: No
Lic Class: B
Permit Class:

Lic Issue Date: 09/13/2017
Prm Issue Date: 00/00/00

Lic Expiration Date: 09/13/2025
Prm Expiration Date: 00/00/00

Dr Lic No: 053420451
Eye Color: Brown
Height: 5 FT 5 IN
Non-CDL Status: Valid
Non-CDL Eligibility: 00/00/00

Birthdate: 09/30/1961
Hair Color: Brown
Weight: 200
CDL Status: Licensed
CDL Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Original Issue Date: 08/10/2001
Sex: Female
Race: White
CDLP Status: Licensed
CDLP Eligibility: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

rmit Restrictions:
mit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med Examiner Lic: 21338
Med Examiner Phone: (865) 281-1530

Med License State: Tennessee
Med Examiner Registry: 1009021310

Med Expire Date: 06/03/2023
Med Status: Certified
Contains Offense Activity From 04/17/2020

Med Issue Date: 06/03/2022
Med Variance :
Former State/Lic No: Unknown

Med Post Date: 06/06/2022
Med Self Code: Non-excepted Interstate

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

COMMERCIAL DRIVER'S LICENSE

DUP

DL NO. 057759241 DOB 08/03/1984

EXP 04/06/2027 ISS 08/22/2022

CLASS B END NONE

HAIR BRN

SEX F HGT 5'-05" EYES BRO

DD 7202202221013000

LONGMIRE
JILL MICHELLE
4313 ANDERSONVILLE HWY
ANDERSONVILLE, TN 37705

Form MCSA-5875

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

MEDICAL EXAMINER'S CERTIFICATE
(For Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Longmire (first name) Jill in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations ( ) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

○ the Federal Motor Carrier Safety Regulations ( ) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☒ Wearing corrective lenses
☐ Wearing hearing aid
☐ Accompanied by a waiver/exemption (specify type)
☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (Radius)
☐ Qualified by operation of (Rule#)
☐ Grandfathered from State requirements (Date)

Medical Examiner's Certificate Expiration Date: 5-24-24

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: Amy Young FNP-C

Medical Examiner's Telephone Number: 865 789 4012

Date Certificate Signed: 05-24-23

Medical Examiner's Name (please print or type): Amy Young

○ MD ○ Physician Assistant ☒ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: 21338

Issuing State: TN

National Registry Number: 7004821810

CMV DRIVER INFORMATION

Driver's Signature: Jill Longmire

Driver's License Number: 057759241

Issuing State/Province: TN

Driver's Address: 4313 ANDERSONVILLE HWY

City: ANDERSONVILLE

State/Province: TN

Zip Code: 37705

CLP/CDL Applicant/Holder ☒ Yes ○ No

correct copy of the record on file with this department.

Financial Responsibility Section
Financial Responsibility Section

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-0142 Exhibit 1

TN Department of Safety & Homeland Security

MVR

April 17, 2023

Letter ID: L2071474960
Account ID: 057759241

JILL LONGMIRE
PO BOX 88
ANDERSONVILLE TN 37705-0088

Real ID: Yes
Lic Class: B
Permit Class:

Lic Issue Date: 08/22/2022
Prm Issue Date: 00/00/00
Lic Expiration Date: 09/09/2027
Prm Expiration Date: 00/00/00

Dr Lic No: 057759241
Eye Color: Brown
Height: 5 FT 6 IN
Non-CDL Status: Valid
Non-CDL Eligibility: 00/00/00

Birthdate: 09/03/1964
Hair Color: Brown
Weight: 121
CDL Status: Licensed
CDL Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Original Issue Date: 03/24/1998
Sex: Female
Race: White
CDLP Status: Licensed
CDLP Eligibility: 00/00/00

Lic Restrictions: Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

mit Restrictions:
mit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med Examiner Lic: 21338
Med Examiner Phone: (865) 264-4012
Med Expire Date: 03/24/2024
Med Status: Certified

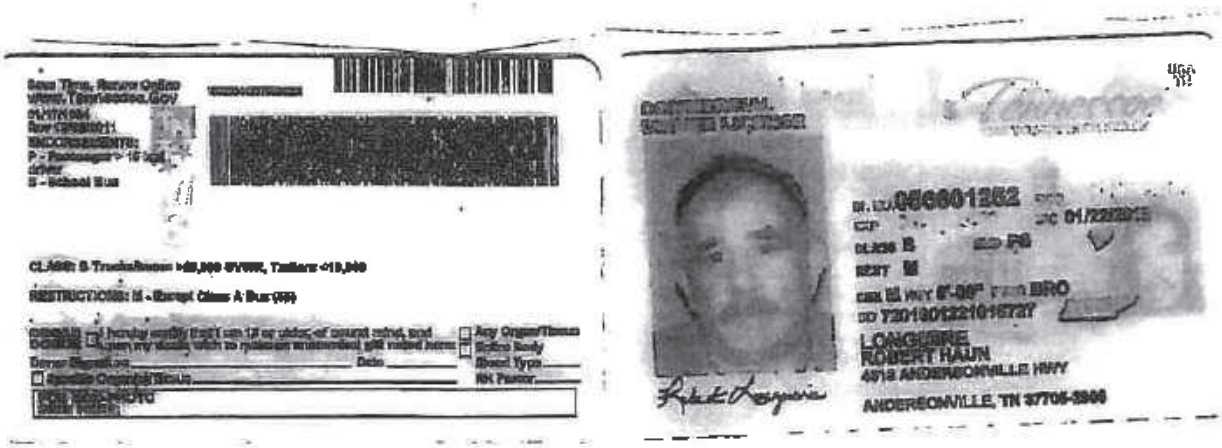
Med License State: Tennessee
Med Examiner Registry: 7009021310
Med Issue Date: 03/24/2023
Med Variance : Corrective Lenses\line
Med Post Date: 03/27/2023
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 04/17/2020 Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
08/22/2022	08/22/2022	08/22/2022		Anderson County	00103394473
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 3394473					
06/27/2021	06/27/2021	06/29/2021		Union County	00103018288
PERSONAL INJURY ACCIDENT CRASH REPORT #: 3018288 - NO POINTS ASSESSED					

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page


LONGBERE
ROBERT HAUN
4513 ANDERSONVILLE HWY
ANDERSONVILLE, TN 37705-3906

Form MCSA-5876

OMB No. 2126-0006 Exp. [illegible]

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 of 1995 that does not display a 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 be [illegible] including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RIA, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

MEDICAL EXAMINER'S CERTIFICATE
(For Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (first name) Longmire (first name) Robert in accordance with (please check only one):

- ● the Federal Motor Carrier Safety Regulations [illegible] and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply): OR
- ○ the Federal Motor Carrier Safety Regulations [illegible] with any applicable State variances (which will only be valid for interstate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone [illegible] (Federal)
- ☐ Qualified by operation of [illegible] (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-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 3-24-25

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature] FNPC

Medical Examiner's Telephone Number: 865-264-4012

Date Certificate Signed: 03-24-23

Medical Examiner's Name (please print or type): Amy Young, FNP-C

○ MD ○ Physician Assistant ● Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify): _____

Medical Examiner's State License, Certificate, or Registration Number: 21338

Issuing State: TN

National Registry Number: 7009021310

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: 05166012 52

Issuing State/Province: TN

Driver's Address
Street Address: 4513 Andersonville Hwy City: Andersonville State/Province: TN Zip Code: 37705 CLP/CDL Applicant/Holder ● Yes ○ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handling or access to this information inappropriately is prohibited. Inadvertent disclosure by keeping the document under the control of authorized personnel. Properly dispose of this document when it is no longer required to be retained by regulatory requirements.

Rev 13, [illegible]

I hereby certify this to be a true and correct copy of the record on file with this department.

Financial Responsibility Section
Financial Responsibility Section

Department of Safety & Homeland Security

Financial Responsibility Section
P.O. Box 945 Exhibit 1
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (868) 903-7357

MVR

April 17, 2023

Letter ID: L2060219152
Account ID: 056601252

ROBERT LONGMIRE
4313 ANDERSONVILLE HWY
ANDERSONVILLE TN 37705-2909

Real ID: Yes
Lic Class: B
Permit Class:

Lic Issue Date: 02/06/2020
Prm Issue Date: 00/00/00

Lic Expiration Date: 01/22/2027
Prm Expiration Date: 00/00/00

Original Issue Date: 01/20/1999

Dr Lic No: 056601252
Eye Color: Brown
Height: 6 FT 0 IN
Non-CDL Status: Valid
Non-CDL Eligibility: 00/00/00

Birthdate: 01/17/1964
Hair Color: Brown
Weight: 180
CDL Status: Licensed
CDL Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Sex: Male
Race: White
CDLP Status: Licensed
CDLP Eligibility: 00/00/00

Lic Restrictions: M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

mit Restrictions:
mit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med Examiner Lic: 21338
Med Examiner Phone: (865) 264-4012
Med Expire Date: 03/24/2025
Med Status: Certified
Contains Offense Activity From 04/17/2020

Med License State: Tennessee
Med Examiner Registry: 7009021310

Med Issue Date: 03/24/2023
Med Variance :
Former State/Lic No: Unknown

Med Post Date: 03/27/2023
Med Self Code: Non-excepted Interstate

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

24-0112 Exhibit 1

COMMERCIAL DRIVER LICENSE

DL NO. 112203761 DOB 06/24/1982
EXP 07/02/2020 ISS 07/02/2020
CLASS B END PS
REST E N
SEX F HGT 5'-04" EYES BRO
DD 7012007020947063
MCCOY
JODI RHEA
175 NIG LONGMIRE RD
ANDERSONVILLE, TN 37705-3000

Jodi McCoy

Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/3

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 be approximately one minute per respo including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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:** McCoy **First Name:** Jodi in accordance with *(please check only one)*:

(•) the Federal Motor Carrier Safety Regulations ( ) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when *(check all that apply)* OR

( ) the Federal Motor Carrier Safety Regulations ( ) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving dutie I find this person is qualified, and, if applicable, only when *(check all that apply)*:

- [ ] Wearing corrective lenses
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone ( ) *(Federal)*
- [ ] Qualified by operation of *(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-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Dat 01/07/2025

Medical Examiner's Signature NP-C

Medical Examiner's Telephone Number (423) 303-9860

Date Certificate Signed 01/07/2023

Medical Examiner's Name *(please print or type)* Nicole Mann

( ) MD ( ) Physician Assistant (•) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner *(specify)* _____

Medical Examiner's State License, Certificate, or Registration Number APN00000028039

Issuing State Tennessee

National Registry Number 5538225797

Driver's Signature Jodi McCoy

Driver's License Number 112203761

Issuing State/Province Tennessee

Driver's Address
Street Address: 176 Nig Longmire City: Andersonville State/Province: TN Zip Code: 37705

CLP/CDL Applicant/Hol (•) Yes ( ) No

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.

Rev 1

correct copy of the record on file
with this department.

Financial
Responsibility
Section
Financial
Responsibility
Section

Department of
Safety &
Homeland Security

Financial Responsibility Section
P.O. Box 945 Exhibit 1
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

MVR

April 17, 2023

Letter ID: L1638796048
Account ID: 112203761

JODI MCCOY
176 NIG LONGMIRE RD
ANDERSONVILLE TN 37705-3000

Real ID: Yes
Lic Issue Date: 07/02/2020
Lic Expiration Date: 07/02/2028
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:

Dr Lic No: 112203761
Birthdate: 06/24/1992
Original Issue Date: 07/03/2007
Eye Color: Brown
Hair Color: Brown
Sex: Female
Height: 5 FT 4 IN
Weight: 140
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Nicole Mann, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Lic: APN00000028039
Med Examiner Registry: 5538225797
Med Examiner Phone: (423) 303-9860
Med Expire Date: 01/07/2025
Med Issue Date: 01/07/2023
Med Post Date: 01/09/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate
Contains Offense Activity From 04/17/2020
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
07/08/2022	07/08/2022	07/14/2022		Knox County	00300815942

PERSONAL INJURY ACCIDENT CRASH REPORT #: 0815942 - NO POINTS ASSESSED

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.
Last Page

COMMERCIAL
DRIVER LICENSE
DL NO. 074223184
DOB 07/01/1974
EXP 01/02/2027
ISS 01/02/2019
CLASS B
END PS
RESTR 01 M
SEX F HGT 5'-06" EYES BLU
DD 7201901020004803
OAKES
ANGELA CHRISTINE
222 UPPER CLEAR CREEK RD
ANDERSONVILLE, TN 37706-3707

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Oakes (first name) Angela In accordance with (please check only one):

☐ The Federal Motor Carrier Safety Regulations ( ) and, with knowledge of the driving duties, find this person is qualified, and, if applicable, only when [illegible]

☐ The Federal Motor Carrier Safety Regulations ( ) with any applicable State variances, which will only be valid for intrastate operations, and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when [illegible]

☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption [illegible]

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate

☐ Driving within an exempt intra-city zone [illegible]

☐ Qualified by operation of [illegible]

☐ Grandfathered from State requirements [illegible]

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 8/1/24

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 423-201-9937

Date Certificate Signed: 8-21-23

Medical Examiner's Name (please print or type): Amanda Partin

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify)

Medical Examiner's State License, Certificate, or Registration Number: 32068

Issuing State: TN

National Registry Number: 8173938815

CMV DRIVER INFORMATION

Driver's Signature: Angela C. Oakes

Driver's License Number: 074223184

Issuing State/Province: TN

Driver's Address
Street Address: 222 Upper Clear Creek Rd City: Andersonville State/Province: TN Zip Code: 37705

CLP/CDL Applicant/Holder ☒ Yes ☐ No

Rev. 12/18/21

24-0112 Exhibit

correct copy of the record on file with this department.

Financial Responsibility Section
Financial Responsibility Section

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-0112 Exhibit 1

TN Department of Safety & Homeland Security

MVR

April 17, 2023

Letter ID: L1319973648
Account ID: 074223184

ANGELA OAKES
222 UPPER CLEAR CREEK RD
ANDERSONVILLE TN 37705-3707

Real ID: Yes
Lic Issue Date: 01/15/2020
Lic Expiration Date: 01/02/2027
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:

Dr Lic No: 074223184
Birthdate: 07/01/1974
Original Issue Date: 02/11/2000
Eye Color: Blue
Hair Color: Brown
Sex: Female
Height: 5 FT 6 IN
Weight: 195
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Lic: 21338
Med Examiner Registry: 7009021310
Med Examiner Phone: (865) 264-4012
Med Expire Date: 09/08/2023
Med Issue Date: 09/08/2022
Med Post Date: 09/09/2022
Med Status: Certified
Med Variance : Corrective Lenses\lne
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 04/17/2020
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
10/21/2021	10/21/2021	10/23/2021		Knox County	00300749723

PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 0749723

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

24-0112 Exhibit 1

If you applied to register to vote or change your voter registration with your DL/ID transaction today, your application will be forwarded to your county election commission.
If you are qualified and the information on your form is complete, your name will be added to the county's voter rolls and you will receive a voter registration card.
If you have any questions, please contact your County Election Commission.
Federal or State Government Issued Photo ID is required to vote unless exception applies.

X Deborah Purkey
10-26-23

You should receive yo permanent DL/ID card within 20 days of receiving this interi If you have not receive after 20 days, please email us at: online.driverlicense@tn.

If you need further inform on the driver license pro please go to: www.tn.gov/safety/dmain.

Donate Life – Be an Organ, Eye & Tissue Donor

Form MCSA-5876

OMB No. 2126-0006 Expiration Date 12/31/2024

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 be approximately one hour per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE Washington, DC 20590.

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

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Purkey (first name) Deborah in accordance with (please check only one):

○ the Federal Motor Carrier Safety Regulations ( ) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

○ the Federal Motor Carrier Safety Regulations ( ) with any applicable State variances (which will only be valid for interstate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply)

☒ Wearing corrective lenses
☐ Wearing hearing aid
☐ Accompanied by a waiver/exemption (specify type): _____
☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone ( ) (Federal)
☐ Qualified by operation of ( ) (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-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 10/24/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 865-464-4012

Date Certificate Signed: 10/24/23

Medical Examiner's Name (please print or type): Anthony Baird

○ MD ☒ Physician Assistant ○ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 3311

Issuing State: TN

National Registry Number: 0954116213

CMV DRIVER INFORMATION

Driver's Signature: X Deborah Purkey

Driver's License Number: 105878965

Issuing State/Province: TN

Driver's Address
Street Address: 153 Hunter Bluff
City: Clinton
State/Province: TN
Zip Code: 37716

CLP/CDL Applicant/Holder ○ Yes ○ No

This document contains [illegible] information. Improper handling of this information could negatively affect individuals it intends and cause the information to be used improperly [illegible] investment or release of [illegible] information to unauthorized persons. Properly dispose of this document when storage is no longer required to be maintained by regulatory requirements.

Rev. 12/18/23

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan

Department of Safety & Homeland Security

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-0112 Exhibit 4

MVR

November 14, 2023

Letter ID: L1952384912
Account ID: 105878265

DEBORAH PURKEY
167 HUNLEY DABNEY LN
CLINTON TN 37716-6345

Real ID: Yes
Lic Issue Date: 10/26/2023
Lic Expiration Date: 03/11/2027
Lic Class: A
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 105878265
Birthdate: 04/11/1954
Original Issue Date: 10/27/2004
Eye Color: Brown
Hair Color: Brown
Sex: Female
Height: 5 FT 7 IN
Weight: 200
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 12/18/2026

Lic Restrictions: Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Hazardous Material, Multiple Trailer, Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Anthony Baird, Physician Assistant
Med License State: Tennessee
Med Examiner Lic: 3311
Med Examiner Registry: 9541190213
Med Examiner Phone: (865) 574-1583
Med Expire Date: 10/24/2025
Med Issue Date: 10/24/2023
Med Post Date: 10/26/2023
Med Status: Certified
Med Variance : Corrective Lenses\line
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 11/14/2020
Former State/Lic No: OH/RQ775962

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
11/18/2022	11/18/2022	11/21/2022		Anderson County	00103485603

PERSONAL INJURY ACCIDENT CRASH REPORT #: 3485603 - NO POINTS ASSESSED

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

24-0112 Exhibit 1

If you applied to register to vote or change your voter registration with your DL/ID transaction today, your application will be forwarded to your county election commission.
If you are qualified and the information on your form is complete, your name will be added to the county's voter rolls and you will receive a voter registration card.
If you have any questions, please contact your County Election Commission.
Federal or State Government Issued Photo ID is required to vote unless exception applies.

You should receive your permanent DL/ID card within 20 days of receiving this interim. If you have not received it after 20 days, please email us at: online.driverlicense@tn.gov.

If you need further information on the driver license process, please go to: www.tn.gov/safety/dlmain.shtm

Donate Life — Be an Organ, Eye & Tissue Donor

531791700661060O

DL NO. 093231775 DOB 02/04/1984
EXP 03/23/2026 ISS 03/23/2018
CLASS D END P5
REST B1 E M
SEX F HGT 5'-07" EYES BLU

RYAN
CRYSTAL RENEE
1234 E WOLF VALLEY RD
HOHENWALD, TN 37754-2108

VERIFY PRESENCE OF PAPER WATERMARK HOLD TO LIGHT TO VIEW

Form MCSA-5875 (Revised 12/01/2015)

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

Medical Examiner's Certificate
(To be completed by a Medical Examiner)

I certify that I have examined Last Name Ryan First Name Crystal in accordance with the Federal Motor Carrier Safety Regulations:

☑ 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 operating under the following conditions:

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for interstate operations), and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☑ Wearing corrective lenses ☐ Accompanied by a _____ waiver/exemption
☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
☐ Qualified by operation of 49 CFR 391.64 (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-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 8/22/26

Medical Examiner's Signature: Valerie Marlow FNP-BC
Medical Examiner's Telephone Number: 423-201-9937
Date Certificate Signed: 8/22/25
Medical Examiner's Name (please print or type): Valerie Marlow
☐ MD ☐ Physician Assistant ☑ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____
Medical Examiner's State License, Certificate, or Registration Number: 21399
Issuing State: TN
National Registry Number: 8692748978

Driver's Signature: Crystal R Ryan
Driver's License Number: 093231775
Issuing State/Province: TN
Driver's Address: Street Address: 1234 East Wolf Valley Rd City: Hohenwald State/Province: TN Zip Code: 37754 ☐ Yes ☑ No

24-0112 Exhibit 1

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 be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

MEDICAL EXAMINER'S CERTIFICATE
(For Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I, [illegible] have examined (last name) Ryan (first name) Crystal in accordance with (please check only one):

☑ the Federal Motor Carrier Safety Regulations ([illegible]) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

○ the Federal Motor Carrier Safety Regulations ([illegible]) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☑ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone ([illegible] Federal)
- ☐ Qualified by operation of [illegible] (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-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 7/17/24

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 865-264-4012

Date Certificate Signed: 7-17-23

Medical Examiner's Name (please print or type): Amanda Partin

○ MD ○ Physician Assistant ☑ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 37068

Issuing State: TN

National Registry Number: 8173938815

CMV DRIVER INFORMATION

Driver's Signature: Crystal Ryan

Driver's License Number: 093231775

Issuing State/Province: TN

Driver's Address
Street Address: 1724 E Wolf Valley Rd City: Heiskell State/Province: TN Zip Code: 37754

CLEAR Applicant/Holder ☑ Yes ○ No

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 retained by regulatory requirements.

Rev 12/18/21

correct copy of the record on file with this department.

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-0172 Exhibit 1

Financial Responsibility Section

Department of Safety & Homeland Security

MVR

April 17, 2023

Letter ID: L0250901264
Account ID: 093231775

CRYSTAL RYAN
1224 E WOLF VALLEY RD
HEISKELL TN 37754-2706

Real ID: No
Lic Issue Date: 03/23/2018
Lic Expiration Date: 03/23/2026
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:

Dr Lic No: 093231775
Birthdate: 02/04/1984
Original Issue Date: 02/04/1999
Eye Color: Blue
Hair Color: Brown
Sex: Female
Height: 5 FT 7 IN
Weight: 250
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Aaron Stewart, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Registry: 1914533800
Med Examiner Lic: 29096
Med Examiner Phone: (865) 264-4012
Med Expire Date: 07/25/2023
Med Issue Date: 07/25/2022
Med Post Date: 08/10/2022
Med Status: Certified
Med Variance : Corrective Lenses\line
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 04/17/2020
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
11/01/2022	11/01/2022	11/02/2022		Anderson County	00103465467

PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 3465467 - NO POINTS ASSESSED

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

Tab 5. Cost

Please see attached forms.

Prices over 6.5% of Current Prices will be Rejected.

Exhibit B - RFP #2419 PRICE SHEET

Bus Route #	Bus Capacity	Total Route Miles *	Miles/Year	Cost Per Year	1st Run Schools	2nd Run Schools	Legend	
4	66	33	5808	$	NWES, NWMS		CES	Clinton Elementary School
5	66	52	9152	$	NWES,NWMS,GOES		CMS	Clinton Middle School
8	66	81	14256	$	DVES	CMS, CHS	CRCS	Clinch River Community School
9	72	63	11088	$	CES	CMS, CHS	DVES	Dutch Valley Elementary School
10	78	48	8448	$	CES	CMS, CHS	FES	Fairview Elementary School
14	78	50	8800	$	CES	CMS, CHS	GOES	Grand Oaks Elementary School
20	84	53	9328	$	DVES	CMS, CHS	LCES	Lake City Elementary School
21	78	29	5104	$		CMS, CHS	LCMS	Lake City Middle School
23	78	48	8448	$	NEW, NWM, GOES	CMS, CHS	NES	Norris Elementary School
24	72	42	7392	$	DVES	CMS, CHS	NMS	Norris Middle School
26	78	66	11616	$ 89300	NES, NMS	ACHS	NWMS	Norwood Middle School
27	66	18	3168	$		CMS, CHS		

VENDOR NAME:

Bus Route #	Bus Capacity	Total Route Miles *		Cost Per Year	1st Run Schools	2nd Run Schools	Legend	
29	78	52	9152	$	AES, NMS	ACHS	ACHS	- Anderson County High School
30	78	41	7216	$	NWES, NWMS		AES	Andersonville Elementary School
37	66	56	9856	$ 75700	AES, NMS	ACHS	CMS	Clinton Middle School
40	78	84	14784	$	GOES	CMS, CHS	CHS	Clinton High School
42	66	55	9680	$ 77000	FES, NMS	ACHS	CRCS	Clinch River Community School
45	78	95	16720	$ 91250	AES, NMS	ACHS	GOES	Grand Oaks Elementary School
46	78	78	13728	$	GOES	CMS, CHS	LCMS	Lake City Middle School
52	66	76	13376	$ 74700	FES, NMS	ACHS	NWMS	Norwood Middle School
54	78	70	12320	$	AES, NMS	ACHS		
62	72	30	5280	$	NWES, NWMS			
63	66	33	5808	$ 71700	AES, NMS			

VENDOR NAME:

Bus Route #	Bus Capacity	Total Route Miles *		Cost Per Year	1st Run Schools	2nd Run Schools	Legend	
74	72	64	9856	$	GOES	CMS, CHS	BES	Briceville Elementary School
76	78	34	5984	$	NWES, NWMS	GOES, CHS	CMS	Clinton Middle School
81	78	56	9856	$	FES, NMS, ACHS	???	DVES	Dutch Valley Elementary School
82	66	66	11616	$ 74000	FES,NMS	ACHS	FES	Fairview Elementary School
							GOES	Grand Oaks Elementary School
28TOTAL ROUTES							LCES	Lake City Elementary School
							LCMS	Lake City Middle School
							NES	Norris Elementary School
							NMS	Norris Middle School
							NWES	Norwood Elementary School
							NWMS	Norwood Middle School
ANDERSON COUNTY CAREER & TECHNICAL BUS RUNS								
CTE Run	66	12		$	CRCS/CHS		CTE	Career & Technical Education
CTE Run	78	12		$	CHS/ACCTC		**Number of runs depends on student enrollment	

* Total Route Miles Calculated ONLY while students are on the bus

VENDOR NAME: Longmire Bus Line Inc.

Longmire Bus Lines Contract Proposal 2023

Tab 6. Additional Required Forms

- Attachment 1. Non-Collusion Affidavit – please see attached
- Attachment 2. Diversity Business Information Sheet – not applicable to our business
- Attachment 3. Vendor Information Sheet – please see attached
- Attachment 4. Certificate of Liability Form – please see 7th tab
- Attachment 5. Background Check Form – please see attached

Attachment 1

Non-Collusion Affidavit

- This Non-Collusion Affidavit is material to any contract awarded pursuant to this bid.
- This Non-Collusion Affidavit must be executed by the member, officer, or employee of the bidder who makes the final decision on prices and the amount quoted in the bid.
- Bid rigging and other efforts to restrain competition and the making of false sworn statements in connection with the submission of bids are unlawful and may be subject to criminal prosecution. The person who signs the affidavit should examine it carefully before signing and assure himself or herself that such statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the bidder with responsibilities for the preparation, approval, or submission of the bid.
- In the case of a bid submitted by a joint venture, each party to the venture must be identified in the bid documents, and an affidavit must be submitted separately on behalf of each party.
- The term "complementary bid" as used in the affidavit has the meaning commonly associated with that term in the bidding process and includes the knowing submission of bids higher than the bid of another firm, an intentionally high or noncompetitive bid, and any other form of bid submitted for the purpose of giving a false appearance of competition.
- Failure to file an affidavit in compliance with these instructions may result in disqualification of the bid.

Non-Collusion Affidavit

STATE OF TN

COUNTY OF Anderson

I state that I am (Title) President of (Name of My Firm) Longmire Business Inc and that I am authorized to make this affidavit on behalf of my firm and its owners, directors, and officers. I am the person responsible in my firm to the price(s) and the amount of this bid.

I STATE THAT:

- The price(s) and amount of this bid have been arrived at independently and without consultation, communication, or agreement with any other contractor, bidder, or potential bidder.
- Neither the price(s) nor the amount of this bid and neither the approximate price(s) nor approximate amount of this bid, have been disclosed to any other firm or person who is a bidder or potential bidder, and they will not be disclosed before bid opening.
- No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit a bid higher than this bid, or to submit any intentionally high or noncompetitive bid or other form of complementary bid.
- The bid of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive bid.
- (Name of My Firm) Longmire Business Inc, its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last three years been convicted or found liable for any act prohibited by State of Federal law in any jurisdiction involving conspiracy or collusion with respect to bidding on any public contract, except as follows:

I state that (Name of My Firm) Longmire Business Inc understands and acknowledges that the above representation are material and important and will be relied on by Anderson County in awarding the contract(s) for which this bid is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from Anderson County of the true facts relating to submission of bids for this contract.

Robert Longmire — Representative's Signature

President — Title

Sworn to, and subscribed before me this 26 day of February, 2024

Kimberly S. Millsaps — Notary Public

My commission expires 3/7/2026

KIMBERLY S. MILLSAPS STATE OF TENNESSEE NOTARY PUBLIC KNOX COUNTY

Attachment 3
BID NUMBER: 2350 – School Bus Contractor Routes

SECTION 1 - BID INFORMATION

Acknowledgment of Addenda:
(Write "Yes" if received)

Addenda 1_____ Addenda 2_____
Addenda 3_____ Addenda 4_____

SECTION 2 - VENDOR INFORMATION

Longmire Business Inc
Vendor Name

4313 Andersonville Highway
Vendor Address

Andersonville
City

Tennessee 37705
State Zip

Telephone Number (865) 679-7682

Robert Longmire
Contact Person (Please Print)

farmingflowers@aol.com
E-Mail Address

Taxpayer Identification Number, Social Security or Employer Identification Number:

EIN 62-1368930

State of Tennessee Business License Number:
License # NA

I agree to abide by all Terms and Conditions of this Invitation to Bid and certify that I am authorized to sign this bid for the vendor. Failure to include any information mentioned in the bid or to comply with these bid instructions may result in rejection of your entire bid. Signing this form affirms that the original Invitation for Bid document has not been altered in any way.

Authorizing Signature:

Robert Longmire

(Please sign original in blue ink)

Attachment 5

Rev. December 6, 2017

BACKGROUND CHECK COMPLIANCE FORM

ANDERSON COUNTY GOVERNMENT
PURCHASING DEPARTMENT
100 N. MAIN STREET, ROOM 214 or 218
CLINTON, TN 37716
(865) 457-6251
(865) 457-6252 (Fax)

BID NUMBER RFP 2419 | CONTRACT NUMBER

BACKGROUND CHECKS Contractors shall comply with Public Chapter 587 of 2007, as codified in Tennessee Code Annotated Section 49-5-413, which requires all contractors to facilitate a criminal history records check conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation for each employee prior to permitting the employee to have contact with students or enter school grounds when students are present.

Any person, corporation or other entity who enters or any employee of any person, corporation or entity who enters into or renews a contract with a local board of education or child care program on or after September 1, 2007, must:

(1) Provide a fingerprint sample
(2) Submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigations and the Federal Bureau of Investigations.

Contact the Anderson County School's Human Resources Department at (865) 463-2800 ext. 2811 for fingerprint instructions.

Company or Individuals (Name)	Address
Longmire Business Inc.	4313 Andersonville Hwy
City, State, Zip Code	Telephone Number
Andersonville Tn. 37705	(865) 679-7682
Contractor License Number (If Applicable)	

I agree to abide by Public Chapter 587 of 2007, as codified in Tennessee Code Annotated Section 49-5-413, and certify that I am authorized to sign. The undersigned further agrees if this bid or contract is accepted, to furnish any and all of the Background Check Information on himself and all of his employees as required by law, at the request of Anderson County Government. I hereby agree to release all criminal history and other required information to Anderson County Government, the Tennessee Bureau of Investigation and the Federal Bureau of Investigation in accordance with Tennessee law and I further certify that all information supplied by me regarding this inquiry is true and accurate. I agree to release and hold harmless the above-mentioned governmental entities for the use of this information related to the purposes mandated under Tennessee law. I further certify that I have obtained acceptable criminal history information on all current employees and will obtain said information on future employees associated with the performance of the work defined in this bid or contract, pursuant to Tennessee Code Annotated 49-5-413 and that neither I nor any employee of mine is prohibited from direct contact with school children for the reasons enumerated in Tennessee Code annotated Section §§ 49-5-401 et seq.

Signature Robert Longmire **Title** President

Printed Name: Robert Longmire (Please Print Clearly) **Date** 2/20/24 (Month, Day, Year)

INTERNAL OFFICE USE ONLY

Notes

Attachment 4
Insurance Requirement Acknowledgment

The bidder awarded this bid or contract will maintain, at their expense adequate insurance coverage to protect them from claims arising under the Worker's Compensation Act, any and all claims for bodily injury and property damage to the Bidder and to Anderson County Government while delivery and service are being done. A certificate of insurance *must* be on file in the Purchasing Department before work may begin and must be maintained until work is completed.

Only the items marked with an "X" are applicable to this bid and or contract.

1. ☒ **Workers Compensation**
Employers Liability — Statutory limits 100,000/100,000/500,000

2. ☒ **Commercial General Liability** — $500,000 per occurrence $1,000,000 aggregate

- ☒ Occurrence Form Only
- ☒ Include Premises Liability
- ☒ Include Contractual
- ☒ Include XCU
- ☒ Include Products and Completed Operations
- ☒ Include Personal Injury
- ☒ Include Independent Contractors
- ☒ Include Vendors Liability
- ☒ Include Professional or E&O Liability

3. ☐ **Business Auto**
- ☐ Include Garage Liability
- ☐ Include Garage Keepers Liability
- ☐ Copy of Valid Driver's License
- ☐ Copy of Current Motor Vehicle Record
- ☐ Copy of Current Auto Liability Declarations Page

4. ☐ **Crime Coverages**
- ☐ Employee Dishonesty
- ☐ Employee Dishonesty Bond

5. ☐ **Property Coverages**
- ☐ Builders Risk
- ☐ Inland Marine
- ☐ Transportation

6. ☐ Performance Bond Required – A One Hundred Percent (100%) performance or an irrevocable letter of credit in favor of Anderson County Government at a federally insured financial institution. This ***MUST*** be submitted before purchase order issued.

Certificate Holder Shall Be: Anderson County Government, Clinton, Tennessee, and shall show the bid number and title. Anderson County Government shall be named as an additional insured on all policies except worker's compensation and auto. Insurance carrier ratings shall have a Best's rating of A-VII or better, or its equivalent. Cancellation clause on certificate should strike out "endeavor to" and include a 30-day notice of cancellation where applicable. Any deviations from the above requirements ***must*** be disclosed to the Anderson County Purchasing Agent. Any liability deductibles or exclusions must also be disclosed. Exceptions can be granted if applicable.

Bidders Statement and Certification

I understand the insurance requirements of these specifications and will comply in full within 21 (twenty-one) calendar **days** if awarded this bid and or contract. I agree to furnish the county with proof of insurance for the entire term of the bid and or contract.

Longmire Business Inc
Vendor Name

Robert Longmire
Bid Representative Name (Please Print)

Robert Longmire
Authorized Signature

2/20/24
Date

Tab 7. Certificate of Liability Form and Liability Descriptions

The colors for each tab are designated as followed:

- Blue: Commercial Property Insurance
- Green: Commercial Business Automobile Insurance
- Orange: Workers Compensation & Employers Liability

Owners

24-0112 Exhibit 1

Issued 09-01-2023

INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

TAILORED PROTECTION POLICY DECLARATIONS

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053 865-691-4847

Renewal Effective 11-01-2023

POLICY NUMBER **174619-03331290-23**

Company Use 03-46-TN-1711

INSURED LONGMIRE BUS LINES INC
C/O JILL LONGMIRE

ADDRESS PO BOX 88

ANDERSONVILLE TN 37705-0088

Company Bill

Policy Term		
12:01 a.m. 11-01-2023	to	12:01 a.m. 11-01-2024

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

SOME OR ALL OF THE LOCATIONS ON THIS POLICY CONTAIN A SEPARATE DEDUCTIBLE FOR EARTHQUAKE WHICH MAY RESULT IN HIGH OUT-OF-POCKET EXPENSES TO YOU.

55039 (11-87)

COMMON POLICY INFORMATION

Business Description: School Bus Contracto

Entity: Corporation

Program: Service

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PART(S):	PREMIUM
COMMERCIAL PROPERTY COVERAGE	$406.00
MINIMUM PROPERTY PLUS PREMIUM ADJUSTMENT (CP)	$146.00
MINIMUM EQUIPMENT BREAKDOWN PREMIUM ADJUSTMENT (CP)	$39.00
COMMERCIAL GENERAL LIABILITY COVERAGE	$1,043.00
TOTAL	**$1,634.00**
PAID IN FULL DISCOUNT	**$135.00**
TOTAL POLICY PREMIUM IF PAID IN FULL	**$1,499.00**

THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.
The Paid in Full Discount does not apply to fixed fees, statutory charges or minimum premiums.

Forms that apply to all coverage part(s) shown above (except garage liability, dealer's blanket, commercial automobile, if applicable):
IL0017 (11-85) 55003 (07-12) 59390 (11-20)

A 11% Cumulative Multi-Policy Discount applies. Supporting policies are marked with an (X):
Comm Umb(X) Comm Auto(X) WC(X) Life( ) Personal(X) Farm( ).

Countersigned By: _____

Owners Ins. Co.

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053

INSURED LONGMIRE BUS LINES INC

Issued 09-01-2023

Company Bill **POLICY NUMBER 174619-03331290-23**
03-46-TN-1711

Term 11-01-2023 to 11-01-2024

54104 (07-87)

COMMERCIAL PROPERTY COVERAGE

55198 (12-10)

STANDARD PROPERTY PLUS COVERAGE PACKAGE DECLARATION

The coverages and limits below apply separately to each location or sublocation that sustains a loss to covered property and is designated in the Commercial Property Coverage Declarations. No deductible applies to the below Property Plus Coverages.

COVERAGE	LIMIT
ACCOUNTS RECEIVABLE	$100,000
BAILEES	$5,000
	$2,500 PER ITEM
BUSINESS INCOME & EXTRA EXPENSE W/RENTAL VALUE, INCLUDING NEWLY ACQUIRED LOC'S 0 HOUR WAITING PERIOD	$50,000
DEBRIS REMOVAL	$25,000
ELECTRONIC DATA PROCESSING EQUIPMENT	$25,000
EMPLOYEE DISHONESTY	$15,000
FINE ARTS, COLLECTIBLES AND MEMORABILIA	$10,000
	$2,500 PER ITEM
FIRE DEPARTMENT SERVICE CHARGE	$5,000
FORGERY AND ALTERATION	$10,000
MONEY AND SECURITIES INSIDE PREMISES	$15,000
MONEY AND SECURITIES OUTSIDE PREMISES	$15,000
NEWLY ACQUIRED BUSINESS PERSONAL PROPERTY	$500,000 FOR 90 DAYS
NEWLY ACQUIRED OR CONSTRUCTED PROPERTY	$1,000,000 FOR 90 DAYS
ORDINANCE OR LAW	SEE COMMERCIAL PROPERTY DECLARATIONS
OUTDOOR PROPERTY	$15,000
TREES, SHRUBS OR PLANTS	$1,000 PER ITEM
RADIO OR TELEVISION ANTENNAS	$10,000
PERSONAL EFFECTS AND PROPERTY OF OTHERS	$15,000
POLLUTANT CLEAN UP AND REMOVAL	$25,000
PROPERTY IN TRANSIT	$25,000
PROPERTY OFF PREMISES	$25,000
REFRIGERATED PRODUCTS	$10,000
SALESPERSON'S SAMPLES	$10,000

Owners Ins. Co.

Issued 09-01-2023

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053

Company Bill

POLICY NUMBER 174619-03331290-23
03-46-TN-1711

INSURED LONGMIRE BUS LINES INC

Term 11-01-2023 to 11-01-2024

55198 (12-10)

STANDARD PROPERTY PLUS COVERAGE PACKAGE DECLARATION

COVERAGE	LIMIT
UTILITY SERVICES FAILURE	$50,000
VALUABLE PAPERS AND RECORDS ON PREMISES	$50,000
VALUABLE PAPERS AND RECORDS OFF PREMISES	$10,000
WATER BACK-UP FROM SEWERS OR DRAINS	$15,000

Forms that apply to this coverage part:

64004	(12-10)	54198	(12-10)	54334	(12-10)	64020	(12-10)	54189	(12-10)
54186	(12-10)	54218	(03-13)	54217	(07-17)	54216	(03-13)	54214	(03-13)
54221	(12-10)	54220	(06-00)	54219	(12-10)	54338	(03-13)	54339	(03-13)
64010	(12-10)	64352	(12-20)	64000	(12-10)				

Coverages Provided

Insurance at the described premises applies only for coverages for which a limit of insurance is shown.

LOCATION 0002 - BUILDING 0001

Location: 176 Nig Longmire Rd, Andersonville, TN 37705-3000

Occupied As: Service

Secured Interested Parties: None

Rating Information

Territory: 010
Program: Service
Protection Class: 05
Class Rate - Building: 0.444

County: Anderson
Construction: Masonry
Class Code: 0932
Class Rate - Pers Prop: 0.455

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
BUILDING			$58,100		
Causes of Loss					
Basic Group I	80%	$2,500		0.213	$124.00
Basic Group II	80%	$2,500		0.215	$125.00
Special	80%	$2,500		0.060	$35.00
Theft	80%	$2,500			Included
Earthquake	80%	5%		0.038	$22.00
OPTIONAL COVERAGE					
Inflation Guard Factor Building 1.000					
Replacement Cost					
Equipment Breakdown		$2,500	See Form 54843		$9.00
Property Plus Coverage Package		None	See 55198 (12-10)		$25.00
Tier: Standard					

Owners Ins. Co.

Issued 09-01-2023

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053

Company Bill

POLICY NUMBER 174619-03331290-23
03-46-TN-1711

INSURED LONGMIRE BUS LINES INC

Term 11-01-2023 to 11-01-2024

COVERAGE	COINSURANCE	DEDUCTIBLE	LIMIT	RATE	PREMIUM
ORDINANCE OR LAW					
Coverage A-Undamaged Portion		$2,500	Incl in Bldg Limit		Included
Coverage B-Demolition		$2,500	$60,000		Included
Coverage C-Increased Cost		$2,500	$60,000		Included
PERSONAL PROPERTY			$11,720		
Causes of Loss					
Basic Group I	80%	$2,500		0.240	$28.00
Basic Group II	80%	$2,500		0.055	$6.00
Special	80%	$2,500		0.160	$19.00
Theft	80%	$2,500			Included
Earthquake	80%	5%		0.028	$3.00
OPTIONAL COVERAGE					
Replacement Cost					
Inflation Guard Factor Personal Property 1.034					
Equipment Breakdown		$2,500	See Form 54843		$2.00
Property Plus Coverage Package		None	See 55198 (12-10)		$4.00
Tier: Standard					
ORDINANCE OR LAW					
Coverage D-Tenant's I&B		$2,500	$60,000		Included

Forms that apply to this building:

59350	(01-15)	54835	(07-08)	IL0250	(02-89)	IL0003	(07-02)	64224	(01-16)
64326	(07-19)	CP0090	(07-88)	64000	(12-10)	64013	(12-10)	64010	(12-10)
CP1040	(10-91)	64020	(12-10)	64004	(12-10)	54843	(07-19)	64352	(12-20)
59390	(11-20)								

COMMERCIAL PROPERTY COVERAGE - LOCATION 0002 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 54835, 59390	$4.00
LOCATION 0002	**$406.00**

55040 (11-87)

COMMERCIAL GENERAL LIABILITY COVERAGE

COVERAGE	LIMITS OF INSURANCE
General Aggregate	$2,000,000
(Other Than Products-Completed Operations)	
Products-Completed Operations Aggregate	$2,000,000
Personal And Advertising Injury	$2,000,000
Each Occurrence	$2,000,000
COMMERCIAL GENERAL LIABILITY PLUS ENDORSEMENT	
Damage to Premises Rented to You	$300,000 Any One Premises

Owners Ins. Co.

Issued 09-01-2023

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053

Company Bill POLICY NUMBER 174619-03331290-23
03-46-TN-1711

INSURED LONGMIRE BUS LINES INC

Term 11-01-2023 to 11-01-2024

COVERAGE	LIMITS OF INSURANCE
(Fire, Lightning, Explosion, Smoke or Water Damage)	
Medical Payments	$10,000 Any One Person
Hired Auto & Non-Owned Auto	$2,000,000 Each Occurrence
Expanded Coverage Details See Form:	
Extended Watercraft	
Personal Injury Extension	
Broadened Supplementary Payments	
Broadened Knowledge Of Occurrence	
Additional Products-Completed Operations Aggregate	
Blanket Additional Insured - Lessor of Leased Equipment	
Blanket Additional Insured - Managers or Lessors of Premises	
Newly Formed or Acquired Organizations Extension	
Blanket Waiver of Subrogation	

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55885.

AUDIT TYPE: Non-Audited

Forms that apply to this coverage:

59350 (01-15)	55405 (07-08)	55146 (06-04)	ILC021 (07-02)	IL0250 (02-89)
ILC017 (11-85)	CG2106 (05-14)	55091 (05-17)	CG0001 (04-13)	55513 (05-17)
CG2109 (06-15)	55029 (05-17)	CG2196 (03-05)	CG2132 (05-09)	CG2147 (12-07)
55885 (05-17)	CG2026 (04-13)	59325 (12-19)	59390 (11-20)	

LOCATION 0002 - BUILDING 0001

Location: 176 Nig Longmire Rd, Andersonville, TN 37705-3000

Territory: 007 **County:** Anderson

CLASSIFICATION	CODE	SUBLINE	PREMIUM BASIS	RATE	PREMIUM
Commercial General Liability Plus Endorsement Included At 7.5% Of The Premises Operation Premium	00501	Prem/Op	Prem/Op Prem Included	Included	Included
Bus Stations Or Terminals	41210		Stations	Each 1	
		Prem/Op	1	973.580	$974.00
		Prod/Comp Op	1	9.162	$9.00
Additional Interests	49950				
Designated Per/Organization L					
1. Anderson County Gove		Prem/Op	Flat Charge		$25.00
		Prod/Comp Op	Flat Charge		$25.00

COMMERCIAL GENERAL LIABILITY COVERAGE - LOCATION 0002 SUMMARY	PREMIUM
TERRORISM - CERTIFIED ACTS SEE FORM: 59350, 55405, 59390	$10.00
LOCATION 0002	**$1,043.00**

Auto-Owners

58992 (12-16)
Issued 08-09-2023

(MUTUAL) INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053 (865) 691-4847

COMMERCIAL AUTO POLICY DECLARATIONS
STANDARD PROGRAM

Renewal Effective 10-09-2023

POLICY NUMBER **42-973-345-01**

Company Use 03-02-TN-0810

Company Bill

POLICY TERM		
12:01 a.m. 10-09-2023	to	12:01 a.m. 10-09-2024

ITEM ONE

NAMED INSURED LONGMIRE BUSLINE INC

ADDRESS PO BOX 88

ANDERSONVILLE TN 37705-0088

Entity: Corporation

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

ITEM TWO - SCHEDULE OF COVERED AUTOS AND COVERAGES

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those **autos** shown as covered **autos**. **Autos** are shown as covered **autos** for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS section of the Commercial Auto Policy next to the name of the coverage.

COVERAGES		COVERED AUTOS SYMBOLS	LIMIT OF INSURANCE FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
Combined Liability		1	$1Million each accident	$12,464.67
Uninsured Motorist Coverage		7	Uninsured Motorist Bodily Injury - $1Million each person/$1Million each accident	$1,393.81
		7	Uninsured Motorist Property Damage - $1Million each accident - $200 deductible	$416.83
Medical Payments		7	$5,000 each person	$143.59
Physical Damage	Comprehensive	7, 8	$250 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	$2,235.47
	Collision	7, 8	$500 deductible applies for each covered auto unless a deductible appears in ITEM THREE.	$1,862.37
	Road Trouble Service			No Coverage
	Additional Expense			No Coverage
			Premium for Endorsements and Terrorism Coverage	$142.84
			ESTIMATED TOTAL PREMIUM*	$18,659.58

* This policy may be subject to final audit.

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AUTO-OWNERS (MUTUAL) INS. CO.

Issued 08-09-2023

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053

Company Bill **POLICY NUMBER** Company Use **42-973-345-01** 03-02-TN-0810

NAMED INSURED LONGMIRE BUSLINE INC

Term 10-09-2023 to 10-09-2024

ITEM TWO (Continued)

Endorsements That Apply To All Items: 58000 (01-15) 58001 (01-15) 58009 (01-15) 58089 (01-21) 58200 (01-15) 58524 (01-15) 58557 (03-16) 58626 (12-16) 58707 (12-16) 58813 (12-16) 58824 (12-17) 59325 (12-19) 58504 (01-15)

QUICK REFERENCE FOR COVERED AUTO DESIGNATION SYMBOLS

Refer to the Commercial Auto Policy 58001 Section I for a complete description of COVERED AUTOS and policy provisions that may apply.

1 = Any Auto

2 = Owned Autos Only

3 = Owned Private Passenger Autos Only

4 = Owned Autos Other Than Private Passenger Autos Only

5 = Owned Autos Subject to No-fault

6 = Owned Autos Subject To A Compulsory Uninsured Motorists Law

7 = Scheduled Autos Only

8 = Hired Autos Only

9 = Non-owned Autos Only

19 = Mobile Equipment Subject To Compulsory Or Financial Responsibility Or Other Motor Vehicle Insurance Law Only

Includes copyrighted material of Insurance Services Office, Inc., with its permission.

Auto-Owners

58992 (12-16)
Issued 08-09-2023

(MUTUAL) INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

COMMERCIAL AUTO POLICY DECLARATIONS
STANDARD PROGRAM

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053 (865) 691-4847

Renewal Effective 10-09-2023
POLICY NUMBER **42-973-345-01**
Company Use 03-02-TN-0810

NAMED INSURED LONGMIRE BUSLINE INC

Company Bill

POLICY TERM		
12:01 a.m. 10-09-2023	to	12:01 a.m. 10-09-2024

ADDRESS PO BOX 88

ANDERSONVILLE TN 37705-0088

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

ITEM THREE - SCHEDULE OF COVERED AUTOS, ADDITIONAL COVERAGES AND ENDORSEMENTS

	TERRITORY	CLASS
Hired Autos Liability - Non-Motor Carrier Operations	019 Anderson County, TN	SPL

COVERAGES	LIMITS	PREMIUM
Combined Liability	$1Million each accident	$80.24
Terrorism Coverage		.40
	TOTAL	$80.64

ITEM DETAILS: Estimated cost of hire - liability $ If Any (Subject to audit)
Rate Effective Date 07-17-2023

150

	TERRITORY	CLASS
Hired Autos Physical Damage	019 Anderson County, TN	SPL

COVERAGES	LIMITS	PREMIUM
Comprehensive	ACV not to exceed $ 200,000 $ 100 deductible each covered auto	$13.92
Collision	ACV not to exceed $ 200,000 $ 250 deductible each covered auto	56.39
Terrorism Coverage		.35
	TOTAL	$70.66

ITEM DETAILS: Estimated cost of hire - physical damage $ If Any (Subject to audit)
Rate Effective Date 07-17-2023

150

	TERRITORY	CLASS
Non-Owned Autos Liability	019 Anderson County, TN	SPL

COVERAGES	LIMITS	PREMIUM
Combined Liability	$1Million each accident	$51.72
Terrorism Coverage		.26
	TOTAL	$51.98

Rate Effective Date 07-17-2023

150

58992 (12-16)

AUTO-OWNERS (MUTUAL) INS. CO.

Issued 08-09-2023

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053

Company Bill

POLICY NUMBER 42-973-345-01
Company Use 03-02-TN-0810

NAMED INSURED LONGMIRE BUSLINE INC

Term 10-09-2023 to 10-09-2024

	TERRITORY	CLASS
1. 2000 THOM AS 66 PASS SCHOOL BU VIN: 1HVBBABNXXH201234	019 Anderson County, TN	

COVERAGES	LIMITS	PREMIUM
Combined Liability	$1Million each accident	$940.64
Uninsured Motorist Bodily Injury	$1Million each person/$1Million each accident	120.43
Uninsured Motorist Property Damage	$1Million each accident - $ 200 deductible	33.33
Medical Payments	$ 5,000 each person	13.07
Comprehensive	ACV - $ 250 deductible	104.97
Collision	ACV - $1,000 deductible	44.81
Terrorism Coverage		6.29
	TOTAL	$1,263.54

Interested Parties: None

Additional Endorsements For This Item: 58361 (12-16) 58464 (01-15) 58515 (01-15)

ITEM DETAILS: Straight Truck
CLASS (01706): Buses - Contracted School. With a seating capacity of over 60 persons; nine month use.
Vehicle Count Factor Applies.
Rate Effective Date 07-17-2023

150 0050000

	TERRITORY	CLASS
2. 2002 THOMAS 66 PASS BUS VIN: 4UZAAXAK92CJ24873	019 Anderson County, TN	

COVERAGES	LIMITS	PREMIUM
Combined Liability	$1Million each accident	$934.86
Uninsured Motorist Bodily Injury	$1Million each person/$1 Million each accident	120.44
Uninsured Motorist Property Damage	$1Million each accident - $ 200 deductible	33.33
Medical Payments	$ 5,000 each person	13.64
Comprehensive	ACV - $ 250 deductible	118.11
Collision	ACV - $1,000 deductible	34.11
Terrorism Coverage		6.27
	TOTAL	$1,260.76

Interested Parties: None

Additional Endorsements For This Item: 58361 (12-16) 58464 (01-15) 58515 (01-15)

ITEM DETAILS: Straight Truck
CLASS (01706): Buses - Contracted School. With a seating capacity of over 60 persons; nine month use.
Vehicle Count Factor Applies.
Rate Effective Date 07-17-2023

150 0035000

AUTO-OWNERS (MUTUAL) INS. CO.

Issued 08-09-2023

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053

Company Bill | POLICY NUMBER Company Use | 42-973-345-01 03-02-TN-0810

NAMED INSURED LONGMIRE BUSLINE INC

Term 10-09-2023 to 10-09-2024

	TERRITORY	CLASS
3. 2007 THOMAS 66 PASS BUS VIN: 4UZAAXCS27CX13381	019 Anderson County, TN	

COVERAGES	LIMITS	PREMIUM
Combined Liability	$1Million each accident	$1,106.61
Uninsured Motorist Bodily Injury	$1Million each person/$1Million each accident	120.29
Uninsured Motorist Property Damage	$1Million each accident - $ 200 deductible	33.82
Medical Payments	$ 5,000 each person	13.62
Comprehensive	ACV - $ 250 deductible	161.48
Collision	ACV - $1,000 deductible	80.77
Terrorism Coverage		7.58
	TOTAL	$1,524.17

Interested Parties:
Lienholder (Loss Payee): HOME FEDERAL BANK, 515 MARKET ST, KNOXVILLE, TN 37902-2145

Additional Endorsements For This Item: 58361 (12-16) 58464 (01-15) 58515 (01-15) 58839 (10-17)

ITEM DETAILS: Straight Truck
CLASS (01706): Buses - Contracted School. With a seating capacity of over 60 persons; nine month use.
Vehicle Count Factor Applies.
Rate Effective Date 07-17-2023

150 0062000

	TERRITORY	CLASS
4. 2007 THOMAS 66 PASS BUS VIN: 4UZAAXCS07CX13380	019 Anderson County, TN	

COVERAGES	LIMITS	PREMIUM
Combined Liability	$1Million each accident	$1,106.61
Uninsured Motorist Bodily Injury	$1Million each person/$1Million each accident	120.29
Uninsured Motorist Property Damage	$1Million each accident - $ 200 deductible	33.82
Medical Payments	$ 5,000 each person	13.62
Comprehensive	ACV - $ 250 deductible	161.48
Collision	ACV - $1,000 deductible	80.77
Terrorism Coverage		7.58
	TOTAL	$1,524.17

Interested Parties:
Lienholder (Loss Payee): HOME FEDERAL BANK, 515 MARKET ST, KNOXVILLE, TN 37902-2145

Additional Endorsements For This Item: 58361 (12-16) 58464 (01-15) 58515 (01-15) 58839 (10-17)

ITEM DETAILS: Straight Truck
CLASS (01706): Buses - Contracted School. With a seating capacity of over 60 persons; nine month use.
Vehicle Count Factor Applies.
Rate Effective Date 07-17-2023

150 0062000

AUTO-OWNERS (MUTUAL) INS. CO.

Issued 08-09-2023

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053

Company Bill | POLICY NUMBER Company Use | 42-973-345-01 03-02-TN-0810

NAMED INSURED LONGMIRE BUSLINE INC

Term 10-09-2023 to 10-09-2024

	TERRITORY	CLASS
5. 2014 BUS THOMAS SCHOOL BUS VIN: 4DRBUAAN1EB772270	019 Anderson County, TN	

COVERAGES	LIMITS	PREMIUM
Combined Liability	$1 Million each accident	$1,467.19
Uninsured Motorist Bodily Injury	$1 Million each person/$1 Million each accident	158.77
Uninsured Motorist Property Damage	$1 Million each accident - $ 200 deductible	47.30
Medical Payments	$ 5,000 each person	13.64
Comprehensive	ACV - $ 250 deductible	250.20
Collision	ACV - $1,000 deductible	182.55
Terrorism Coverage		10.60
	TOTAL	$2,130.25

Interested Parties:
Lienholder (Loss Payee): HOME FEDERAL BANK, 515 MARKET ST, KNOXVILLE, TN 37902-2145

Additional Endorsements For This Item: 58361 (12-16) 58464 (01-15) 58515 (01-15) 58839 (10-17)

ITEM DETAILS: Straight Truck
CLASS (01706): Buses - Contracted School. With a seating capacity of over 60 persons; nine month use.
Vehicle Count Factor Applies.
Rate Effective Date 07-17-2023

150 0083000

6. 2014 BUS THOMAS SCHOOL BUS VIN: 4DRBUAAN3EB772271	019 Anderson County, TN	

COVERAGES	LIMITS	PREMIUM
Combined Liability	$1 Million each accident	$1,467.19
Uninsured Motorist Bodily Injury	$1 Million each person/$1 Million each accident	158.77
Uninsured Motorist Property Damage	$1 Million each accident - $ 200 deductible	47.30
Medical Payments	$ 5,000 each person	13.64
Comprehensive	ACV - $ 250 deductible	250.20
Collision	ACV - $1,000 deductible	182.55
Terrorism Coverage		10.60
	TOTAL	$2,130.25

Interested Parties:
Lienholder (Loss Payee): HOME FEDERAL BANK, 515 MARKET ST, KNOXVILLE, TN 37902-2145

Additional Endorsements For This Item: 58361 (12-16) 58464 (01-15) 58515 (01-15) 58839 (10-17)

ITEM DETAILS: Straight Truck
CLASS (01706): Buses - Contracted School. With a seating capacity of over 60 persons; nine month use.
Vehicle Count Factor Applies.
Rate Effective Date 07-17-2023

150 0083000

AUTO-OWNERS (MUTUAL) NS. CO.

Issued 08-09-2023

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053

Company Bill

POLICY NUMBER 42-973-345-01
Company Use 03-02-TN-0810

NAMED INSURED LONGMIRE BUSLINE INC

Term 10-09-2023 to 10-09-2024

	TERRITORY	CLASS
7. 2014 BUS THOMAS SCHOOL BUS VIN: 4DRBUAAN5EB772272	019 Anderson County, TN	

COVERAGES	LIMITS	PREMIUM
Combined Liability	$1Million each accident	$1,467.19
Uninsured Motorist Bodily Injury	$1Million each person/$1Million each accident	158.77
Uninsured Motorist Property Damage	$1Million each accident - $ 200 deductible	47.30
Medical Payments	$ 5,000 each person	13.64
Comprehensive	ACV - $ 250 deductible	250.20
Collision	ACV - $1,000 deductible	182.55
Terrorism Coverage		10.60
	TOTAL	$2,130.25

Interested Parties:
Lienholder (Loss Payee): HOME FEDERAL BANK, 515 MARKET ST, KNOXVILLE, TN 37902-2145

Additional Endorsements For This Item: 58361 (12-16) 58464 (01-15) 58515 (01-15) 58839 (10-17)

ITEM DETAILS: Straight Truck
CLASS (01706): Buses - Contracted School, With a seating capacity of over 60 persons' nine month use.
Vehicle Count Factor Applies.
Rate Effective Date 07-17-2023

150 0083000

8. 2019 CHEV SILVERADO VIN: 3GCUYHEL9KG147962	019 Anderson County, TN	

COVERAGES	LIMITS	PREMIUM
Combined Liability	$1Million each accident	$741.34
Uninsured Motorist Bodily Injury	$1Million each person/$1Million each accident	102.89
Uninsured Motorist Property Damage	$1Million each accident - $ 200 deductible	41.37
Medical Payments	$ 5,000 each person	16.34
Comprehensive	ACV - $ 250 deductible	266.75
Collision	ACV - $1,000 deductible	511.07
Terrorism Coverage		8.40
	TOTAL	$1,688.16

Interested Parties:
Lienholder (Loss Payee): GMC FINANCIAL, PO BOX 1617, MINNEAPOLIS, MN 55440-1617

Additional Endorsements For This Item: 58361 (12-16) 58402 (01-17) 58839 (10-17)

ITEM DETAILS: Auto is occasionally used for business duties by a 59 year old.
Cost Symbol: 44-DB-40-HB-66.
3% Anti-Theft Device Discount applies.
Vehicle Count Factor Applies
Rate Effective Date 07-17-2023

150

AUTO-OWNERS (MUTUAL) INS. CO.

Issued 08-09-2023

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053

Company Bill
POLICY NUMBER Company Use
42-973-345-01
03-02-TN-0810

NAMED INSURED LONGMIRE BUSLINE INC

Term 10-09-2023 to 10-09-2024

	TERRITORY	CLASS
9. 2021 BLUE VISION VIN: 1BAKJCEA3MF375774	019 Anderson County, TN	

COVERAGES	LIMITS	PREMIUM
Combined Liability	$1Million each accident	$1,550.54
Uninsured Motorist Bodily Injury	$1Million each person/$1Million each accident	166.58
Uninsured Motorist Property Damage	$1Million each accident - $ 200 deductible	49.63
Medical Payments	$ 5,000 each person	16.19
Comprehensive	ACV - $ 250 deductible	329.08
Collision	ACV - $1,000 deductible	253.40
Terrorism Coverage		11.83
	TOTAL	$2,377.25

Interested Parties: None

Additional Endorsements For This Item: 58361 (12-16) 58464 (01-15) 58515 (01-15)

ITEM DETAILS: Straight Truck
CLASS (01706): Buses - Contracted School, With a seating capacity of over 60 persons; nine month use.
Vehicle Count Factor Applies.
Rate Effective Date 07-17-2023

150 0080083

	TERRITORY	CLASS
10. 2021 BLUE VISION VIN: 1BAKJCEA5MF375775	019 Anderson County, TN	

COVERAGES	LIMITS	PREMIUM
Combined Liability	$1Million each accident	$1,550.54
Uninsured Motorist Bodily Injury	$1Million each person/$1Million each accident	166.58
Uninsured Motorist Property Damage	$1Million each accident - $ 200 deductible	49.63
Medical Payments	$ 5,000 each person	16.19
Comprehensive	ACV - $ 250 deductible	329.08
Collision	ACV - $1,000 deductible	253.40
Terrorism Coverage		11.83
	TOTAL	$2,377.25

Interested Parties: None

Additional Endorsements For This Item: 58361 (12-16) 58464 (01-15) 58515 (01-15)

ITEM DETAILS: Straight Truck
CLASS (01706): Buses - Contracted School, With a seating capacity of over 60 persons; nine month use.
Vehicle Count Factor Applies.
Rate Effective Date 07-17-2023

150 0080083

Endorsements That Apply To This Policy

Additional Endorsements

		PREMIUM
Designated Insured - Blanket	Flat Charge	$50.00
Terrorism Coverage		.25
	TOTAL	$50.25

58992 (12-16)

AUTO-OWNERS (MUTUAL) INS. CO.

Issued 08-09-2023

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053

Company Bill **POLICY NUMBER** **42-973-345-01**
Company Use 03-02-TN-0810

NAMED INSURED LONGMIRE BUSLINE INC

Term 10-09-2023 to 10-09-2024

	TERRITORY	CLASS

	TERM
ESTIMATED TOTAL PREMIUM	**$18,659.58**
PAID IN FULL DISCOUNT	**-2,233.06**
ESTIMATED TOTAL PREMIUM IF PAID IN FULL	**$16,426.52**

A 16% Cumulative Multi-Policy Discount applies. Supporting policies are marked with an (X): Comm Umb(X) Comm Prop/Comm Liab(X) WC(X) Life( ) Personal(X) Farm( ).

00370
485410

24-0112 Exhibit 1

Auto-Owners

(MUTUAL) INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053 (865) 691-4847

NAMED INSURED LONGMIRE BUSLINE INC

ADDRESS PO BOX 88

ANDERSONVILLE TN 37705-0088

35992 (12-16)
Issued 08-09-2023

COMMERCIAL AUTO POLICY DECLARATIONS
STANDARD PROGRAM

Renewal Effective 10-09-2023

POLICY NUMBER **42-973-345-01**

Company Use 03-02-TN-0810

Company Bill

POLICY TERM		
12:01 a.m. 10-09-2023	to	12:01 a.m. 10-09-2024

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

0770

Scheduled Drivers List

Listed below are drivers currently scheduled on this policy. Please compare the list with your current records and contact your agent with any changes that need to be made. We will update the list accordingly for the next renewal.

Name: Last	First		Age	State
MURPHY	RONALD		76	TN
LONGMIRE	ROBERT	*	59	TN
LONGMIRE	JILL		59	TN
ALLEN	TAMMIE		64	TN
HORTON	MINDY		44	TN
OAKES	ANGELA		49	TN
CHASE	DANNY		79	TN
MINCH	TIM		69	TN
COMER	DENNIS		63	TN
CLAWSON	TINA		57	TN
BOLAND	JOEL		68	TN
HAVERKAMP	FRITTA		48	TN
HOOKS	TERESA		62	TN
MCCOY	JODI		31	TN
LONGMIRE	PAUL		33	TN
RYAN	CRYSTAL		39	TN
SCOTT	KATE		42	TN

* DRIVER ASSIGNED TO PRIVATE PASSENGER VEHICLE FOR RATING PURPOSES.

Auto-Owners

24-0112 Exhibit 1

27777 (10-88)

Issued 10-13-2023

(MUTUAL) INSURANCE COMPANY 16144
6101 ANACAPRI BLVD, LANSING, MI 48917-3968
517-323-1321

WORKERS COMPENSATION & EMPLOYERS LIABILITY INFORMATION PAGE-RENEWAL AGREEMENT

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053 (865) 691-4847

Renewal Effective 11-17-2023

POLICY NUMBER **A106-563-134**

Company Use 03-17-TN-1123

INSURED LONGMIRE BUSLINE INC

ADDRESS PO BOX 88

ANDERSONVILLE, TN 37705-0088

Company Bill

POLICY PERIOD		
12:01 A.M. 11-17-2023	to	12:01 A.M. 11-17-2024

ITEM 1. **INSURED:** LONGMIRE BUSLINE INC
4313 ANDERSONVILLE HWY
ANDERSONVILLE, TN 37705-2909

INSURED IS: Corporation

ITEM 2. **POLICY PERIOD:** 11-17-2023 (12:01 A.M.) to 11-17-2024 (12:01 A.M.)
(Based on the insured's address shown in Item 1.)

ITEM 3. A. WORKERS COMPENSATION INSURANCE: Part One of the policy applies to Workers Compensation Law of the states listed here: TN

B. EMPLOYERS LIABILITY INSURANCE: Part Two of the policy applies to work in each state listed in ITEM 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	$500,000	Each Accident
Bodily Injury by Disease	$500,000	Each Employee
Bodily Injury by Disease	$500,000	Policy Limit

C. OTHER STATES INSURANCE: Part Three of the policy applies to the states, if any, listed here: All states and U.S. territories except monopolistic states (Ohio, Washington, Wyoming & North Dakota), Puerto Rico, the U.S. Virgin Islands, and the states designated in ITEM 3.A. of the Information Page.

ITEM 4. The premium for this policy will be determined by our manuals of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit.

CLASSIFICATION OF OPERATIONS	PREMIUM BASIS		RATES	
	CLASS CODE	ESTIMATED ANNUAL REMUNERATION	RATE PER $100	ESTIMATED ANNUAL PREMIUM
STATE OF TENNESSEE				
See LOC NUM 001 **DESC 003**				
BUS CO - All OTHER EMPLOYEES & DRIVERS	7382	84,725	2.53	2,144

TENNESSEE PREMIUM SUMMARY		
TOTAL		2,144
Increased Limits 3 B	24	2,168
Increased Limits Min Premium Diff	76	2,244
Price Point Rating Factor	92	2,336
TOTAL STATE ESTIMATED ANNUAL PREMIUM		2,336

POLICY PREMIUM SUMMARY		
Expense Constant	190	2,526
Terrorism - See Form 27317	6	2,532
Catastrophe (other than Certified Acts of Terrorism)	13	2,545

AUTO-OWNERS INS. CO.

27777 (10-88)

Issued 10-13-2023

AGENCY TIS INSURANCE SERVICES INC
19-0605-00 MKT TERR 053

Company Bill

POLICY NUMBER A106-563-134
Company Use 03-17-TN-1123

INSURED LONGMIRE BUSLINE INC

Term 11-17-2023 to 11-17-2024

See Form 27322		
TOTAL ESTIMATED ANNUAL PREMIUM		2,545

FEDERAL ID:	621368930
COUNTY:	001
MINIMUM PREMIUM:	$796 TENNESSEE
TN NUMBER OF EMPLOYEES:	1
AUDIT IS:	ANNUAL

The Paid in Full Discount does not apply to fixed expense fees, statutory charges or minimum premiums.

Your policy qualifies for the Paid in Full Discount if you choose to pay your premium in full. Your Paid in Full Discount may change as a result of policy changes. These changes will be reflected in a future invoice.

TOTAL ESTIMATED ANNUAL PREMIUM	2,545
SAVINGS IF PAID IN FULL	165-
TOTAL POLICY PREMIUM IF PAID IN FULL	2,380

ENDORSEMENTS:

27411 (01-13)
27395 (10-14)A(WC000000C)
27942 (01-19) (WC000414A)
14019 (09-20)
59270 (02-97)
27011 (04-84)A(WC000308)
27391 (07-12)
27322 (08-22) (WC000421F)
27320 (03-06)A
27539 (08-17)
27317 (01-21) (WC000422C)
27279 (08-22) (WC000419A)

SCHOOL BUS ROUTES CONTRACT #24-0113

REGULAR TRANSPORTATION PROGRAM

Contractor: Andersonville Bus Lines Inc

Route Numbers: 29, 54 and 81

Contract Period: July 1, 2024 – June 30, 2030 with six one-year renewal options

THIS AGREEMENT (the "Contract") is made and entered into by and between the Board of Education of Anderson County, Tennessee (hereinafter referred to as "the Board,") and Andersonville Bus Lines Inc, (hereinafter referred to as "the Contractor").

For and in consideration of the consideration and agreements set forth hereinafter, the sufficiency of which is hereby acknowledged by both parties, the Board and the Contractor hereby recite and agree to the following:

1. The Board is charged with the responsibility of providing education for the children of Anderson County, Tennessee and student transportation to and from Anderson County Schools as required by law, and pursuant to those obligations, the Board desires to make arrangements for the transportation of students to and from school each school day.

2. The Contractor is desirous of entering into an agreement with the Board whereby the Contractor, for agreed compensation, will provide such transportation for the Board and carry out the responsibility of transporting such school students to and from school each day, as the Board through its authorized agents may designate, in accordance with the terms and conditions of this Contract, utilizing appropriate and authorized personnel and equipment to be provided by the Contractor.

3. Both parties to this Contract are aware that various laws, rules, regulations, and Board policies control and govern the operation of school buses within this County, and that it is necessary at all times for both the Board and the Contractor to be in compliance with any such laws, rules, regulations and policies which apply to the services to be provided under this Contract.

4. Both parties to this agreement are aware that such laws, rules, regulations and policies may be changed, amended, deleted or created during the term of this Contract.

In view of the foregoing, and in consideration of the mutual promises and conditions contained herein, the Board and the Contractor have agreed, and by the execution of this Contract do intend to set their agreement down in writing, as hereinafter set out.

A. The Contractor agrees to operate school buses for the purpose of transporting school students to and from school, at the time and along a specified bus route or routes described in Exhibit A hereof. All buses used shall be provided by the Contractor and it shall be the Contractor's responsibility to maintain such buses in good, safe, working order, and in compliance with all laws and regulations applicable thereto. All bus drivers must be appropriately licensed, competent, responsible individuals and shall be employees of the Contractor and must not be considered for any purpose as employees of the Board. The Board assumes no liability for the actions of school bus drivers, trainees, or other employees of the Contractor.

B. The base compensation to be paid to the Contractor (the "Base Contract Price") by the Board for these services shall be calculated on the basis of the Contractor's bid price for the attached route(s). The base contract mileage shall be the mileage from the place where the first student is picked up in route to the school, or other location to where the last student is delivered. Mileage between runs is not to be included in determining mileage. In the event of a change in the base contract mileage, the Base Contract Price shall be calculated according to the following formula:

   40% X Bid Price/ Specified Contract Miles per Day/
   176 X Number of Miles Increased (or Decreased) for the
   year or the amount of days remaining on the contract.

   The Bid is incorporated as Exhibit 1.

C. For the purpose of calculating mileage under this Contract, the miles identified in the attached route description shall be controlling unless mileage is increased or decreased by Board action subsequent to the execution of contracts. In the event of such increase or decrease, a written amendment to this Contract shall be entered into by the parties, and the mileage shown in said amendment shall be controlling.

D. For the purpose of determining the Base Contract Price, it shall be assumed that the school year lasts for a period of no less than 180 days, but should the school year be less than 180 days, then the contractor shall still receive guaranteed payment for 176 days. The Base Contract Price for the 176 guaranteed days shall be calculated at the daily rate set forth in Item B, above. The Board shall pay to the Contractor ten (10) equal monthly

installments of the Base Contract Price to be paid on or before the 25th day of each month beginning in August and ending in May of the following year.

E. The Base Contract Price (excluding fuel) shall be adjusted annually as of the commencement of each school year. The Board shall calculate the adjustment for each school year based upon the "Revised Consumer Price Index" (referred to herein as the "CPI") set forth by the United State Department of Labor. The date of the CPI for Base Contract Price adjustments shall be January 12 of the previous school year, and the corresponding index for the successive January 12th shall be the current index. The percentage of increase as bid in the base contract shall be the adjustment required over the Base Contract Price. At no time shall a decrease in the CPI operate to decrease the original Contractor's bid. The increased adjustment of the Base Contract Price shall not be less than 2% or greater than 4% even if the CPI change is less or more than these amounts.

F. In addition to the Base Contract Price, as adjusted from year to year, the Board will pay the Contractor for increases in diesel fuel costs ("Fuel Increase Compensation") as provided herein. The base price will be based on the lowest price of diesel at I-75, exit 122 on July 1, and will be calculated daily. The Fuel Increase Adjustment shall be based on the difference between the average price of diesel fuel on July 1 and the daily price. For each $0.15 increase in cost, the Board will pay the Contractor an additional $0.05 cents per mile, with the mileage calculated as provided in Section C above.

G. All buses must be Type I, and all replacement buses must be no older than five (5) years, unless such requirements are waived by the Board in its sole and absolute discretion, for good cause shown. Said bus chassis and body must conform to the rules and regulations of the State Board of Education and comply with all laws and regulations of the State of Tennessee. All buses used in the performance of this Contract must comply with all regulations, guidelines and requirements of the State of Tennessee and any other state in which the bus is operated. The Contractor may use no buses in the performance of this Contract that are older than eighteen (18) years from the build date not the put-into-service date.

H. All buses used to transport Anderson County School students will be equipped with a minimum of one (1) video/audio surveillance camera located at the front of the bus. The camera will cover both the driver and students on the bus and shall record video and audio at all times during bus operations. Said video will be available upon request by school administrators but will never be shown by the Contractor or its agent to any other person, including parents, without advance written permission from the Board.

I. Liability insurance coverage on each bus shall be no less than the minimum required by state law, and shall be provided by and at the expense of the Contractor. If the Contractor transports students across state lines, the Contractor must also carry the minimum insurance required by the adjacent state. Failure to carry appropriate insurance as contained herein shall be cause for immediate termination of this Contract. The Board shall be named as an additional insured on all such policies, and shall be provided with copies on such policies and a certificate of insurance indicating that such insurance is in full force and effect at all times material hereto. The insurer shall be required to give sixty (60) days written notice to the Board prior to cancellation of the contract of liability insurance required herein. Said mandatory notice of cancellation obligation of the insurer **shall** be evidenced by written amendment or endorsement or other provision in insurance contract.

J. The Contractor acknowledges and agrees that officials of the State of Tennessee shall conduct one or more bus inspections each year, that buses shall meet all state guidelines and that no bus shall ever be used by the Contractor which fails the state bus inspection. This inspection clause is meant to include both used and new buses. All buses must display a current state inspection sticker before transporting students.

K. All drivers used by Contractor in carrying out this contract shall be required to take a driver training program under the supervision of the State Department of Safety, or an equivalent course of training as may from time to time be prescribed by the State of Tennessee Department of Education and approved by the Board. All drivers shall have a current school bus endorsed Commercial Driver License ("CDL"). The Contractor shall provide the Board each year with driver information packets that include the front and back photograph of the CDL, a driver information sheet, a copy of the TN Official Driving Record report, current medical clearance for the driver, and a background check for the driver. The driver information packet for each driver shall be filed with, and maintained by the Anderson County Human Resources department.. If at any time the Anderson County Director of Transportation determines, in his or her sole and absolute discretion, that a driver is disqualified from performing services under this Contract, then said driver will immediately be removed from such duties and will not transport Anderson County students.

L. The Contractor shall bear the cost of all maintenance, repair or replacement of any equipment or any school buses used by the Contractor in the carrying out of the Contract, and it shall be the responsibility of the Contractor to provide a location for the maintenance, off season storage and after hours parking of school buses. If a bus or buses are allowed to be parked on a

school campus by the principal the Contractor will assume all liability for such buses and any equipment or property so stored.

M. The Contractor shall be responsible for all licenses, fees and permits required for performance of the Contract. All work to be performed under this Contract shall be provided at times directed by the Board or the Director of Transportation, or their employees or agents. Maintenance may only be performed at times which do not interfere with the daily operations of the performance of this Contract and Anderson County Schools. Should a bus fail to operate a route as scheduled, payment will be adjusted accordingly.

N. The Contractor will provide parking and maintenance facilities within Anderson County and will continue to maintain such facilities throughout the term of the Contract. All buses, parking, and maintenance facilities will be available for inspection by the Director of Transportation thirty (30) days prior to the first day of school.

O. The Contractor understands and agrees that it must and shall abide by any and all federal, state, or local laws, rules and regulations, including such policies as may be enacted from time to time by the Board. Such laws, rules and regulations of the federal government, the State of Tennessee, and the Board are incorporated herein by reference as if the same is set out verbatim, and if the laws, rules and regulations should conflict with these terms, then it is understood that this Contract shall be deemed modified to conform to such laws, rules and regulations. The Contractor shall strictly comply with this Contract and the Board's policies and procedures, including, but not limited to, starting points, destinations and times of departure and arrival, as necessary to adequately fulfill the performance of services hereunder. The Board may terminate this Contract for any violations of or failure to adequately fulfill its terms or the Board's policies and procedures. The Board's election not to terminate this Contract shall not constitute a waiver of the Board's right to terminate for subsequent violations of or for failure to adequately fulfill the terms hereof..

P. This Contract shall be effective as of the date established by the Board and shall remain in effect for six (6) years from said date. After the expiration of the six-year term, the Board, in its sole and absolute discretion, may exercise its option to extend the term of this Contract each year for one (1) additional year not to exceed six (6) one-year extensions. If the Contractor cannot fulfill the terms of the Contract, the Contractor may assign, sell, sublet or otherwise transfer any rights and obligations hereunder, with the Board prior written consent in its sole and absolute discretion; provided, the Contractor notifies the Board of such intent on or before March 31 of any year of the term of this Contract. Any attempted transfer without the Board's prior written consent is void ab initio. The Board may impose reasonable conditions on its approval of the transfer of the Contractor's rights and duties

hereunder, including but not limited to the new contractor signing such agreements and understandings necessary to obligate it to this Contract and the current Contractor remaining liable as guarantor. Any transfer duly made and approved pursuant to the provisions of this Section P shall not take effect until the next school year.

Q. This Contract constitutes the entire agreement of the parties. This Contract shall be binding upon the Contractor, any approved sub-contractors, employees and their respective heirs, executor's, administrators, successors and assigns.

R. In the event of a violation of the terms and intentions of this Contract, or the Board's policies and procedures, the Board, in addition to any and all remedies available at law or in equity, may impose disciplinary actions or measures upon the Contractor, or any of its approved sub-contractors, employees or agents, including but not limited to: written reprimand, written suspension, written discharge or temporary oral or written suspension. The Board shall not suspend or discharge Contractor, sub-contractor, employee or agent without good cause. The Board, acting by or through the Director of Transportation, may orally suspend a Contractor, sub-contractor, employee or agent temporarily for a period up to seventy-two (72) hours without notice of the cause substantiating the suspension; provided, the Board furnishes written notice of the good cause substantiating the suspension within that period of time. The Board may withhold any Base Contract Price or other payments otherwise due under this Contract during any period of suspension or discharge. Cell phone usage during the operation of a school bus, unless deemed an emergency, is a class C misdemeanor pursuant to Tenn. Code Ann. section 55-8-192 and will result in immediate dismissal.

S. Upon any suspension or discharge as provided in Section R above, the Contractor shall have the right to appear before the Board at its next regularly scheduled meeting to discuss or refute the basis for suspension or discharge. In all cases of discharge or suspension, written details of the charges will be furnished to the Contractor at least fifteen (15) days prior to the hearing. If the Board decides in its sole and absolute discretion that good cause does not exist for the suspension or discharge, any withheld Base Contract Price or other compensation for the suspension or discharge period shall be paid to the Contractor.

T. It is understood and expressly agreed by the parties to this contract that the Contractor shall be an independent contractor for all purposes, and the Contractor assumes all liability related to the operation of school buses, transportation of students and performance under this Contract. In no event shall the Contractor or the Contractor's employees be deemed an agent, servant, or employee of the Board or Anderson County.

U. If during the term of this Contract, as a result of inclement weather or for any other reason, the Director of Schools should cancel school for a particular day or a particular period of time, every effort will be made to notify the Contractor as soon as possible.

V. Only students currently enrolled in Anderson County Schools, school system employees or Contractor staff will be transported by buses operating under the terms of this Contract, unless otherwise approved in advance by the Board.

W. The Contractor agrees to indemnify and hold harmless the Board, Anderson County, and their employees, agents and representatives (the "Indemnified Parties"), from all lawsuits, claims, actions, causes of action, demands, or liabilities of any nature, resulting from any and all loss, harm, death, damage, personal injuries, property damage or otherwise (including to but not limited to attorneys' and expert witness or consulting fees and medical expenses) that may be asserted at any time against the Indemnified Parties and caused in whole or in part by the Contractor or its subcontractors, employees or agents. .

X. In the event of default of this Contract by the Contractor, the Board may avail itself of any and all remedies provided herein or provided by law or in equity, including but not limited to injunctive relief and specific performance, all at the option of the Board in its sole and absolute discretion. In the event the Board pursues any relief as a result of the Contractor's default hereunder, the Contractor agrees to pay the Board all resulting reasonable attorneys' fees and expenses incurred by the Board.

Y. No modifications, amendments, supplements to or waiver of this Contract or any of its provisions shall be binding upon the parties hereto unless made in writing and duly signed by all the parties.

Z. A failure of any party to exercise any right provided for herein, shall not be deemed to be a waiver of any right hereunder.

AA. In the event any one or more of the provisions of this Contract is invalid or otherwise unenforceable, the enforceability of the remaining provisions shall be unimpaired.

BB. Notwithstanding other provisions of this Contract, in the event any party materially breaches, defaults or fails to perform hereunder, this Contract may be terminated by the other party with cause on thirty (30) days written notice to the other, if the event constituting the breach, default, or failure is not cured during that time.

CC. Any Exhibits attached hereto or incorporated herein are made a part of this Contract for all purposes. The expression "this Contract" means the body of this Contract and the Exhibits.

DD. This Contract may be executed in multiple counterparts, each of which shall be deemed an original for all purposes and all of which shall be deemed, collectively, one Contract. This Contract shall become effective when executed and delivered by all the parties.

EE. Each party hereby irrevocably consents to the jurisdiction of all state courts sitting in Anderson County, Tennessee or all federal courts sitting in Knoxville, Tennessee and agrees that venue for any legal action brought in connection with this Contract shall lie exclusively in such courts.

FF. This Contract shall be binding upon and inure to the benefit of the parties and upon their respective successors, heirs, or assigns.

GG. This Contract shall be governed and construed in accordance with the laws of the State of Tennessee.

HH. Any notice required or provided pursuant to this Contract shall be in writing and sent or delivered to the parties at their respective addresses shown on the first page of this Contract.

II. Titles of paragraphs and subparagraphs are for convenient reference only and shall not have the effect of modifying, amending, or changing the express terms of this Contract.

JJ. In the event of assignment or succession as provided herein, the terms and conditions of this Contract shall be binding upon the parties and their successors, assigns, heirs, executors, and/or administrators.

KK. The parties agree for themselves and their successors and assigns to execute any and all instruments in writing which are or may become necessary or proper to carry out the purpose and intent of this Contract.

LL. The Board's obligation to pay the Base Contract Price or any other compensation under this Contract is contingent upon funds appropriated in the current fiscal year's budget as approved by the Anderson County Board of Commissioners. Any contract, including this Contract, requiring appropriated funds beyond the current fiscal year may be canceled without notice in the event that funding to support the Contract is unavailable in the subsequent fiscal year.

MM. The Contractor shall comply with the Tennessee Human Rights Act, T.C.A. §4-21-101 et. seq., as amended and any rules and regulations promulgated in accordance therewith.

NN. It shall also be an unlawful employment practice for the Contractor: (1) to fail or refuse to hire or to discharge any individual or otherwise to discriminate against any individual with respect to their compensation, or the terms, conditions, or privileges of their employment, because of such individual's race, color, religion, sex, age, handicap or national origin; or (2) to limit, segregate, or classify their employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect their status as an employee, because of such individual's race, color, religion, sex, age, handicap or national origin. Contractor shall comply with The Civil Rights Act of 1964, 42 U.S.C. sec. 2000 et seq. (2000), as amended.

IN WITNESS WHEREOF THE PARTIES DO HEREUNTO SET THEIR HANDS
on this the _____ day of _____, 20___.

CONTRACTOR:

David Landreth 3/13/24
Signature Date

DAVID LANDRETH
Printed Name

PRESIDENT
Title

ANDERSONVILLE BUS LINES, INC.
Name of Company

P.O. Box 99
Address

ANDERSONVILLE, TN 37705
City, State, Zip

ANDERSON COUNTY BOARD OF EDUCATION:

Director of Schools

Board of Education Chairman

ANDERSON COUNTY GOVERNMENT:

Finance Director

Approved as to Legal Form

N Jay Yeager by RSW
N. Jay Yeager
Anderson County Law Director

Andersonville Bus Lines, Inc.

David Landreth, President
3822 Andersonville Hwy.
P.O. Box 99
Andersonville, Tennessee 37705
Office (865) 494-5420
Cell (865) 455-7973

Vendor History/Experience (25 points)

The Landreth family has provided student transportation in the Anderson County School system for nearly half a century. David Landreth purchased Andersonville Bus Lines, Inc. in 2005 having worked for his father, Larry Landreth of Landreth School Bus Service, serving the Anderson County school system for 24 years prior to purchasing Andersonville Bus Lines, Inc. Having been in the school bus industry for 42 years, David possesses the necessary skills and capabilities to provide quality and reliable transportation services to Anderson County Schools. Currently, Andersonville Bus Lines have **141+** years of combined experience among all staff.

Andersonville Bus Lines, Inc. has worked hard to earn the trust of 20+ current customers, many of which are within the Anderson County School system. Our customers include many of the athletic teams for Anderson County High School and Norris Middle School, field trips for the schools that we serve in the North end of the county, Anderson County Career and Technical Center, Gear-up Tennessee Program, as well as several others that allow us to serve their programs when they need transportation. We also donate monthly transportation for The Elgin Foundation, Bible Release for students from Andersonville Elementary School to First Baptist Church of Andersonville and Norris Elementary School to First Baptist Church of Norris as a ministry for the students who participate.

24-0113

GEARUP TENNESSEE

Anderson County Schools
Every Student, Every Day

February 13,2024

To Whom it May Concern,

This letter serves as a reference for Andersonville Bus Lines. For the past 11 years, Andersonville has served our students through GEARUP in an amazing capacity. We have traveled practically the entire state of Tennessee visiting colleges and our transportation has always been first rate. The quality of buses and friendliness of drivers has even led other GEARUP sites to consider contracting with Andersonville. Gear Up Coordinators from Campbell County, Union County, and Claiborne County have all expressed interest in Andersonville through the years as a service provider.

In additional to clean buses with air conditioning, Andersonville provides drivers who are prepared with routes and know appropriate stops for restroom breaks and food. This is important when traveling with teenagers. The buses are always on time and ready to pick up at designated areas. I cannot say that about other bus providers I have used In fact, one caused a group to miss a college visit as they promised buses they actually could not provide.

The management team at Andersonville knows my expectations. They are high. I do not apologize for that as I feel my students deserve the best. It's business. When we have a new driver, I am always made aware by David Landreth and he always follows up to make sure my expectations are met. He takes my calls & texts in the evenings as my schedule does not always allow for planning during the day. If I make a mistake in planning, he is patient and kind in solving problems even when I am the one who created them. Once he gave me a free $600 trip in a year when the budget was too tight. He just couldn't stand the idea of students missing a special event.

I am grateful for quality bus service in our county. When I had 6 schools to serve and over 1,000 students, it was Andersonville that helped me manage an overwhelming workload. Yes, they make money, but, they take the time to care for our students and staff in a way no other bus company does. The quality with which we serve our students and each other indicates the pride we have in what we do. Thank you, Andersonville Bus Lines for what you do for every student, every day.

Respectfully,

Angela "Hoppy" Merryman
Anderson County Schools
Post-Secondary Services/GEAR UP
amerryman@acs.ac, 865-963-8467

24-0113

February 6, 2024

Anderson County Career and Technical Center
Robbie Herrell, Principal
865-457-4205
rherrell@acs.ac

Re: Career and Technical Bus Routes

To whom it may concern,
I am writing to recommend that Andersonville bus lines continue to service Anderson County Career and Technical Center (ACCTC) with the transportation of Clinton High School students to and from ACCTC. During the time we have used Andersonville Bus Lines we have seen a decline in bus issues and discipline. Our drivers have been phenomenal to work with and we appreciate all they do to help us in our mission "Every Student Every Day".

Regards,

Robbie Herrell, Principal

24-0113

Andersonville Elementary School
1951 Mountain Road
Andersonville, TN 3705
865-494-7695

Beth Roeder
Principal

Megan Wilkerson
Secretary

February 5, 2024

Anderson County School Board, Dr Tim Parrott, and Kelly Myers,

Please accept this letter for recommendation for Andersonville Bus Lines. I have been the principal at Andersonville Elementary for many years and they have always supported our students, staff and families.

The Landreths are loyal Anderson County residents and they support us in ways other than transportation. They have offered to help any family in need. The Landreths also choose bus drivers that are good to our students and use common sense when it comes to bus conduct reports. They do their best to handle small issues without overwhelming the school with conduct reports while at the same time, they notify us of any situations that are considered a safety concern. They make certain every child is safe when they are delivered home. They also get the children to school early enough to eat breakfast and attend early morning tutoring.

David, Tracie and Justin Landreth and Matt Wiggins are just good people who support Andersonville Elementary. They transport our children to NES for the Explore to Soar program and they support Bible Release once a month for our students and do not charge us or the church for that service.

Please consider renewing their contract with Anderson County Schools. I believe you will be more than satisfied with their service.

Respectfully,

Beth Roeder
Principal

Anderson County High School

"Home of the Mavericks"

130 Maverick Circle

Clinton, TN 37716

Feb 15, 2024

RE: Landreth Bus

To whom it may concern,

I have known David Landreth for over 25 years. He is an outstanding person, who is always willing to go the extra step to ensure our students and athletes are taken great care of. David and his team have always been the first call for athletic transportation needs and always deliver the cleanest, nicest buses for our kids.

I have personally witnessed David and his team volunteering their time to help high school students in our school. He can be seen in and around our school supporting our kids, coaches and teams. . He excels at everything he puts his mind to.

David has been providing transportation to and from games, events and school travel for over 20 years, and I have always enjoyed his company and support of our teams. I have three degrees from the University of Tennessee-Knoxville, and I know what it takes to have success in business. David's character and customer service are unmatched. I would and have recommended his services to anyone in need of transportation. If I can be of further assistance, or provide any information in reference to David Landreth, please call me at 865-457-4716, or email at gterry@acs.ac

Gary D. Terry

Assistant Principal

Athletic Director

Anderson County High School

24-0113

Claxton Elementary School • 2218 Clinton Hwy • Powell, TN 37849
(865) 945-2222 • Fax (865) 945-3797 • www.ces.acs.ac

Jennifer Coleman, Principal **James Scheele, Vice Principal**

February 5th, 2024

To Whom it May Concern:

I am writing this letter on behalf of Mr. Landreth and Andersonville Bus Lines. I have had the pleasure of working with Mr. Landreth and his company for over 9 years. Andersonville Bus Lines consistently ensure that Claxton students arrive at school promptly and safely. The drivers work well with school administration to ensure that students are safe and well behaved. They communicate issues as they arise and provide discipline referrals as needed. Mr. Landreth and his team are always quick to respond when a video is requested by an Administrator.

Mr. Landreth and his team have always been professional and cooperative. His drivers follow safety procedures and seem to truly care about each student. His team does not hesitate to reach out if they have concerns or feel that a student may need some sort of assistance.

It is without reservations that I recommend Andersonville Bus Lines. Mr. Landreth and his team will interact with their clients respectfully and in a timely manner.

If you have any questions, please feel free to contact me at 865-684-3688 or by email at jcoleman@acs.ac.

Sincerely,

Jennifer Coleman

Principal

24-0113

Norris Elementary School

P.O. Box 949
42 E. Circle Road
Norris, TN 37828
865-494-7422
Fax 865-494-9764

February 4, 2024

To Whom It May Concern:

It is my pleasure to write a letter of recommendation for Andersonville Bus Lines.

Andersonville Bus Lines is our provider of choice for all field trips we take for our students. Their safety and punctuality is exceptional and their communication is thorough. They also serve our students in daily transportation without incident. Our county is fortunate to have this bus line to serve our community.

Again, I am grateful for their planning, safety, and professionalism. Should you have any questions, please contact me at rbranham@acs.ac

Regards,
Renee Branham
Principal

24-0113

Anderson County High School

130 MAVERICK CIRCLE

CLINTON, TENNESSEE 37716-9635

(865) 457-4716

BEN DOWNS
PRINCIPAL

ASSISTANT PRINCIPALS
JASON CHAMBERS
TRAVIS FREEMAN
JENI IRWIN
GARY TERRY

2/5/24

To Whom It May Concern,

This letter is to recommend Andersonville Bus Lines. I have worked with ABL since 2007 and Mr. Landreth has always attended to our transportation needs at Anderson County High School in a first class manner. He is also an advocate for our school and takes many opportunities to give back to our school with donations. I highly recommend ABL during this process. If you have any further questions, please contact me at 457-4716 or bdowns@acs.ac

Thank you,

Benjamen R. Downs
Principal
Anderson Co HS

24-0113

ANDERSON COUNTY HIGH SCHOOL

Jayme Smith, Head Coach
Home: 865-494-8712
Cell: 865-661-4176
Fax: 865-457-3398
Email: jsmith@acs.ac

ACHS
130 Maverick Circle
Clinton, Tennessee 37716
School: 865-457-4716

Randi Sewell, Assistant Coach

February 5, 2024

RE: Andersonville Bus Lines

Dear Sir or Madame:

This letter is my personal recommendation for Andersonville Bus Lines to continue providing transportation to our school system and more specifically Anderson County Volleyball. For the past 14 years they have provided our school and volleyball program with top notch service. They are always on time and are prepared to drive us anywhere we need to go within the state. This group is very professional and above board with their communication and work ethic accommodating our transportation needs. We are proud to have used them for so many years and hope that we can continue to in the future!

Should you have any questions, please do not hesitate to contact me.

Sincerely,

Jayme Smith
U.S. History Department
Head Volleyball Coach

24-0113

2-14-24

To Whom It May Concern,

I am writing to offer my support for Andersonville Bus Lines, one of the current bus contractors serving Grand Oaks Elementary School. As the principal of Grand Oaks Elementary School, I can acknowledge the satisfactory performance of Andersonville Bus Lines in providing transportation services for our students

Andersonville Bus Lines has been responsible for managing both morning and afternoon bus routes for our school for several years. They have consistently demonstrated reliability in their services. Our students have been transported safely and efficiently to and from school, which is of paramount importance to us. Andersonville Bus Lines maintains adherence to safety protocols and ensures a secure transportation environment for our students.

Should you consider Andersonville Bus Lines for bus routes, I am confident that they will fulfill their responsibilities in a satisfactory manner. If you require any further information or details regarding our experience with Andersonville Bus Lines, please feel free to contact me at (865) 435-7506 or via email at jconatser@acs.ac.

Sincerely,

Jessica Conatser

Phone: (865) 435-7506
Fax: (865) 435-5346

1033 Oliver Springs Hwy.
Clinton, TN 37716

Principal:
Jessica Conatser
jconatser@acs.ac

24-0113

Fairview Elementary School
6715 Hickory Valley Road
Heiskell, TN 37754
kcupples@acs.ac
Karen Cupples, Principal

Phone: 865-494-7959 Fax: 865-494-6880

Date: February 5, 2024

To Whom It May Concern:

Fairview Elementary School uses Andersonville Bus Lines to drive morning and afternoon routes for our school zone. We have one bus in the mornings and 1-2 buses in the afternoon. David and Tracy Landreth are great to work with and are always available if an issue and/or question arises.

The FES secretary and FES teachers work with Andersonville Bus Lines to schedule transportation for field trips. The scheduled buses always arrive when they are supposed to at our school and the bus drivers are friendly to the staff and students.

Sincerely,

Karen Cupples

Karen Cupples

24-0113

Anderson County FFA
140 Maverick Circle
Clinton, TN 37716
Phone (865) 457-4205
Fax (865) 457-1715

Philip Warfield

Anderson County FFA

pwarfiel@acs.ac

865-356-4283

February 5, 2024

To whom it may concern

I am writing this letter to show my full support for Andersonville Bus Lines. I have known this family and their school bus transportation for over 30 years. They always have been very professional, accommoding, supportive, friendly with prompt and punctual service. David and his family have been thought of very highly by our community and give back to our kids. The Anderson County FFA Chapter has always used them for transporting our students to conventions, contests and leadership development events throughout Tennessee. They always use great care and safety in the operation of their buses. Also, our students enjoy their friendly greetings, goodbyes and thank you from each driver.

Anderson County Schools is very fortunate to have such an outstanding bus service from Andersonville Bus Lines. We need to keep them for our children.

Sincerely,

Philip Warfield

Philip Warfield

The FFA Mission

FFA makes a positive difference in the lives of students by developing their potential for premier leadership, personal growth and career success through agricultural education.

24-0113

Dr. Robert L. Cummings, Jr.
Principal

Carey Downs
Assistant Principal

Norris Middle School
P.O. Box 980
5 Norris Square
Norris, Tennessee 37828
865.494.7171 Fax 865.494.6693

Ben Weaver
Dean of Students

Emily Baxter
School Counselor

February 8, 2024

Norris Middle School has used Andersonville Bus Lines to provide transportation for our athletic programs over the past 20 years. Additionally, Andersonville Bus Lines is one of two primary carriers for transporting students on field trips with our school. Andersonville Bus Lines has, without fail, provided exceptional service and have been reasonably priced. Norris Middle School fully recommends Andersonville Bus Lines for any type of transportation needs.

If you have questions, feel free to contact me at 865-494-7171 or by email at rcummings@acs.ac.

Regards,

Dr. Robert Cummings
Principal
Norris Middle School

24-0113

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/08/2023
Inspection Type: Annual
Sticker No: TN123570
In Service Date: 08/01/2011
VIN: 1BABKCPA2CF282804
Body Build Date: 03/01/2011

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: ANDERSONVILLE BUS LINES INC.

Vehicle Type: D
Mileage: 169101
Brake System: Air

Body Make: Blue Bird
Registration #: CB60751
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: JUSTIN LANDRETHS
Certification Date: 03/08/2023

24-0113

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/11/2023
Inspection Type: Semi-Annual (Extended Utilization)
Sticker No: TNX028849
In Service Date: 08/01/2002
VIN: 1BAANCPA43F208044
Body Build Date: 03/01/2002

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: ANDERSONVILLE BUS LINES INC.

Vehicle Type: D
Body Make: Blue Bird
Mileage: 192332
Registration #: CB60755
Brake System: Air
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Safety/Gauges: Pass
Electrical: Pass
Body Exterior: Pass
Engine: Pass
Chassis: Pass
Suspension - Left Axle 1: Pass
Suspension - Right Axle 1: Pass
Suspension - Left Axle 2: Pass
Suspension - Right Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: JUSTIN LANDRETHS
Certification Date: 08/11/2023

24-0113

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/11/2023
Inspection Type: Semi-Annual (Extended Utilization)
Sticker No: TNX028847
In Service Date: 08/01/2008
VIN: 1BABKCPA09F257683
Body Build Date: 12/01/2007

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: ANDERSONVILLE BUS LINES INC.

Vehicle Type: D
Body Make: Blue Bird
Mileage: 195424
Registration #: CB60749
Brake System: Air
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Safety/Gauges: Pass
Electrical: Pass
Body Exterior: Pass
Engine: Pass
Chassis: Pass
Suspension - Left Axle 1: Pass
Suspension - Right Axle 1: Pass
Suspension - Left Axle 2: Pass
Suspension - Right Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: JUSTIN LANDRETHS
Certification Date: 08/11/2023

24-0113

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/08/2023
Inspection Type: Annual
Sticker No: TN123569
In Service Date: 08/01/2014
VIN: 1BABNCPA9FF309928
Body Build Date: 08/01/2014

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: ANDERSONVILLE BUS LINES INC.

Vehicle Type: D
Mileage: 110110
Brake System: Air
Body Make: Blue Bird
Registration #: CB60758
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: JUSTIN LANDRETHS
Certification Date: 03/08/2023

24-0113

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/08/2023
Inspection Type: Annual
Sticker No: TN123573
In Service Date: 02/01/2013
VIN: 1BDBNCPA6EF297674
Body Build Date: 01/01/2013

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: ANDERSONVILLE BUS LINES INC.

Vehicle Type: D
Mileage: 143930
Brake System: Air
Body Make: Blue Bird
Registration #: CB60750
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: JUSTIN LANDRETHS
Certification Date: 03/08/2023

24-0113

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/08/2023
Inspection Type: Annual
Sticker No: TN123575
In Service Date: 01/01/2023
VIN: 1BAKGCSA4PF393921
Body Build Date: 09/01/2022

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: ANDERSONVILLE BUS LINES INC.

Vehicle Type: C
Mileage: 3136
Brake System: Air
Body Make: Blue Bird
Registration #: CB50861
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: JUSTIN LANDRETHS
Certification Date: 03/08/2023

24-0113

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/08/2023 | Inspection Type: Annual | Sticker No: TN123578
In Service Date: 07/01/2018 | VIN: 1BABNCPAXGF317196 | Body Build Date: 01/01/2015

Childcare Facility:
School System: ANDERSON COUNTY
Bus Owner: ANDERSONVILLE BUS LINES INC.

Childcare Facility License #:

Vehicle Type: B
Mileage: 111514
Brake System: Air

Body Make: Blue Bird
Registration #: CB60763
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: JUSTIN LANDRETHS | Certification Date: 03/08/2023

24-0113

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/08/2023 | Inspection Type: Annual | Sticker No: TN117599
In Service Date: 04/01/2010 | VIN: 1BABKCPA79F257681 | Body Build Date: 12/01/2007

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: ANDERSONVILLE BUS LINES INC.

Vehicle Type: D
Mileage: 214266
Brake System: Air

Body Make: Blue Bird
Registration #: CB60745
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: JUSTIN LANDRETHS
Certification Date: 03/08/2023

24-0113

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/11/2023
Inspection Type: Semi-Annual (Extended Utilization)
Sticker No: TNX028848

In Service Date: 08/01/2008
VIN: 1BABKCPA79F257678
Body Build Date: 12/01/2007

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: ANDERSONVILLE BUS LINES INC.

Vehicle Type: D
Mileage: 201081
Brake System: Air

Body Make: Blue Bird
Registration #: CB60748
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: JUSTIN LANDRETHS
Certification Date: 08/11/2023

24-0113

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol -- Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/08/2023 | Inspection Type: Annual | Sticker No: TN123577
In Service Date: 12/01/2009 | VIN: 1BABNCPALAF274200 | Body Build Date: 10/01/2009

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: ANDERSONVILLE BUS LINES INC.

Vehicle Type: D
Mileage: 171308
Brake System: Air

Body Make: Blue Bird
Registration #: CB60746
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: JUSTIN LANDRETHS
Certification Date: 03/08/2023

24-0113

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/08/2023 | Inspection Type: Annual | Sticker No: TN123571
In Service Date: 08/01/2017 | VIN: 1BABNCPA7JF342452 | Body Build Date: 08/01/2017

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: ANDERSONVILLE BUS LINES INC.

Vehicle Type: D
Mileage: 70179
Brake System: Air
Body Make: Blue Bird
Registration #: CB60766
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: JUSTIN LANDRETHS
Certification Date: 03/08/2023

24-0113

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/08/2023
Inspection Type: Annual
Sticker No: TN123576
In Service Date: 10/01/2020
VIN: 1BABNCSAXLF359854
Body Build Date: 10/01/2018

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: ANDERSONVILLE BUS LINES INC.

Vehicle Type: D
Mileage: 42203
Brake System: Air
Body Make: Blue Bird
Registration #: CB60747
Bus Status: In Service
Bus Status Comments:

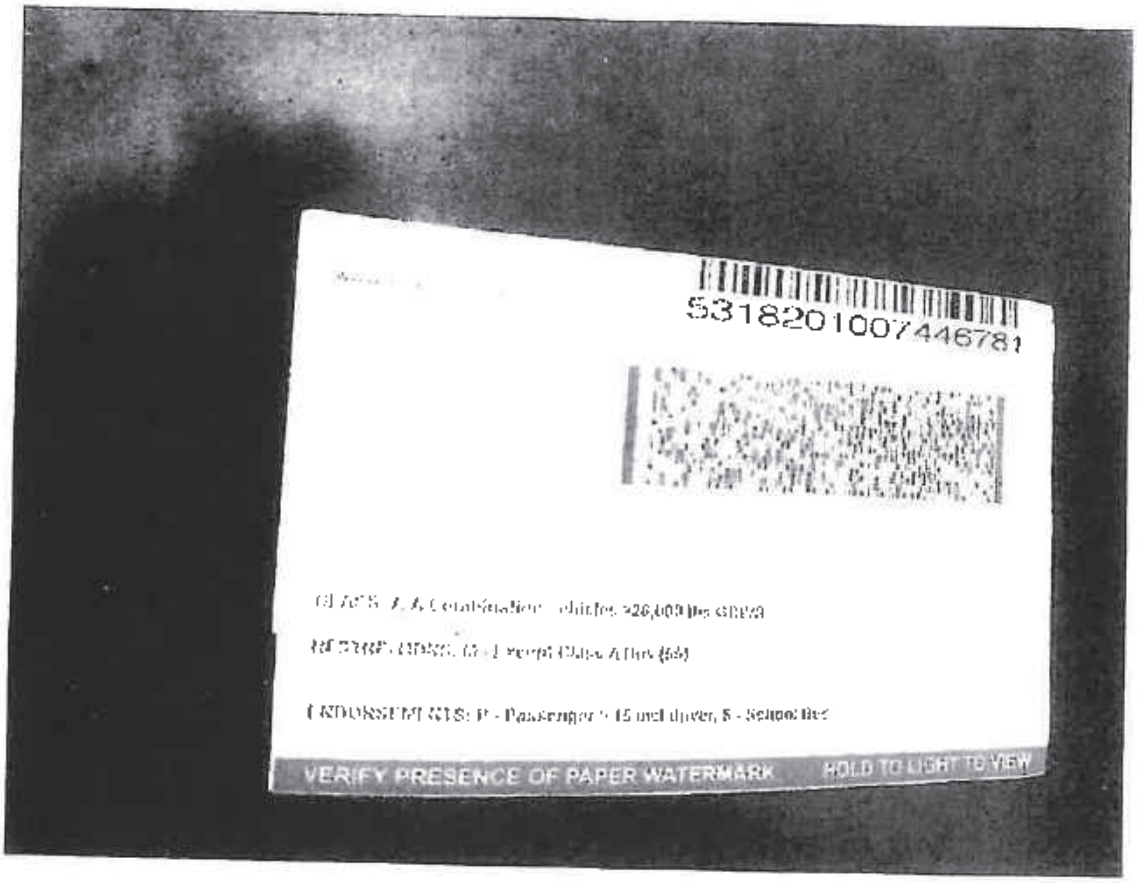
Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

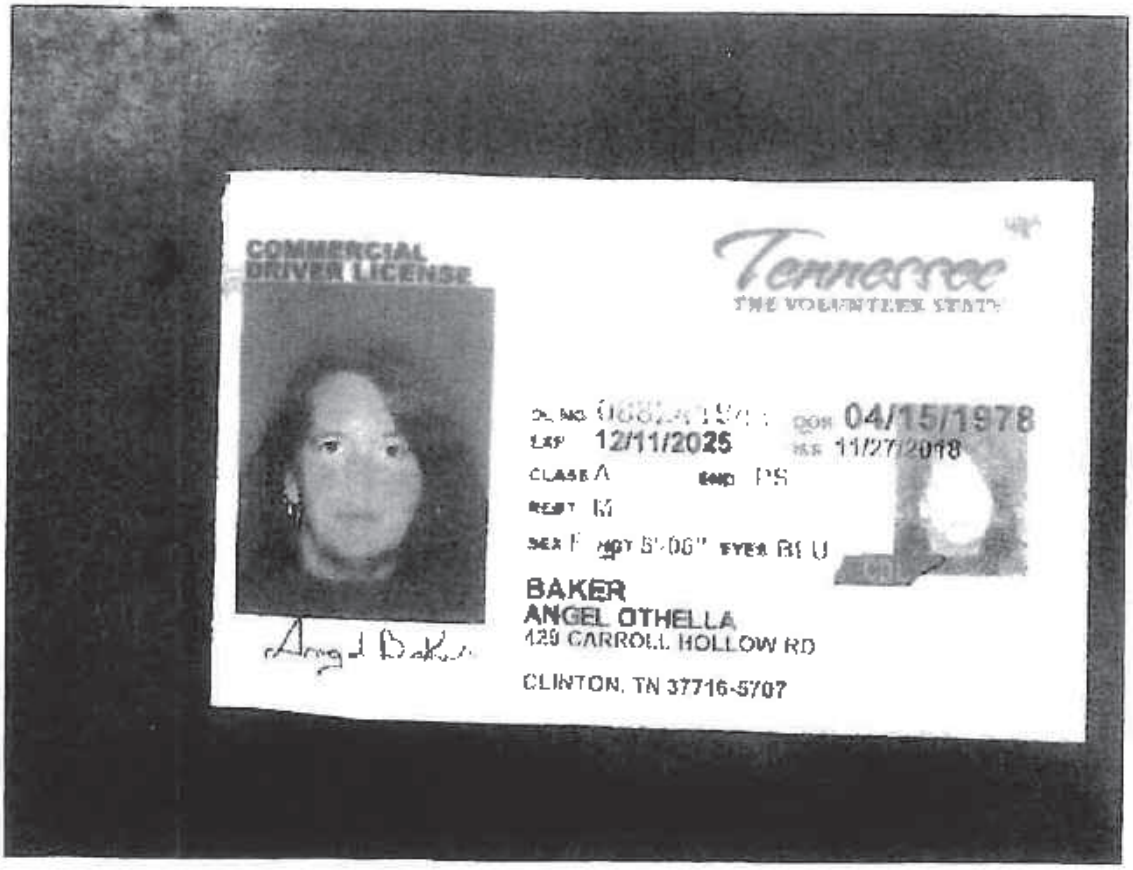
General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: JUSTIN LANDRETHS
Certification Date: 03/08/2023


5318201007446781
VERIFY PRESENCE OF PAPER WATERMARK
HOLD TO LIGHT TO VIEW


COMMERCIAL DRIVER LICENSE
Tennessee
THE VOLUNTEER STATE
DOB 04/15/1978
EXP 12/11/2025
ISS 11/27/2018
CLASS A
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RESTR M
SEX F HGT 5'-06" EYES BR U
BAKER
ANGEL OTHELLA
129 CARROLL HOLLOW RD
CLINTON, TN 37716-5707

Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

24-0113

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 the 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 be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RIA, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I hereby examined (last name) Baker (first name) Angel in accordance with (please check only one):

☐ the Federal Motor Carrier Safety Regulations [illegible] and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when [illegible] applies OR

☐ the Federal Motor Carrier Safety Regulations [illegible] with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type): _____ ☐ Driving within an exempt intracity zone [illegible] (Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of [illegible] (Federal)

☐ Granted/waived from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 8-2-25

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: Amy FNP-C

Medical Examiner's Telephone Number: 865-264-4012

Date Certificate Signed: 8-2-23

Medical Examiner's Name (please print or type): Amy Young, FNP-C

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify): _____

Medical Examiner's State License, Certificate, or Registration Number: 21338

Issuing State: TN

National Registry Number: 7009021310

CMV DRIVER INFORMATION

Driver's Signature: Angel Baker

Driver's License Number: 088241941

Issuing State/Province: TN

Driver's Address
Street Address: 429 Carroll Wallace Rd City: Clinton State/Province: TN Zip Code: 37716

CLP/CDL Applicant/Holder ☒ Yes ☐ No

[illegible]

Rev 12/30/21

TN

< ANGEL BAKER

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	23-Feb-2022	11-Dec-2025
Class D License	Valid	23-Feb-2022	11-Dec-2025

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	02-Aug-2023	02-Aug-2025

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan
[!pstrFRSection]

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

Department of Safety & Homeland Security

MVR

August 3, 2023

Letter ID: L2074271376
Account ID: 088241941

ANGEL BAKER
429 CARROLL HOLLOW RD
CLINTON TN 37716-5707

Real ID: No
Lic Issue Date: 02/23/2022
Lic Expiration Date: 12/11/2025
Lic Class: A
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 088241941
Birthdate: 04/15/1978
Original Issue Date: 03/12/1999
Eye Color: Blue
Hair Color: Brown
Sex: Female
Height: 5 FT 6 IN
Weight: 180
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Lic: 21338
Med Examiner Registry: 7009021310
Med Examiner Phone: (865) 264-4012
Med Expire Date: 07/28/2024
Med Issue Date: 07/28/2022
Med Post Date: 08/17/2022
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 08/03/2020
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

24-0113

Certificate of Completion

Anderson County Schools

Angel Baker

has completed

Human Trafficking Awareness (Full Course)

a training program requiring **1 hour**

on

Friday, August 19, 2022

VectorSolutions
Vector Training, K-12 Edition

Training Coordinator's Signature

Employee's Initials: _____

safeAngelBaker 7297Q9QR-5SRQ

24-0113

INFINITI

Certificate of Training

Mandatory School Bus Training 2023-2024

Completion Date: January 13th 2024

Awarded To

ANGEL BAKER

TENNESSEE STATE TROOPER HIGHWAY PATROL

Vertical Alliance Group, inc. products and services are not accredited or certified by any federal, state, local or professional organization.
This certificate only serves as confirmation that the named user has comprehended the materials assigned by the named company to its unique standards of completion

Tennessee

DL NO. 106574707 DOB 03/16/1989
EXP 01/06/2029 ISS 01/06/2021
CLASS B END PS
REST 01 E M
SEX F HGT 5'-06" EYES BLU
DD 701210106111 4550
BEAN
BRANDY LYN
181 LAUREL HOLLOW RD
CLINTON, TN 37716

Save Gas, Renew Online
www.Tennessee.Gov
03/16/1989
Rev 13/03/2011
ENDORSEMENTS:
P - Passenger > 15 incl driver
S - School Bus

CLASS: B Trucks/buses >26,000 GVWR, Trailers <10,000

RESTRICTIONS: 01 Glasses, Corrective, E - N/A (Manual Transmission Equipped CMV), M - Except Class A Bus (58)

ORGAN DONOR ☐ I hereby certify that I am 18 or older, of sound mind, and upon my death, wish to make an anatomical gift noted here: ☐ Any Organ/Tissue ☐ Entire Body

Donor Signature _____ Date ____
☐ Specific Organs/Tissue _____
Blood Type ____
Rh Factor ____

FOR NON-PHOTO SIGN HERE:

Form MCSA-5876

24-0113

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 2126-0065. Public reporting for this collection of information is estimated to be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-MKA, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

DRIVER CERTIFICATION

...ify that I have examined (lastname) Bean (first name) Brandy In accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations ([illegible]) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

○ the Federal Motor Carrier Safety Regulations ([illegible]) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply)

☒ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify note: _____ ☐ Driving within an exempt intracity zone ([illegible] Federal)

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of [illegible] (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-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 10-4-25

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 865-264-4012

Date Certificate Signed: 10-4-23

Medical Examiner's Name (please print or type): Amy Young

○ MD ○ Physician Assistant ☒ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 21338

Issuing State: TN

National Registry Number: 7009021310

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: 106057470 1

Issuing State/Province: TN

Driver's Address:
Street Address: 181 Laurel Hollow Rd City: Clinton State/Province: TN Zip Code: 37716

CLP/CDL Applicant/Holder ☒ Yes ○ No

This document is only a supplementary information and is for official use only. It is not a substitute for the original medical certificate. Handle and store information as required by your employer. Failure to keep the document may be considered a violation of applicable laws. Properly dispose of this document when it is no longer valid or is to be replaced by a subsequent document.

Rev. 10/16/21

TN

< BRANDY BEAN

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	06-Jan-2021	06-Jan-2029
Class D License	Valid	06-Jan-2021	06-Jan-2029

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	04-Oct-2023	04-Oct-2025

TN

< BRANDY BEAN

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	06-Jan-2021	06-Jan-2029
Class D License	Valid	06-Jan-2021	06-Jan-2029

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	04-Oct-2023	04-Oct-2025

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan
[IpstrFRSection]

Department of Safety & Homeland Security

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-9113

MVR

August 4, 2023

Letter ID: L0338263696
Account ID: 106574707

BRANDY BEAN
181 LAUREL HOLLOW RD
CLINTON TN 37716-5839

Lic Issue Date: 01/06/2021
Prm Issue Date: 00/00/00
Lic Expiration Date: 01/06/2029
Prm Expiration Date: 00/00/00
Real ID: Yes
Lic Class: B
Permit Class:

Dr Lic No: 106574707
Eye Color: Blue
Height: 5 FT 6 IN
Non-CDL Status: Valid
Non-CDL Eligibility: 00/00/00
Birthdate: 03/16/1989
Hair Color: Blonde
Weight: 140
CDL Status: Licensed
CDL Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00
Original Issue Date: 03/01/2005
Sex: Female
Race: White
CDLP Status: Licensed
CDLP Eligibility: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med Examiner Lic: 21338
Med Examiner Phone: (865) 264-4012
Med License State: Tennessee
Med Examiner Registry: 7009021310
Med Expire Date: 11/09/2023
Med Status: Certified
Med Issue Date: 11/09/2022
Med Variance : Corrective Lenses\line
Med Post Date: 11/28/2022
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 08/04/2020
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
08/12/2021	08/12/2021	08/14/2021		Anderson County	00103060082

PROPERTY DAMAGE ACCIDENT GOVT VEH - DO NOT USE FOR INSURANCE RATING CRASH REPORT #: 3060082

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

Gmail

Brandy Bean <cherrychixie2007@gmail.com>

Certificate

Brandy Bean <cherrychixie2007@gmail.com>
To: topreader316@gmail.com

Mon, Aug 22, 2022 at 11:25 AM

10:26

AA acorns-tn.safeschools.com

Certificate of Completion

Anderson County Schools

Brandy Bean

has completed

Human Trafficking Awareness (Full Course)

a training program requiring **1 hour**

on

Tuesday, August 9, 2022

24-0113

Certificate of Training

Mandatory School Bus Training 2023-2024

Completion Date: December 14th 2023

Awarded To

BRANDY BEAN

TENNESSEE STATE TROOPER HIGHWAY PATROL

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This certificate only serves as confirmation that the named user has comprehended the materials assigned by the named company to its unique standards of completion.

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06/07/1989
Rev 12/02/2011

5322189013122955

COMMERCIAL DRIVER LICENSE

Tennessee
THE VOLUNTEER STATE

DL NO. 107016422 DOB 06/07/1989
EXP 01/22/2027 ISS 08/02/2023
CLASS B END PS
REST E M
SEX M HGT 6'-00" EYES HAZ
BEAN
DUSTIN CURTIS
191 LAUREL HOLLOW RD
CLINTON, TN 37716

CLASS: B B Truck/Bus >26,000 GVWR, Trailers <10,000

RESTRICTIONS: E - No Manual Transmission Equipped CMV, M - Except Class A Bus (54)

ENDORSEMENTS: P - Passenger > 15 lack drivers; S - School Bus

VERIFY PRESENCE OF FIBER WATERMARK HOLD TO LIGHT TO VIEW

24-0113

Form MCSA-5875

OMB No.: 2126-0006 Expiration Date: 12/31/2024

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 be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

* DRIVER CERTIFICATION

I've (have examined (last name)) Bean (first name) Dustin in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations [illegible] and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

○ the Federal Motor Carrier Safety Regulations [illegible] with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply)

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone [illegible] (Federal)
- ☐ Qualified by operation of [illegible] (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-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 4-21-25

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature] FNP

Medical Examiner's Telephone Number: 865-264-4012

Date Certificate Signed: 04-21-23

Medical Examiner's Name (please print or type): Amy Young FNP-C

○ MD ○ Physician Assistant ● Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 21338

Issuing State: TN

National Registry Number: 7009021310

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: 107011422

Issuing State/Province: TN

Driver's Address
Street Address: 181 Laurel Hollow RD City: Clinton State/Province: TN Zip Code: 37716

CLP/CDL Applicant/Holder ● Yes ○ No

[illegible]

Rev 12/16/21

TN

< DUSTIN BEAN

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	02-Aug-2023	22-Jan-2027
Class D License	Valid	02-Aug-2023	22-Jan-2027

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	28-Apr-2023	21-Apr-2025

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan
[lpstrFRSection]

Department of Safety & Homeland Security

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

MVR

August 4, 2023

Letter ID: L0700989072
Account ID: 107016422

DUSTIN BEAN
181 LAUREL HOLLOW RD
CLINTON TN 37716-5839

Real ID: Yes
Lic Issue Date: 08/02/2023
Lic Expiration Date: 01/22/2027
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 107016422
Birthdate: 06/07/1989
Original Issue Date: 05/10/2005
Eye Color: Hazel
Hair Color: Black
Sex: Male
Height: 6 FT 0 IN
Weight: 250
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Lic: 21338
Med Examiner Registry: 7009021310
Med Examiner Phone: (865) 264-4012
Med Expire Date: 04/21/2025
Med Issue Date: 04/21/2023
Med Post Date: 04/28/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 08/04/2020
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

If you applied to register to vote or change your voter registration with your DL/ID transaction today, your application will be forwarded to your county election commission.

If you are qualified and the information on your form is complete, your name will be added to the county's voter rolls and you will receive a voter registration card.

If you have any questions, please contact your County Election Commission.

Federal or State Government Issued Photo ID is required to vote unless exception applies.

24-0113

Amber Branum

Save Time, Renew Online
www.Tennessee.GOV
12/05/1988
Rev 12/02/2011

5323009013956815

COMMERCIAL DRIVER LICENSE

Tennessee
THE VOLUNTEER STATE

USA
TN

DL NO. 099969822 DOB 12/05/1988
EXP 08/16/2031 ISS 08/16/2023
CLASS B END PS
REST E M
SEX F HGT 5'-03" EYES BLU

BRANUM
AMBER NICOLE
108 INDIAN GAP RD
ANDERSONVILLE, TN 37705

CLASS: B - Trucks/Buses >26,000 GVWR, Trailers <10,000

RESTRICTIONS: E - No Manual Transmission Equipped CMV, M - Except Class A Bus (M)

ENDORSEMENTS: P - Passenger > 15 incl driver, S - School Bus

VERIFY PRESENCE OF PAPER WATERMARK HOLD TO LIGHT TO VIEW

You should receive your permanent DL/ID card within 20 days of receiving this interim. If you have not received it after 20 days, please email us at: online.driverlicense@tn.gov.

If you need further information on the driver license process, please go to: www.tn.gov/safety/dlmain.shtml

Donate Life –
Be an Organ,
Eye & Tissue Donor

24-0113

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 be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Branum (first name) Amber in accordance with (please check only one):

☐ Federal Motor Carrier Safety Regulations [illegible] and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

☐ Mexican Federal Motor Carrier Safety Regulations [illegible] with any applicable state variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☐ Wearing corrective lenses
☐ Wearing hearing aid
☐ Accompanied by a waiver/exemption (specify type): _____
☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone [illegible] (Federal)
☐ Qualified by operation of [illegible] (Federal)
☐ Grandfathered from SPE requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any applicable attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 5-3-25

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature] FNPC

Medical Examiner's Telephone Number: 865-264-4012

Date Certificate Signed: 5-3-23

Medical Examiner's Name (please print or type): Amy Young

☐ MD ☐ Physician Assistant ☑ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 21338

Issuing State: TN

National Registry Number: 7009021310

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: 099969822

Issuing State/Province: TN

Driver's Address
Street Address: 106 Indian Gap Rd. City: Andersonville State/Province: TN Zip Code: 37705

CDL/CDL Applicant/Holder ☑ Yes ☐ No

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 unauthorized disclosure by keeping the document under the control of authorized persons. Properly dispose of the document when retention is no longer required or as mandated by regulatory requirements.

Rev 12/16/21

< AMBER BRANUM

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	16-Aug-2023	16-Aug-2031
Class D License	Valid	16-Aug-2023	16-Aug-2031

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	05-Jun-2023	03-May-2025

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan
[lpstrFRSection]

Department of Safety & Homeland Security

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-0113

MVR

August 17, 2023

Letter ID: L0542069136
Account ID: 099969822

AMBER BRANUM
106 INDIAN GAP RD
ANDERSONVILLE TN 37705-2819

Lic Issue Date: 08/16/2023
Prm Issue Date: 00/00/00
Lic Expiration Date: 08/16/2031
Prm Expiration Date: 00/00/00
Real ID: Yes
Lic Class: B
Permit Class:

Dr Lic No: 099969822
Eye Color: Blue
Height: 5 FT 3 IN
Non-CDL Status: Valid
Non-CDL Eligibility: 00/00/00
Birthdate: 12/05/1986
Hair Color: Brown
Weight: 215
CDL Status: Licensed
CDL Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00
Original Issue Date: 02/13/2002
Sex: Female
Race: White
CDLP Status: Licensed
CDLP Eligibility: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med Examiner Lic: 21338
Med License State: Tennessee
Med Examiner Registry: 7009021310
Med Examiner Phone: (865) 264-4012
Med Expire Date: 05/03/2025
Med Status: Certified
Med Issue Date: 05/03/2023
Med Variance :
Med Post Date: 06/05/2023
Med Self Code: Non-excepted Interstate

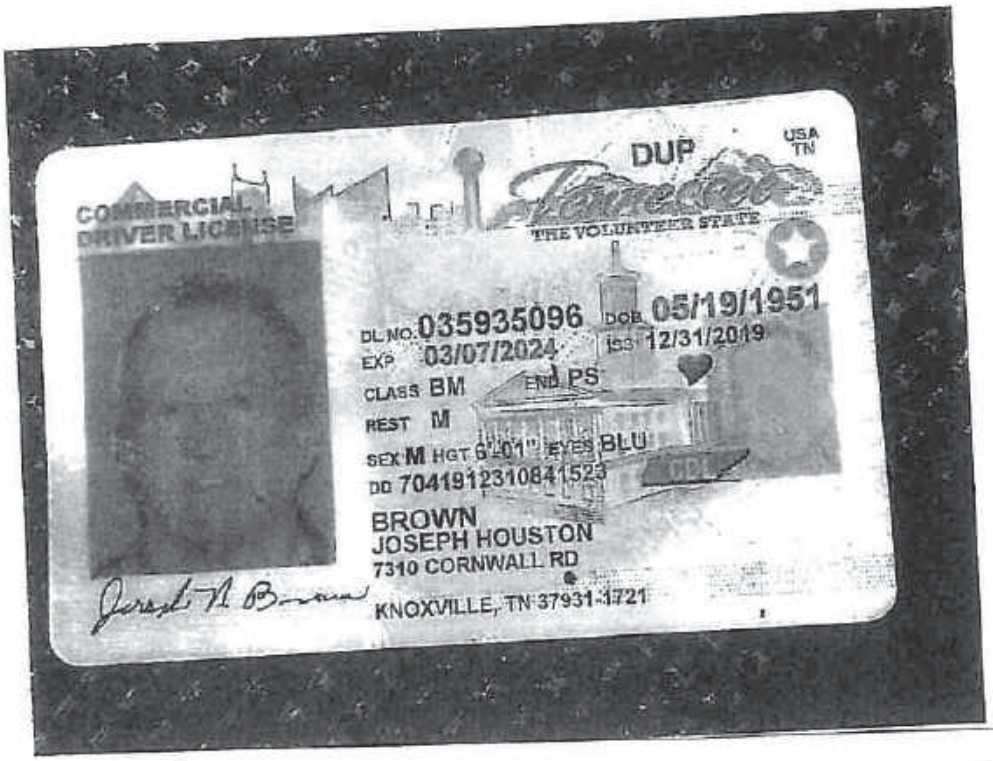
Contains Offense Activity From 08/17/2020
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

24-0113



Save Time, Renew Online
www.Tennessee.Gov

1936504629583502 01

05/19/1951
Rev 12/02/2011
ENDORSEMENTS:
P - Passenger > 15 incl driver
S - School Bus

CLASS: BM Trucks/buses >26,000 GVWR, Trailers <10,000, Motorcycles, motor-driven cycles & scooters
RESTRICTIONS: M - Except Class A Bus (55)

ORGAN DONOR ☐ I hereby certify that I am 18 or older, of sound mind, and upon my death, wish to make an anatomical gift noted here: ☐ Any Organ/Tissue ☐ Entire Body

Donor Signature _____ Date _____ Blood Type _____

☐ Specific Organ(s)/Tissue _____ RH Factor _____

FOR NON-PHOTO SIGN HERE:

24-0113

Form MCSA-587b

OMB No.: 2126-0006 Expiration Date: 10/31/2024

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 be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, DC 20590

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Brown (first name) Joseph in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations [illegible] and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☐ the Federal Motor Carrier Safety Regulations [illegible] with any applicable State variances (which will only be valid for intrastate operation), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☒ Wearing corrective lenses
- ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Driving within an exempt intracity zone [illegible]
- ☐ Wearing hearing aid
- ☐ Accompanied by a SAN Performance Evaluation (SPE) Certificate
- ☐ Qualified by operation of [illegible]
- ☐ Grandfathered from State requirements (Sect)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, supplies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 10-19-24

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [illegible] FNPC

Medical Examiner's Telephone Number: 865-264-4012

Date Certificate Signed: 10-19-23

Medical Examiner's Name (please print or type): Amy Young, FNP-C

○ MD ○ Physician Assistant ● Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 21338

Issuing State: TN

National Registry Number: 7009021310

CMV DRIVER INFORMATION

Driver's Signature: Joseph H Brown

Driver's License Number: 035935096

Issuing State/Province: TN

Driver's Address
Street Address: 1310 Cornwell Rd City: Knoxville State/Province: TN Zip Code: 37931

CLP/CDL Applicant/Holder ● Yes ○ No

[illegible]

Rev 12/18/21

TN

< JOSEPH BROWN

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	31-Dec-2019	07-Mar-2024
Class D License	Valid	31-Dec-2019	07-Mar-2024

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	19-Oct-2023	19-Oct-2024

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan
[!pstrFRSection]

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-0113

Department of Safety & Homeland Security

MVR

August 4, 2023

Letter ID: L1597496976
Account ID: 035935096

JOSEPH BROWN
7310 CORNWALL RD
KNOXVILLE TN 37931-1721

Real ID: Yes
Lic Class: BM
Permit Class:

Lic Issue Date: 12/31/2019
Prm Issue Date: 00/00/00
Lic Expiration Date: 03/07/2024
Prm Expiration Date: 00/00/00

Dr Lic No: 035935096
Eye Color: Blue
Height: 6 FT 1 IN
Non-CDL Status: Valid
Non-CDL Eligibility: 00/00/00
Birthdate: 05/19/1951
Hair Color: Gray
Weight: 190
CDL Status: Licensed
CDL Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00
Original Issue Date: 06/21/2000
Sex: Male
Race: White
CDLP Status: Licensed
CDLP Eligibility: 00/00/00

Lic Restrictions: M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Lic: 21338
Med Examiner Registry: 7009021310
Med Examiner Phone: (865) 264-4012
Med Expire Date: 11/10/2023
Med Issue Date: 11/10/2022
Med Post Date: 11/21/2022
Med Status: Certified
Med Variance : Corrective Lenses\line
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 08/04/2020
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

2:17 LTE

Certificate of Completion

Anderson County Schools

Joseph Brown

has completed

Human Trafficking Awareness (Full Course)

a training program requiring **1 hour**

on

Friday, August 19, 2022

VectorSolutions

Training Coordinator's Signature

Employee's Initials: _____

AA ns-tn.safeschools.com

INFINITI

Certificate of Training

Mandatory School Bus Training 2023-2024

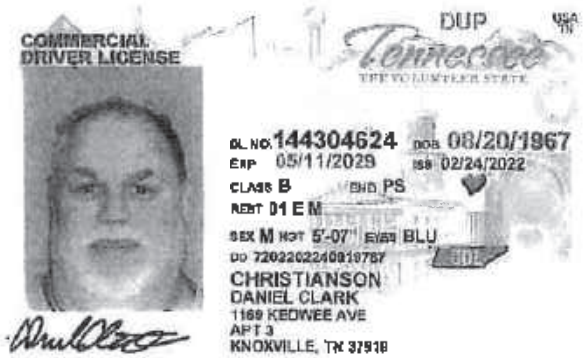
Completion Date: February 8th 2024

Awarded To

JOSEPH BROWN

TENNESSEE STATE TROOPER HIGHWAY PATROL

Vertical Alliance Group, Inc. products and services are not accredited or certified by any federal, state, local or professional organization.
This certificate only serves as confirmation that the named user has comprehended the materials assigned by the named company to its unique standards of completion.



Save Time, Renew Online
www.TennesseeTn.Gov
08/20/1967
Rev 12/02/2011
ENDORSEMENTS:
P - Passenger > 15 incl driver
S - School Bus

CLASS: B Trucks/Buses >26,000 GVWR, Trailers <10,000

RESTRICTIONS: 01 Glasses, Contacts, E - No Manual Transmission Equipped CMV, M - Except Class A Bus (50)

ORGAN DONOR ☐ I hereby certify that I am 18 or older, of sound mind, and upon my death, wish to make an anatomical gift noted above:
☐ Any Organ/Tissue
☐ Entire Body
Donor Signature _____ Date _____
Blood Type _____
☐ Specific Organ(s)/Tissue _____
RH Factor _____
FOR NON-PHOTO SIGN HERE:

Form MCSA-5876

OMB No. 2126-0006 Expiration Date: [illegible]

Public Burden Statement
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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver's License Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (first name) CHRISTOPHER (last name) DANIEL 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

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances. Exhibits will only be valid for intrastate operations, and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☒ Wearing corrective lenses
☐ Wearing hearing aid
☐ Accompanied by a motor vehicle monitor (specify type): _____
☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
☐ Driving within an exempt intracity zone (49 CFR 391.62) (Waived)
☐ Qualified by operation of 49 CFR 391.65 (Waiver)
☐ Grandfathered from State requirements (Waiver)

Medical Examiner's Certification Expiration Date: 01/08/26

The information I have provided regarding this driver's examination is true and complete. A completed Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Name (please print): DAVID Hancock

Medical Examiner's State Licence, Certificate, or Registration Number: 108516

Medical Examiner's Telephone Number: 865-637-7962

State Certificate Expiration: 1-8-24

☒ MD ☐ Physician Assistant ☐ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Issuing State: TN

National Registry Number: 1234525535

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's Date of Birth: 1973-04-24

Issuing State (Jurisdiction): TENNESSEE

Driver's Address
Street Address: 1169 HICKORY LANE #3 City: KNOXVILLE State/Province: TN Zip Code: 37919

CLP/CDL Applicant/Holder ☒ Yes ☐ No

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

Rev. 10/18/21

< DANIEL CHRISTIANSON

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	24-Feb-2022	11-May-2029
Class D License	Valid	24-Feb-2022	11-May-2029

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	08-Jan-2024	08-Jan-2026

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan
[lpstrFRSection]

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

Department of Safety & Homeland Security

MVR

August 8, 2023

Letter ID: L1369080208
Account ID: 144304624

DANIEL CHRISTIANSON
1169 KEOWEE AVE APT 3
KNOXVILLE TN 37919-7759

Real ID: Yes
Lic Issue Date: 02/24/2022
Lic Expiration Date: 05/11/2029
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 144304624
Birthdate: 08/20/1967
Original Issue Date: 06/09/2020
Eye Color: Blue
Hair Color: Brown
Sex: Male
Height: 5 FT 7 IN
Weight: 325
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Lic: 21338
Med Examiner Registry: 7009021310
Med Examiner Phone: (865) 264-4012
Med Expire Date: 02/23/2024
Med Issue Date: 02/23/2022
Med Post Date: 03/03/2022
Med Status: Certified
Med Variance : Corrective Lenses\line
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 08/08/2020
Former State/Lic No: IL/C62316367237

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
08/24/2021	08/24/2021	08/28/2021		Anderson County	00103073185

PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 3073185 - NO POINTS ASSESSED

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

24-0113

Certificate of Completion for hu | Facebook primary email change

File | C:/Users/Sandue/Desktop/Certificate%20of%20Completion%20for%20Human%20Trafficking%20Awareness%20(Full%20Course).html

Certificate of Completion

Anderson County Schools

Daniel Christianson

has completed

Human Trafficking Awareness (Full Course)

a training program requiring **1 hour**

on

Wednesday, August 17, 2022

VectorSolutions
Vector Training K-12 Edition

Training Coordinator's Signature

Employee's Initials: _____

Type here to search

80°F Partly sunny 12:52 PM 8/22/2022

Certificate of Training

Mandatory School Bus Training 2022-2023

Completion Date: April 26th 2023

Awarded To

DANIEL CHRISTIANSON

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This certificate only serves as confirmation that the named user has comprehended the materials assigned by the named company to its unique standards of completion.

COMMERCIAL DRIVER LICENSE

Tennessee

DL NO. 065139731 DOB 05/27/1968
EXP 05/01/2026 ISS 05/01/2018
CLASS B END PS
REST 01 M
SEX F HGT 5'-00" EYES HAZ
DD 720180501101682 7
KING
REBECCA ANN
220 DOGWOOD LN
ROBBINS, TN 37852-3231

Rebecca A. King

Save Time, Renew Online
www.Tennessee.Gov
05/27/1968
Rev 12/02/2011
ENDORSEMENTS:
P - Passenger > 15 Inc
drivers
S - School Bus

CLASS: B Trucks/buses >26,000 GVWR, Trailers <10,000

RESTRICTIONS: 01 Glasses, Contacts. M - Except Class A Bus (55)

ORGAN DONOR ☐ I hereby certify that I am 18 or older, of sound mind, and upon my death, wish to make an anatomical gift noted here: ☐ Any Organ/Tissue ☐ Entire Body
Donor Signature _____ Date _____ Blood Type _____
☐ Specific Organ(s)/Tissue _____ RH Factor _____
FOR NON-PHOTO SIGN HERE:

Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 12/31/2024

24-0113

Public Burden Statement
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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

IV DRIVER CERTIFICATION

I certify that I have examined (last name) King (first name) Rebecca in accordance with (please check only one):

- (X) the Federal Motor Carrier Safety Regulations [illegible] and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply): OR
- ( ) the Federal Motor Carrier Safety Regulations [illegible] with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an external, intracity zone [illegible] (Federal)
- ☐ Qualified by operation of [illegible] (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-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 07/24/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 423-101-9037

Date Certificate Signed: 07/24/23

Medical Examiner's Name (please print or type): Olivia McKamey

(X) MD ( ) Physician Assistant (X) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 29718

Issuing State: TN

National Registry Number: 4135051569

CMV DRIVER INFORMATION

Driver's Signature: Rebecca A. King

Driver's License Number: 005139731

Issuing State/Province: TN

Driver's Address
Street Address: 220 Dogwood Lane City: Robbins State/Province: TN Zip Code: 37852

CLP/CDL Applicant/Holder (X) Yes ( ) No

[illegible]

Rev. 10/2019

TN

< REBECCA KING

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	09-Aug-2021	01-May-2026
Class D License	Valid	09-Aug-2021	01-May-2026

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	24-Jul-2023	24-Jul-2025

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan
[lpstrFRSection]

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-0113

Department of Safety & Homeland Security

MVR

August 3, 2023

Letter ID: L2072452752
Account ID: 065139731

REBECCA KING
220 DOGWOOD LN
ROBBINS TN 37852-3231

Lic Issue Date: 08/09/2021
Prm Issue Date: 00/00/00
Lic Expiration Date: 05/01/2026
Prm Expiration Date: 00/00/00
Real ID: No
Lic Class: B
Permit Class:

Dr Lic No: 065139731
Eye Color: Hazel
Height: 5 FT 0 IN
Non-CDL Status: Valid
Non-CDL Eligibility: 00/00/00
Birthdate: 05/27/1968
Hair Color: Blonde
Weight: 118
CDL Status: Licensed
CDL Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00
Original Issue Date: 05/26/1998
Sex: Female
Race: White
CDLP Status: Licensed
CDLP Eligibility: 00/00/00

Lic Restrictions: Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Olivia Mckamey, Advance Practice Nurse
Med Examiner Lic: 29718
Med Examiner Phone: (423) 201-9937
Med License State: Tennessee
Med Examiner Registry: 4733651569
Med Expire Date: 07/24/2025
Med Status: Certified
Med Issue Date: 07/24/2023
Med Variance :
Med Post Date: 08/02/2023
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 08/03/2020
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
06/07/2023	06/07/2023	06/07/2023		Scott County	00103679284

PERSONAL INJURY ACCIDENT CRASH REPORT #: 103679284 - NO POINTS ASSESSED

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

Certificate of Completion

Anderson County Schools

Rebecca King

has completed

Human Trafficking Awareness (Full Course)

a training program requiring **1 hour**

on

Monday, August 22, 2022

VectorSolutions
Vector Training, K-12 Edition

Training Coordinator's Signature

Employee's Initials: _____

safeRebeccaKing SQ1RQ282-S674

24-013

INFINIT-I

Certificate of Training

Mandatory School Bus Training 2023-2024

Completion Date: February 20th 2024

Awarded To

REBECCA KING

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This certificate only serves as confirmation that the named user has comprehended the materials assigned by the named company to its unique standards of completion.

24-0113

COMMERCIAL DRIVER LICENSE

USA TN

Tennessee
THE VOLUNTEER STATE

DL NO. 062864982 DOB 01/20/1961
EXP 04/02/2028 ISS 04/02/2020
CLASS B END PS
REST 01 E M
SEX M HGT 5'-11" EYES GRN
DD 7202004020901627

LANDERS
EDWARD CHATMAN
104 EAST LN

ANDERSONVILLE, TN 37705-3212

Save Time, Renew Online
www.Tennessee.Gov
01/20/1961
Rev 12/02/2011
ENDORSEMENTS:
P - Passenger > 15 (no driver
S - School Bus

CLASS: B Trucks/Buses >26,000 GVWR, Trailers <10,000

RESTRICTIONS: B1 Glasses, Contacts, E - No Manual Transmission Equipped CMV, M - Except Class A Bus (55)

ORGAN DONOR ☐ I hereby certify that I am 18 or older, of sound mind, and upon my death, wish to make an anatomical gift noted here: ☐ Any Organ/Tissue ☐ Entire Body

Donor Signature _____ Date _____ Blood Type _____

☐ Specific Organ(s)/Tissue _____ RH Factor _____

FOR NON-PHOTO SIGN HERE:

24-0113

OMB No. 2126-0006 Expiration Date 12/31/2024

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

It is hereby certified that I have examined (last name) Landers (first name) Edward 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

☐ the Federal Motor Carrier Safety Regulations (49 CFR 390.3(f)) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply)

- ☒ Wearing corrective lenses
- ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Driving within an exempt intracity zone (49 CFR 390.3(f)) (Federal)
- ☐ Wearing hearing aid
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered form State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 1-25-25

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature] FNPC

Medical Examiner's Telephone Number: 865-214-4012

Date Certificate Signed: 01/25/24

Medical Examiner's Name (please print or type): Amy Young

○ MD ○ Physician Assistant ● Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 81338

Issuing State: TN

National Registry Number: 7000021310

CMV DRIVER INFORMATION

Driver's Signature: Edward C. Landers

Driver's License Number: 0328614988

Issuing State/Province: TN

Driver's Address
Street Address: 104 East Lane City: Andersonville State/Province: TN Zip Code: 37705

CLP/CDL Applicant/Holder ● Yes ○ No

This document contains sensitive information and is for official use only. Improper handling of this information could negatively affect individuals. Handle and store this information appropriately to prevent unauthorized disclosure by keeping the document under the control of authorized persons. Properly dispose of this document when it is no longer required to be maintained by regulatory requirement.

Rev. 12/18/21

e-Services

< EDWARD LANDERS

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	02-Apr-2020	02-Apr-2028
Class D License	Valid	02-Apr-2020	02-Apr-2028

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	25-Jan-2024	25-Jan-2025

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan
[IpstrFRSection]

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-0110

Department of Safety & Homeland Security

MVR

August 4, 2023

Letter ID: L1731714704
Account ID: 062864982

EDWARD LANDERS
104 EAST LN
ANDERSONVILLE TN 37705-3912

Lic Issue Date: 04/02/2020
Prm Issue Date: 00/00/00
Lic Expiration Date: 04/02/2028
Prm Expiration Date: 00/00/00
Real ID: Yes
Lic Class: B
Permit Class:

Dr Lic No: 062864982
Eye Color: Green
Height: 5 FT 11 IN
Non-CDL Status: Valid
Non-CDL Eligibility: 00/00/00
Birthdate: 01/20/1961
Hair Color: Brown
Weight: 270
CDL Status: Licensed
CDL Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00
Original Issue Date: 03/21/1997
Sex: Male
Race: White
CDLP Status: Licensed
CDLP Eligibility: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

. ermit Restrictions:
Permit Endorsements:

Med Examiner Name: Kristina Bowles, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Registry: 7326553763
Med Examiner Lic: 26289
Med Examiner Phone: (865) 264-4319
Med Expire Date: 02/24/2024
Med Status: Certified
Med Issue Date: 02/24/2023
Med Variance : Corrective Lenses\line
Med Post Date: 03/08/2023
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 08/04/2020
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

12:04

◀ Messages

Certificate of Completion

Anderson County Schools

Edward Landers

has completed

Human Trafficking Awareness (Full Course)

a training program requiring **1 hour**

on

Monday, August 8, 2022

VectorSolutions

Training Coordinator's Signature

Employee's Initials:_____

AA corns-tn.safeschools.com

240113

INFINITH

Certificate of Training

Mandatory School Bus Training 2023-2024

Completion Date: January 11th 2024

Awarded To

Edward Landers

TENNESSEE STATE TROOPER HIGHWAY PATROL

Vertical Alliance Group, Inc. products and services are not accredited or certified by any federal, state, local or professional organization.
This certificate only serves as confirmation that the named user has comprehended the materials assigned by the named company to its unique standards of completion

COMMERCIAL DRIVER LICENSE

Tennessee

DL NO. 113249790 DOB 12/17/1992
EXP 12/14/2025 ISS 12/14/2017
CLASS B
RSTR N
SEX M HGT 6'-05" EYES BLU
DD 720171214084729 0

LANDRETH
JUSTIN DAVID
7841 BISHOP RD

KNOXVILLE, TN 37938-4602

Save Time, Renew Online
WWW.Tennessee.Gov
12/17/1992
Rev 12/22/2011
ENDORSEMENTS:
P - Passenger > 15 incl driver
S - School Bus

CLASS: B Trucks/buses > 26,000 GVWR, Trailers <10,000

RESTRICTIONS: N - Except Class A and B Bus (S8)

ORGAN DONOR ☐ I hereby certify that I am 18 or older, of sound mind, and upon my death, wish to make an anatomical gift noted here:
☐ Any Organ/Tissue
☐ Entire Body
Donor Signature _____ Date _____
☐ Specific Organ(s)/Tissue _____
Blood Type _____
RH Factor _____

FOR NON-PHOTO SIGN HERE:

24-0113

Form MCSA-5875

OMB No. 2126-0006 Expiration Date 9/30/2024

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 be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

DRIVER CERTIFICATION

I hereby certify that I have examined (Last name) Londrette (First name) Justin 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

☐ the Federal Motor Carrier Safety Regulations (49 CFR 390.3(f)(2)) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone (49 CFR 390.3(f)(7) or (f)(8))
- ☐ Qualified by operation of 49 CFR 391.64 (diabetic)
- ☐ 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-5875, with any attachments, reflects my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 1-26-26

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature] NP

Medical Examiner's Telephone Number: 8102264912

Date Certificate Signed: 01-26-24

Medical Examiner's Name (please print or type): Amy Young, FNP-C

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify): _____

Medical Examiner's State License, Certificate, or Registration Number: 21638

Issuing State: TN

National Registry Number: 7009021310

CMV DRIVER INFORMATION

Driver's Signature: Justin Londrette

Driver's License Number: 118099490

Issuing State/Province: TN

Driver's Address: Street Address: 7441 Bionapro Way City: Knoxville State/Province: TN Zip Code: 37918

CLP/CDL Applicant/Holder ☒ Yes ☐ No

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.

Rev 12/18/21

e-Services

< JUSTIN LANDRETH

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	14-Dec-2017	14-Dec-2025
Class D License	Valid	14-Dec-2017	14-Dec-2025

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	26-Jan-2024	26-Jan-2026

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffarie Morgan
[IpstrFRSection]

Department of Safety & Homeland Security

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

MVR

August 3, 2023

Letter ID: L0397500048
Account ID: 113249790

JUSTIN LANDRETH
7641 BISHOP RD
KNOXVILLE TN 37938-4602

Lic Issue Date: 12/14/2017
Prm Issue Date: 00/00/00
Lic Expiration Date: 12/14/2025
Prm Expiration Date: 00/00/00
Real ID: No
Lic Class: B
Permit Class:

Dr Lic No: 113249790
Eye Color: Blue
Height: 6 FT 4 IN
Non-CDL Status: Valid
Non-CDL Eligibility: 00/00/00
Birthdate: 12/17/1992
Hair Color: Brown
Weight: 245
CDL Status: Licensed
CDL Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00
Original Issue Date: 12/17/2007
Sex: Male
Race: White
CDLP Status: Licensed
CDLP Eligibility: 00/00/00

Lic Restrictions: N - Passenger Allowed < 26000 (56)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Olivia Brown, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Registry: 4733651569
Med Examiner Lic: 29718
Med Examiner Phone: (865) 264-4012
Med Expire Date: 01/03/2025
Med Issue Date: 01/03/2023
Med Post Date: 01/09/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 08/03/2020
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
11/02/2021	11/02/2021	11/03/2021		Anderson County	00103130323

PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 3130323 - NO POINTS ASSESSED

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

24-0113

Certificate of Completion

Anderson County Schools

Justin Landreth

has completed

Human Trafficking Awareness (Full Course)

a training program requiring **1 hour**

on

Monday, August 8, 2022

VectorSolutions
Vector Training, K-12 Edition

Training Coordinator's Signature

Employee's Initials: _____

safeJustinLandreth SBS03722-5163

24-0113

Certificate of Training

Mandatory School Bus Training 2023-2024

Completion Date: September 1st 2023

Awarded To

JUSTIN LANDRETH

TENNESSEE STATE TROOPER HIGHWAY PATROL

Vertical Alliance Group, Inc. products and services are not accredited or certified by any federal, state, local or professional organization.
This certificate only serves as confirmation that the named user has comprehended the materials assigned by the named company to its unique standards of completion.

COMMERCIAL DRIVER LICENSE

Tennessee
THE VOLUNTEER STATE
USA TN

DL NO. 053076050 DOB 10/12/1962
EXP 08/16/2025 ISS 08/16/2017
CLASS B END NPS
REST 01 M
SEX M HGT 6'-02" EYES BLU
DD 7201708160950013
LANDRETH
JOHN DAVID
126 CEDAR LN
ANDERSONVILLE, TN 37705-2900

Save Time, Renew Online
www.Tennessee.Gov
10/12/1962
Rev 12/02/2011
ENDORSEMENTS:
N - Tanks > 1,000 Gallons
P - Passenger > 15 Incl driver
S - School Bus

CLASS: B Trucks/buses >26,000 GVWR, Trailers <10,000

RESTRICTIONS: 01 Glasses, Contacts, M - Except Class A Bus (65)

ORGAN DONOR ☐ I hereby certify that I am 18 or older, of sound mind, and upon my death, wish to make an anatomical gift, noted here: ☐ Any Organ/Tissue ☐ Entire Body
Donor Signature _____ Date _____
☐ Specific Organs/Tissue _____
Blood Type _____
RH Factor _____

FOR NON-PHOTO SIGN HERE:

Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

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 be approximately [illegible] per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RIM, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

MEDICAL EXAMINER'S CERTIFICATE
(For Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Landreth (first name) John in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations [illegible] and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

☐ the Federal Motor Carrier Safety Regulations, [illegible] with waiver/exemption (which will only be valid for interstate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a waiver/exemption (specify type) _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intra-city zone [illegible]
- ☐ Qualified by operation of [illegible]
- ☐ Grandfathered from State requirements [illegible]

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report form, MCSA-5875, with my attachment, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 6-16-24

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature] FNPC

Medical Examiner's Telephone Number: 865-364-4012

Date Certificate Signed: 6/16/2023

Medical Examiner's Name (please print or type): Amy Young

☐ MD ☐ Physician Assistant ☒ Advanced Practice Nurse
☐ DO ☐ Chiropractor ☐ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 21338

Issuing State: TN

National Registry Number: 7009021310

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: 083076050

Issuing State/Province: TN

Driver's Address
Street Address: 126 Cedar Ln City: Andersonville State/Province: TN Zip Code: 37705

CLP/CDL Applicant/Holder ☒ Yes ☐ No

[illegible]

Rev. 03/10/22

TN

Services

< JOHN LANDRETH

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	16-Aug-2017	16-Aug-2025
Class D License	Valid	16-Aug-2017	16-Aug-2025

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	16-Jun-2023	16-Jun-2024

TN

JOHN LANDRETH

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	16-Aug-2017	16-Aug-2025
Class D License	Valid	16-Aug-2017	16-Aug-2025

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	16-Jun-2023	16-Jun-2024

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan
[lpstrFRSection]

Department of Safety & Homeland Security

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

MVR

August 4, 2023

Letter ID: L0935116432
Account ID: 053076050

JOHN LANDRETH
126 CEDAR LN
ANDERSONVILLE TN 37705-2900

Real ID: No
Lic Issue Date: 08/16/2017
Lic Expiration Date: 08/16/2025
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 053076050
Birthdate: 10/12/1962
Original Issue Date: 10/09/1996
Eye Color: Blue
Hair Color: Bald
Sex: Male
Height: 6 FT 2 IN
Weight: 320
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Cargo Tank, Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Lic: 21338
Med Examiner Registry: 7009021310
Med Examiner Phone: (865) 264-4012
Med Expire Date: 06/16/2024
Med Issue Date: 06/16/2023
Med Post Date: 06/20/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 08/04/2020
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

24-0113

Certificate of Completion

Anderson County Schools

John Landreth

has completed

Human Trafficking Awareness (Full Course)

a training program requiring **1 hour**

on

Wednesday, August 10, 2022

VectorSolutions
Vector Training, K-12 Edition

Training Coordinator's Signature

Employee's Initials: _____

safeJohnLandreth NN685P84-525Q

24-0113

Certificate of Training

Mandatory School Bus Training 2023-2024

Completion Date: January 3rd 2024

Awarded To

JOHN LANDRETH

TENNESSEE STATE TROOPER HIGHWAY PATROL

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This certificate only serves as confirmation that the named user has comprehended the materials assigned by the named company to its unique standards of completion.

COMMERCIAL DRIVER LICENSE

Tennessee

USA TN

DL NO. 068996058 DOB 03/19/1969
EXP 09/08/2025 ISS 09/08/2017
CLASS B END PS
REST E M
SEX F HGT 5'-06" EYES HAZ
DD 7011709091017793

SMITH
MONA LYNN
243 LONE MOUNTAIN RD
ANDERSONVILLE, TN 37705-2830

Mona Smith

Save Time. Renew Online
WWW.TENNESSEE.GOV
01/19/1988
Rev 12/02/2011
ENDORSEMENTS:
P - Passenger > 15 Incl Driver
S - School Bus

CLASS: B Trucks/buses >26,001 GVWR, Trailers <10,000
RESTRICTIONS: E - No Manual Transmission Equipped CMV, M - Except Class A Bus
181

ORGAN DONOR ☐ I hereby certify that I am 18 or older, of sound mind, and upon my death, wish to make an anatomical gift noted here: ☐ Any Organ/Tissue ☐ Entire Body
Donor Signature _____ Date _____ Blood Type _____
☐ Signature Original(s) Tissue _____ Alt Factor _____
FOR NON-PHOTO SIGN HERE:

24-0113

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 be approximately [illegible] per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, DC 20590.

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

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I hereby that I have examined (last name) Smith (first name) Mona in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations [illegible] and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when [illegible]

○ the Federal Motor Carrier Safety Regulations [illegible] with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- ☐ Wearing corrective lenses
- ☐ Wearing hearing aid
- ☐ Accompanied by a waiver/exemption (specify type): _____
- ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate
- ☐ Driving within an exempt intracity zone [illegible] Federal
- ☐ Qualified by operation of [illegible] 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-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 8-2-25

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [illegible] FNP

Medical Examiner's Telephone Number: 8105-264-402

Date Certificate Signed: 7-2-23

Medical Examiner's Name (please print or type): Amy Young, FNP-C

○ MD ○ Physician Assistant ☒ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 21338

Issuing State: TN

National Registry Number: 7004021310

CMV DRIVER INFORMATION

Driver's Signature: Mona L. Smith

Driver's License Number: 068996058

Issuing State/Province: TN

Driver's Address
Street Address: 243 Lone Mtn Rd City: Anderson State/Province: TN Zip Code: 37705

CLP/CDL Applicant/Holder ☒ Yes ○ No

[illegible]

Rev 12/18/22

< MONA SMITH

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	08-Sep-2017	08-Sep-2025
Class D License	Valid	08-Sep-2017	08-Sep-2025

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	02-Aug-2023	02-Aug-2025

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan
[lpstrFRSection]

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

MVR

August 3, 2023

Letter ID: L2114711184
Account ID: 068996058

MONA SMITH
243 LONE MOUNTAIN RD
ANDERSONVILLE TN 37705-2830

Real ID: No
Lic Class: B
Permit Class:

Lic Issue Date: 09/08/2017
Prm Issue Date: 00/00/00

Lic Expiration Date: 09/08/2025
Prm Expiration Date: 00/00/00

Dr Lic No: 068996058
Eye Color: Hazel
Height: 5 FT 6 IN
Non-CDL Status: Valid
Non-CDL Eligibility: 00/00/00

Birthdate: 03/19/1969
Hair Color: Brown
Weight: 197
CDL Status: Licensed
CDL Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Original Issue Date: 07/10/1997
Sex: Female
Race: White
CDLP Status: Licensed
CDLP Eligibility: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med Examiner Lic: 21338
Med Examiner Phone: (865) 264-4012

Med License State: Tennessee
Med Examiner Registry: 7009021310

Med Expire Date: 07/15/2024
Med Status: Certified

Med Issue Date: 07/15/2022
Med Variance :

Med Post Date: 07/29/2022
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 08/03/2020

Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

24-0113

Certificate of Completion

Anderson County Schools

Mona Smith

has completed

Human Trafficking Awareness (Full Course)

a training program requiring **1 hour**

on

Monday, August 22, 2022

VectorSolutions
Vector Training, K-12 Edition

Training Coordinator's Signature

Employee's Initials: _____

safeMonaSmith 7RB56U3P-6665

24-0113

INFINITI

Certificate of Training

Mandatory School Bus Training 2023-2024

Completion Date: January 13th 2024

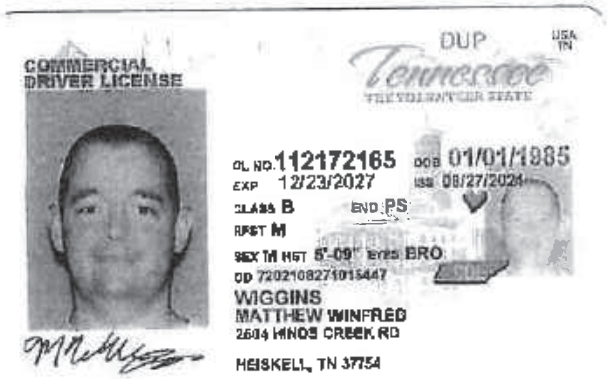
Awarded To

MONA SMITH

TENNESSEE STATE TROOPER HIGHWAY PATROL

Vertice Alliance Group, Inc. products and services are not accredited or certified by any federal, state, local or professional organization.
This certificate only serves as confirmation that the named user has comprehended the materials assigned by the named company to its unique standards of completion.

24-0113



COMMERCIAL DRIVER LICENSE

DUP

USA TN

Tennessee

THE VOLUNTEER STATE

DL NO. 112172165 DOB 01/01/1985

EXP 12/23/2027 ISS 08/27/2024

CLASS B END PS

RSTR M

SEX M HGT 5'-09" EYES BRO

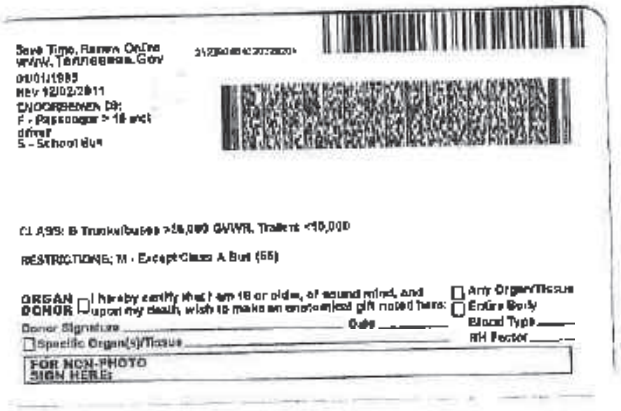
DD 7202108271015447

WIGGINS

MATTHEW WINFRED

2604 HINDS CREEK RD

HEISKELL, TN 37754



Save Time, Renew Online
www.TennesseeRev.Gov

01/01/1985

Rev 12/02/2011

ENDORSEMENTS:
F - Passenger > 16 incl driver
S - School Bus

CLASS: B Trucks/Buses >26,000 GVWR, Trailers <10,000

RESTRICTIONS: M - Except Class A Bus (55)

ORGAN DONOR ☐ I hereby certify that I am 18 or older, of sound mind, and upon my death, wish to make an enforceable gift noted here:

☐ Any Organ/Tissue
☐ Entire Body

Donor Signature _____ Date _____

☐ Specific Organ(s)/Tissue _____

Blood Type _____

RH Factor _____

FOR NON-PHOTO SIGN HERE:

Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: [illegible]

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 unless it 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 be approximately [illegible] per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-PRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

MEDICAL EXAMINER'S CERTIFICATE

(For Commercial Driver Medical Certification)

CMV DRIVER CERTIFICATION

I certify that I have examined (last name) Wiggins (first name) Matthew in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations [illegible] and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply): OR

○ the Federal Motor Carrier Safety Regulations [illegible] with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

☐ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type): _____ ☐ Driving within an exempt intrastate zone (specify zone): _____

☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of [illegible] (Canada)

☐ Qualified as per [illegible] State requirements (state):

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, probably my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 08/09/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 423-201-4937

Date Certificate Signed: 08/09/2023

Medical Examiner's Name (please print or type): Olivia McKamey, FNP-C

○ MD ○ Physician Assistant ☒ Advanced Practice Nurse
○ DO ○ Chiropractor ○ Other Practitioner (specify): _____

Medical Examiner's State License, Certificate, or Registration Number: 29718

Issuing State: TN

National Registry Number: 4733651569

CMV DRIVER INFORMATION

Driver's Signature: [signature]

Driver's License Number: 112172165

Issuing State/Province: TN

Driver's Address
Street Address: 2564 Hinds Creek Rd Heskell State/Province: TN Zip Code: 37754

CLP/CDL Applicant/Holder ☒ Yes ○ No

[illegible]

Rev 12/10/21

< MATTHEW WIGGINS

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	27-Aug-2021	23-Dec-2027
Class D License	Valid	27-Aug-2021	23-Dec-2027

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	09-Aug-2023	09-Aug-2025

Page: 1

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan
[lpstrFRSection]

Department of Safety & Homeland Security

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-9113

MVR

August 4, 2023

Letter ID: L1570594448
Account ID: 112172165

MATTHEW WIGGINS
2504 HINDS CREEK RD
HEISKELL TN 37754-3331

Real ID: Yes
Lic Issue Date: 08/27/2021
Lic Expiration Date: 12/23/2027
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 112172165
Birthdate: 01/01/1985
Original Issue Date: 06/28/2007
Eye Color: Brown
Hair Color: Brown
Sex: Male
Height: 5 FT 9 IN
Weight: 177
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

. ermit Restrictions:
Permit Endorsements:

Med Examiner Name: Aaron Stewart, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Registry: 1914533800
Med Examiner Lic: 29096
Med Examiner Phone: (865) 264-4012
Med Expire Date: 08/02/2024
Med Issue Date: 08/02/2022
Med Post Date: 08/17/2022
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 08/04/2020
Former State/Lic No: VA/T60652451

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

Certificate of Completion

Anderson County Schools

Matthew Wiggins

has completed

Human Trafficking Awareness (Full Course)

a training program requiring **1 hour**

on

Tuesday, August 9, 2022

VectorSolutions
Vector Training, K-12 Edition

Training Coordinator's Signature

Employee's Initials: _____

safeMatthewWiggins P973P598-5249

24-0113

INFINITE

Certificate of Training

Mandatory School Bus Training 2023-2024

Completion Date: February 14th 2024

Awarded To

MATTHEW WIGGINS

TENNESSEE STATE TROOPER HIGHWAY PATROL

Vertical Alliance Group, Inc. products and services are not accredited or certified by any federal, state, local or professional organization.
This certificate only serves as confirmation that the named user has comprehended the materials assigned by the named company to its unique standards of completion

COMMERCIAL
DRIVER LICENSE

USA
TN

DL NO. 066772608 DOB 10/24/1969
EXP 02/03/2026 ISS 02/03/2017
CLASS B END PS
REST E M
SEX F HGT 5'-06" EYES BLU
DD 7011702031136717

WILKERSON
JUDY ELLEN
331 LONE MOUNTAIN RD

ANDERSONVILLE, TN 37705-2833

Save Time, Renew Online
www.Tennessee.Gov
10/24/1969
Rev 12/07/2011
ENDORSEMENTS:
P - Passenger > 15 incl driver
S - School Bus

CLASS: B Trucks/buses >26,000 GVWR, Trailers <10,000

RESTRICTIONS: E - No Manual Transmission Equipped CMV, M - Except Class A Bus (55)

ORGAN DONOR — I hereby certify that I am 18 or older, of sound mind, and upon my death, wish to make an anatomical gift noted here: ☐ Any Organ/Tissue ☐ Entire Body

Donor Signature _____ Date _____ Blood Type _____
☐ Specific Organ(s)/Tissue _____ Rh Factor _____

FOR NON-PHOTO
SIGN HERE:

Form MCSA-5876

OMB No.: 2126-0006 Expiration Date: 12/31/2024

24-0113

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 be approximately one minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to the referenced information are mandatory. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

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

MEDICAL EXAMINER'S CERTIFICATE

(for Commercial Driver Medical Certification)

DRIVER CERTIFICATION

I certify that I have examined (last name) Wilkerson (first name) Judy in accordance with (please check only one):

(●) the Federal Motor Carrier Safety Regulations (49 CFR 391.41(b)(1)-(11)) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) OR

( ) the Federal Motor Carrier Safety Regulations (49 CFR 391.41(b)(1)-(11)) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply)

- [x] Wearing corrective lenses
- [ ] Wearing hearing aid
- [ ] Accompanied by a waiver/exemption (specify name) _____
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- [ ] Qualified by operation of 49 CFR 391.64 (Federal)
- [ ] Grandfathered from State requirements (Circle)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 10/03/2025

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature: [signature]

Medical Examiner's Telephone Number: 865-264-4012

Date Certificate Signed: 10-3-23

Medical Examiner's Name (please print or type): Anthony Baird

( ) MD (●) Physician Assistant ( ) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner (specify) _____

Medical Examiner's State License, Certificate, or Registration Number: 3311

Issuing State: TN

National Registry Number: 9541190213

CMV DRIVER INFORMATION

Driver's Signature: Judy Wilkerson

Driver's License Number: 066T72608

Issuing State/Province: TN

Driver's Address:
Street Address: 331 Lone Mountain Rd City: Andersonville State/Province: TN Zip Code: 37705

CLP/CDL Applicant/Holder (●) Yes ( ) No

[illegible]

Rev 12/16/21

TN

< JUDY WILKERSON

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	03-Feb-2017	03-Feb-2025
Class D License	Valid	03-Feb-2017	03-Feb-2025

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	03-Oct-2023	03-Oct-2025

TN

< JUDY WILKERSON

License Status

Credential	Status	Issue	Expire
Commercial Driver License	Valid	03-Feb-2017	03-Feb-2025
Class D License	Valid	03-Feb-2017	03-Feb-2025

Medical Certificate

Credential	Status	Issue	Expire
Non-Excepted Interstate (NI)	Valid	03-Oct-2023	03-Oct-2025

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan
[!pstrFRSection]

Department of Safety & Homeland Security

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

MVR

August 4, 2023

Letter ID: L1857543824
Account ID: 066772608

JUDY WILKERSON
331 LONE MOUNTAIN RD
ANDERSONVILLE TN 37705-2833

Real ID: No
Lic Class: B
Permit Class:

Lic Issue Date: 02/03/2017
Prm Issue Date: 00/00/00

Lic Expiration Date: 02/03/2025
Prm Expiration Date: 00/00/00

Dr Lic No: 066772608
Eye Color: Blue
Height: 5 FT 6 IN
Non-CDL Status: Valid
Non-CDL Eligibility: 00/00/00

Birthdate: 10/24/1969
Hair Color: Brown
Weight: 220
CDL Status: Licensed
CDL Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Original Issue Date: 11/23/1999
Sex: Female
Race: White
CDLP Status: Licensed
CDLP Eligibility: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Amy Young, Advance Practice Nurse
Med Examiner Lic: 21338
Med Examiner Phone: (865) 264-4012

Med License State: Tennessee
Med Examiner Registry: 7009021310

Med Expire Date: 11/04/2023
Med Status: Certified

Med Issue Date: 11/04/2022
Med Variance :

Med Post Date: 11/28/2022
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 08/04/2020

Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
08/23/2021	08/23/2021	08/26/2021		Anderson County	00103069601
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 3069601					
09/02/2020	09/02/2020	09/08/2020		Anderson County	00102776910
PERSONAL INJURY ACCIDENT CRASH REPORT #: 2776910 - NO POINTS ASSESSED					

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

24-0113

Certificate of Completion

Anderson County Schools

Judy Branum Wilkerson

has completed

Human Trafficking Awareness (Full Course)

a training program requiring **1 hour**

on

Thursday, August 18, 2022

VectorSolutions
Vector Training, K-12 Edition

Training Coordinator's Signature

Employee's Initials: _____

safeJudyBranum 826PP60N-5545

INFINITI

Certificate of Training

Mandatory School Bus Training 2023-2024

Completion Date: February 12th 2024

Awarded To

JUDY WILKERSON

TENNESSEE STATE TROOPER HIGHWAY PATROL

Vertical Alliance Group, Inc. products and services are not accredited or certified by any federal, state, local or professional organization.
This certificate only serves as confirmation that the named user has comprehended the materials assigned by the named company to its unique standards of completion.

Andersonville Bus Lines, Inc.

Vehicle Information List

As of: 2/14/2024

Bus	VIN	Model Year	Date of MFG	Warranty	License	Renewal	Cap (3x)	Cap (2x)
Daycare	1BABNC0A24F215283	2004	07-03	09-03	CB 60756	March	84	56
ABL1	1BABKCPA2CF282804	2012	03-11	08-11	CB 60751	July	78	52
ABL2	1BAANCPA43F208044	2003	03-02	09-02	CB 60755	March	84	56
ABL3	1BABKCPA09F257683	2009	12-07	09-08	CB 60749	September	78	52
9	1BABNCPA9FF309928	2015	04-14	09-14	CB 60758	September	84	56
10	1BDBNCPA6EF297674	2014	01-13	02-13	CB 60750	February	83	55
14	1BAKGCSA4PF393921	2023	10-22	01-23	CB 50861	January	72	48
29	1BABNCPAXGF317196	2016	01-15	08-15	CB 60763	July	84	56
40	1BABKCPA79F257681	2009	12-07	09-08	CB 60745	July	78	52
46	1BABKCPA79F257678	2009	12-07	09-08	CB 60748	August	78	52
54	1BABNCPA1AF274200	2010	10-09	12-09	CB 60746	July	84	56
74	1BABNCPA7JF342452	2018	05-17	08-17	CB 60766	December	84	56
81	1BABNCSAXLF359854	2020	10-18	07-19	CB 60747	July	84	56

Andersonville Bus Lines, Inc.

David Landreth, President
3822 Andersonville Hwy.
P.O. Box 99
Andersonville, Tennessee 37705
Office (865) 494-5420
Cell (865) 455-7973

Maintenance Plan

The manufacturer's suggested service interval is every 15,000 miles but we, at Andersonville Bus Lines, service our equipment at every 10,000 miles or approximately once every year. At the 10,000 mile service, we do a full service which includes:

- Changing the oil and filters using the Cummins recommended Valvoline Premium Blue engine oil and the appropriate Fleetguard filters- oil, fuel, transmission, coolant
- Inspect belt(s) and hoses for ripped/frayed/cracked/worn/leaking areas and replaced as needed
- Inspect brake components for abnormal wear and functionality and replace as needed
- Inspect tires/wheels/and steering components for adequate inflation and abnormal wear indicating an issue and replace or fix as needed
- Inspect driveline for loose or worn u-joints and carrier bearings
- Inspect exhaust system for cracks, holes or damage and look for loose or broken hangers or exhaust clamps
- Inspect rear end/axel components for leaks and replace as needed
- Grease all grease fittings and top off all fluids

We also do a partial service and inspection every 5000 miles which encompasses all components in the full service above except changing the engine oil and filters.

Per federal DOT law, drivers are required to do a Pre-trip inspection each day. If any defect/damage/abnormality is observed, the driver notifies the shop at which point the issue is inspected and fixed or replaced as soon as possible.

Mechanics check fluid levels periodically and top off as needed. If excessive consumption is observed, further inspection is done to determine the excessive use.

All maintenance is performed, storage, and records are kept at 3822 Andersonville Hwy. Andersonville, TN 37705.

Andersonville Bus Lines, Inc.

David Landreth, President
3822 Andersonville Hwy.
P.O. Box 99
Andersonville, Tennessee 37705
Office (865) 494-5420
Cell (865) 455-7973

Location of Facilities (20 Points)

Andersonville Bus Lines, Inc.'s main facility is located at 3822 Andersonville Highway in Andersonville, Tennessee. This facility services Andersonville Elementary, Fairview Elementary, Norris Elementary, Norris Middle School, and Anderson County High School.

Our satellite location is located at 1709 N. Charles G Seivers Blvd. Clinton, Tennessee. This location serves Claxton Elementary, Grand Oaks Elementary, Clinton Middle School and Clinton High School.

Each of these locations are within minutes of the start of each bus route. Many of our drivers live within only minutes of these locations. During the day several of our drivers are driving our vocational routes, or are cleaning buses at the shop, which allows them the opportunity to be available in the event of an emergency or inclement weather.

Andersonville Bus Lines, Inc.

David Landreth, President
3822 Andersonville Hwy.
P.O. Box 99
Andersonville, Tennessee 37705
Office (865) 494-5420
Cell (865) 455-7973

Vendor Team (20 Points)

Andersonville Bus Lines Management Team consists of:

Office: (865) 494-5420
David Landreth-President/Owner: (865) 455-7973
Tracie Landreth- Secretary/Owner: (865) 661-9621
Matt Wiggins- Shop Supervisor: (865) 643-0988
Justin Landreth- Shop Supervisor: (865) 776-4302

We are available at all times. In the event that we are away from the office, our phones are always forwarded to one of our cell phones. We are always available 24/7. David is available by text or email at davidlandreth@comcast.net or Tracie at tlandreth@comcast.net. These emails are checked frequently.

Andersonville Bus Lines, Inc.

David Landreth, President
3822 Andersonville Hwy.
P.O. Box 99
Andersonville, Tennessee 37705
Office (865) 494-5420
Cell (865) 455-7973

Interview Process

Andersonville Bus Lines accepts applicants that are both CDL holders and non-CDL holders. The criteria which the applicants are evaluated upon apply equally to both CDL and non-CDL holders. During the interview process, Andersonville Bus Lines conducts an in-person interview with the applicant. Applicants are evaluated based upon the following:

- Employment History – The employment history of the applicant is discussed in order to evaluate the commitment and longevity of the employee to current and past employers.
- Background Check – A clear background check is mandatory in order to ensure safety to passengers of the bus and safe operation of the vehicle.
- Driving Record/History – A review is completed of the applicants record/history in order to ensure they are a safe/responsible drivers.
- Experience with Children- Not required. Does allow for better management of the bus while driving and ensuring a higher level of safe operation of the bus.
- Experience with Commercial Vehicles- Not required. Experience with commercial vehicles or other large non-commercial vehicles is preferred.

- History of Drugs in the Workplace- There is no tolerance for drug use in the workplace. If an applicant has had an issue with drug use in the past, the applicant will not be hired.
- Medical History- Medical history is explored to ensure a D.O.T. medical evaluation can be passed in order to hold a valid CDL license.

After review of the above criteria is evaluated, a decision is made to continue the hiring/training process.

Andersonville Bus Lines, Inc.

David Landreth, President
3822 Andersonville Hwy.
P.O. Box 99
Andersonville, Tennessee 37705
Office (865) 494-5420
Cell (865) 455-7973

Retention Rate

Through our last contract period, Andersonville Bus Lines has maintained an employee retention rate of **94%**. Over the last contract period of 8 years, we have only had five employees leave Andersonville Bus Lines. Three of the five employees transferred to new employment that were full-time positions. One transferred to another busing company. Only one out of the five employees were terminated.

Andersonville Bus Lines, Inc.

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Office (865) 494-5420
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ENTRY LEVEL DRIVER TRAINING CURRICULUM

Part 380-Special Training Requirements

Subpart F-Entry-Level Driver Training Requirements On and After

February 7, 2022

Purpose

This subpart establishes training requirements for entry-level drivers, as defined in this subpart, and minimum content for theory and Behind-the-Wheel (BTW) training curricula. Entry-level driver training, as defined in this subpart, applies only to those individuals who apply for a commercial driver's license (CDL) or a CDL upgrade or endorsement and does not otherwise amend substantive CDL requirements in part 383 of this chapter.

Definitions

Behind-the-wheel (BTW) instructor means an individual who provides BTW training involving the actual operation of a CMV by an entry-level driver on a range or a public road and meets one of these qualifications:

(1) Holds a CDL of the same (or higher) class and with all endorsements necessary to operate the CMV for which training is to be provided and has at least 2 years of experience driving a CMV requiring a CDL of the same or higher class and/or the same endorsement and meets all applicable State qualification requirements for CMV instructors; or

(2) Holds a CDL of the same (or higher) class and with all endorsements necessary to operate the CMV for which training is to be provided and has at least 2 years of experience as a BTW CMV instructor and meets all applicable State qualification requirements for CMV instructors.

Exception applicable to paragraphs (1) and (2) of this definition: *A BTW instructor who provides training solely on a range which is not a public road is not required to hold a CDL of the same (or higher) class and with all endorsements necessary to operate the CMV for which training is to be provided, as long as the instructor previously held a CDL of the same (or higher) class and with all endorsements necessary to operate the CMV for which training is to be provided, and complies with the other requirements set forth in paragraphs (1) or (2) of this definition.*

(3) If an instructor's CDL has been cancelled, suspended, or revoked due to any of the disqualifying offenses identified in § 383.51 of this subchapter, the instructor is prohibited from engaging in BTW instruction for 2 years following the date his or her CDL is reinstated.

Behind-the-wheel (BTW) public road training means training provided by a BTW instructor when an entry-level driver has actual control of the power unit during a driving lesson conducted on a public road. BTW public road training does not include the time that an entry-level driver spends observing the operation of a CMV when he or she is not in control of the vehicle.

Behind-the-wheel (BTW) range training means training provided by a BTW instructor when an entry-level driver has actual control of the power unit during a driving lesson conducted on a range. BTW range training does not include time an entry-level driver spends observing the operation of a CMV when he or she is not in control of the vehicle.

Entry-level driver means an individual who must complete the CDL skills test requirements under § 383.71 of this subchapter prior to receiving a CDL for the first time, upgrading to a Class A or Class B CDL, or obtaining a hazardous materials, passenger, or school bus endorsement for the first time. This definition does not include individuals for whom States waive the CDL skills test under § 383.77 or individuals seeking to remove a restriction in accordance with § 383.135(b)(7) of this subchapter.

Entry-level driver training means training an entry-level driver receives from an entity listed on FMCSA's Training Provider Registry prior to:

(1) Taking the CDL skills test required to receive the Class A or Class B CDL for the first time;

(2) Taking the CDL skills test required to upgrade to a Class A or Class B CDL; or

(3) Taking the CDL skills test required to obtain a passenger and/or school bus endorsement for the first time or the CDL knowledge test required to obtain a hazardous materials endorsement for the first time.

Range means an area that must be free of obstructions, enables the driver to maneuver safely and free from interference from other vehicles and hazards, and has adequate sight lines.

Theory Instruction means knowledge instruction on the operation of a CMV and related matters provided by a theory instructor through lectures, demonstrations, audio-visual presentations, computer-based instruction, driving simulation devices, online training, or similar means.

Theory Instructor means an individual who provides knowledge instruction on the operation of a CMV and meets one of these qualifications:

(1) Holds a CDL of the same (or higher) class and with all endorsements necessary to operate the CMV for which training is to be provided and has at least 2 years of experience driving a CMV requiring a CDL of the same (or higher) class and/or the same endorsement and meets all applicable State qualification requirements for CMV instructors; or

(2) Holds a CDL of the same (or higher) class and with all endorsements necessary to operate the CMV for which training is to be provided and has at least 2 years of experience as a BTW CMV instructor and meets all applicable State qualification requirements for CMV instructors.

Exceptions applicable to paragraphs (1) and (2) of this definition:

1. An instructor is not required to hold a CDL of the same (or higher) class and with all endorsements necessary to operate the CMV for which training is to be provided, if the instructor previously held a CDL of the same (or higher) class and complies with the other requirements set forth in paragraphs (1) or (2) of this definition.

2. Training providers offering online content exclusively are not required to meet State qualification requirements for theory instructors.

3.

(3) If an instructor's CDL has been cancelled, suspended, or revoked due to any of the disqualifying offenses identified in § 383.51 of this subchapter, the instructor is prohibited from engaging in theory instruction for 2 years following the date his or her CDL is reinstated.

***Training Provider** means an entity that is listed on the FMCSA Training Provider Registry, as required by subpart G of this part. Training providers include, but are not limited to, training schools, educational institutions, rural electric cooperatives, motor carriers, State/local governments, school districts, joint labor management programs, owner-operators, and individuals.

Appendix B to Part 380 – Class B License

CDL Training Curriculum

Class B CDL applicants must complete the Class B CDL curriculum outlined in this Appendix. The curriculum for Class B applicants pertains to heavy straight vehicles (Group B) as defined in 49 CFR 383.91(a)(2). There is no required minimum number of instruction hours for theory training, but the training instructor must cover all the topics in curriculum. There is no required minimum number of instruction hours required for BTW (range and public road) training, but the training instructor must cover all topics set forth in the BTW curriculum. BTW training must be conducted in a CMV for which a Class B CDL is required. The instructor must determine and document that each driver-trainee has demonstrated proficiency in all elements of the BTW curriculum unless otherwise noted. Consistent with the definitions of BTW range training and BTW public road training in § 380.605, a simulation device cannot be used to conduct such training or to demonstrate proficiency. Training instructors must document the total number of clock hours each driver-trainee spends to complete the BTW curriculum. The Class B curriculum must, at a minimum, include the following:

Theory Instruction

Section B1.1 Basic Operation

This section must cover the interaction between driver-trainees and the CMV. Driver-trainees will receive instruction in the Federal Motor Carrier Safety Regulations (FMCSRs) and will be introduced to the basic CMV instruments and controls. This section must also teach driver-trainees how to perform vehicle inspections, control the CMVs under various road and traffic conditions, employ shifting and backing techniques, and couple and uncouple, as applicable. Driver-trainees must familiarize themselves with the basic operating characteristics of a CMV.

Unit B1.1.1 Orientation

This unit must introduce driver-trainees to the commercial motor vehicle driver training curriculum and the components of a commercial motor vehicle. The training providers must teach driver-trainees the safety fundamentals, essential regulatory requirements (*i.e.*, overview of FMCSRs/hazardous materials (HM) regulations), and driver-trainees' responsibilities not directly related to driving. This unit must also cover the ramifications and driver disqualification provisions and fines for non-compliance with parts 380, 382, 383, and 390 through 399 of the FMCSRs. This unit must also include an overview of the applicability of State and local laws relating to the safe operation of the CMV, stopping at weigh stations/scales, hazard awareness of vehicle size and weight limitations, low clearance areas (e.g., CMV height restrictions), and bridge formulas.

Unit B1.1.2 Control Systems/Dashboard

This unit must introduce driver-trainees to vehicle instruments, controls, and safety components. The training providers must teach driver-trainees to read gauges and instruments correctly and the proper use of vehicle safety components, including safety belts and mirrors. The training providers must teach driver-trainees to identify, locate, and explain the function of each of the primary and secondary controls including those required for steering, accelerating, shifting, braking systems (e.g., ABS, hydraulic, air), as applicable, and parking.

Unit B1.1.3 Pre- and Post-Trip Inspections

The training provider must teach the driver-trainees to conduct pre-trip and post-trip inspections as specified in §§ 392.7 and 396.11, including appropriate inspection locations. Instruction must also be provided on enroute vehicle inspections.

Unit B1.1.4 Basic Control

This unit must introduce basic vehicular control and handling as it applies to commercial motor vehicles. This unit must include instruction addressing basic CMV controls in areas such as executing sharp left and right turns, centering the vehicle, maneuvering in restricted areas, and entering and exiting the interstate or controlled access highway.

Unit B1.1.5 Shifting/Operating Transmissions

This unit must introduce shifting patterns and procedures to driver-trainees to prepare them to safely and competently perform basic shifting maneuvers. This unit must teach driver-trainees to execute up and down shifting techniques on multi-speed dual range transmissions, if appropriate. The training providers must teach driver-trainees the importance of increased fuel economy achieved by utilizing proper shifting techniques.

Unit B1.1.6 Backing and Docking

This unit must teach driver-trainees to back and dock the vehicle safely. This unit must cover "Get Out and Look" (GOAL), evaluation of backing/loading facilities, knowledge of backing set ups, as well as instruction in how to back with use of spotters.

Section B1.2 Safe Operating Procedures

This section must teach the practices required for safe operation of the CMV on the highway under various road, weather, and traffic conditions. The training providers must teach driver-trainees the Federal rules governing the proper use of seat belt assemblies (§ 392.16).

Unit B1.2.1 Visual Search

This unit must teach driver-trainees to visually search the road for potential hazards and critical objects, including instruction on recognizing distracted pedestrians or distracted drivers. This unit must include instruction in how to ensure a driver-trainee's personal security/general awareness in common surroundings such as truck stops and/or rest areas and at shipper/receiver locations.

Unit B1.2.2 Communication

This unit must teach driver-trainees how to communicate their intentions to other road users. Driver-trainees must be instructed in techniques for different types of communication on the road, including proper use of headlights, turn signals, four-way flashers, and horns. This unit must cover instruction in proper utilization of eye contact techniques with other drivers, bicyclists, and pedestrians.

Unit B1.2.3 Distracted Driving

This unit must instruct driver-trainees in FMCSRs related to distracted driving and other key driver distraction driving issues, including improper cell phone use, texting, and use of in-cab technology (e.g., §§ 392.80 and 392.82). This instruction will include training in the following aspects: Visual attention (keeping eyes on the road); manual control (keeping hands on the wheel); and cognitive awareness (keeping mind on the task and safe operation of the CMV).

Unit B1.2.4 Speed Management

This unit must teach driver-trainees how to manage speed effectively in response to various road, weather, and traffic conditions. The instruction must include methods for calibrating safe following distances under an array of conditions including traffic, weather and CMV weight and length.

Unit B1.2.5 Space Management

This unit must teach driver-trainees about the importance of managing the space surrounding the vehicle under various traffic and road conditions.

Unit B1.2.6 Night Operation

This unit must instruct driver-trainees in the factors affecting the safe operation of CMVs at night and in darkness. Additionally, driver-trainees must be instructed in changes in vision,

communications, speed, space management, and proper use of lights, as needed, to deal with the special problems night driving presents.

Unit B1.2.7 Extreme Driving Conditions

This unit must teach driver-trainees the specific problems presented by extreme driving conditions. The training will emphasize the factors affecting the operation of CMVs in cold, hot, and inclement weather and on steep grades and sharp curves. The training providers must teach driver-trainees the proper tire chaining procedures in this unit.

Section B1.3 Advanced Operating Practices

This section must introduce higher-level skills that can be acquired only after the more fundamental skills and knowledge taught in the prior two sections have been mastered. The training providers must teach driver-trainees the advanced skills necessary to recognize potential hazards and must teach driver-trainees the procedures needed to handle a CMV when faced with a hazard.

Unit B1.3.1 Hazard Perception

The unit must provide instruction for recognizing potential hazards in the driving environment in order to reduce the severity of the hazard and neutralize possible emergency situations. The training providers must teach driver-trainees to identify road conditions and other road users that are a potential threat to the safety of the CMV and suggest appropriate adjustments. The instruction must emphasize hazard recognition, visual search, adequate surveillance, and response to possible emergency-producing situations encountered by CMV drivers in various traffic situations. The training providers must also teach driver-trainees to recognize potential dangers and the safety procedures that must be utilized while driving in construction/work zones.

Unit B1.3.2 Skid Control/Recovery, Jackknifing, and Other Emergencies

This unit must teach the causes of skidding and jackknifing and techniques for avoiding and recovering from them. The training providers must teach the importance of maintaining directional control and bringing the CMV to a stop in the shortest possible distance while operating over a slippery surface. This unit must provide instruction in appropriate responses when faced with CMV emergencies. This instruction must include evasive steering, emergency braking, and off-road recovery, as well as the proper response to brake failures, tire blowouts, hydroplaning, and rollovers. The instruction must include a review of unsafe acts and the role the acts play in producing or worsening hazardous situations.

Unit B1.3.3 Railroad-Highway Grade Crossings

This unit must teach driver-trainees to recognize potential dangers and appropriate safety procedures to utilize at railroad (RR)-highway grade crossings. This instruction must include an overview of various Federal/State RR grade crossing regulations, RR grade crossing environments, obstructed view conditions, clearance around the tracks, and rail signs and signals. The training providers must instruct driver-trainees that railroads have personnel available ("Emergency Notification Systems") to receive notification of any information relating to an unsafe condition at the RR-highway grade crossing or a disabled vehicle or other obstruction blocking a railroad track at the RR-highway grade crossing.

Section B1.4 Vehicle Systems and Reporting Malfunctions

This unit must provide entry-level driver-trainees with sufficient knowledge of the CMV and its systems and subsystems to ensure that they understand and respect their role in vehicle inspection, operation, and maintenance and the impact of those factors upon highway safety and operational efficiency.

Unit B1.4.1 Identification and Diagnosis of Malfunctions

This unit must teach driver-trainees to identify major vehicle systems. The goal is to explain their function and how to check all key vehicle systems, as appropriate (e.g., engine, engine exhaust auxiliary systems, brakes, drive train, coupling systems, and suspension) to ensure their safe operation. Driver-trainees must be provided with a detailed description of each system, its importance to safe and efficient operation, and what is needed to keep the system in good operating condition.

Unit B1.4.2 Roadside Inspections

This unit must instruct driver-trainees on what to expect during a standard roadside inspection conducted by authorized personnel. The training providers must teach driver-trainees on what vehicle and driver violations are classified as out-of-service (OOS), including the ramifications and penalties for operating a CMV when subject to an OOS order as defined in section 390.5.

Unit B1.4.3 Maintenance

This unit must introduce driver-trainees to the basic servicing and checking procedures for various engine and vehicle components and to help develop their ability to perform preventive maintenance and simple emergency repairs.

Section B1.5 Non-Driving Activities

This section must teach driver-trainees activities that do not involve actually operating the CMV, e.g., proper cargo securement.

Unit B1.5.1 Handling and Documenting Cargo

This unit must teach driver-trainees the basic theory of cargo weight distribution, cargo securement on the vehicle, cargo covering, and techniques for safe and efficient loading/unloading. The training providers must also teach driver-trainees the basic cargo security/cargo theft prevention procedures. The training providers must teach driver-trainees the basic information regarding the proper handling and documentation of HM cargo.

Unit B1.5.2 Environmental Compliance Issues

This unit must teach driver-trainees to recognize environmental hazards and issues related to the CMV and load, and also make aware that city, county, State, and Federal requirements may apply to such circumstances.

Unit B1.5.3 Hours of Service Requirements

This unit must teach driver-trainees to understand that there are different hours-of-service (HOS) requirements applicable to different industries. The training providers must teach driver-trainees all applicable HOS regulatory requirements. The training providers must teach driver-trainees to complete a Driver's Daily Log (electronic and paper), timesheet, and logbook recap, as appropriate. The training providers must teach driver-trainees the consequences (safety, legal, and personal) of violating the HOS regulations, including the fines and penalties imposed for these types of violations.

Unit B1.5.4 Fatigue and Wellness Awareness

The issues and consequences of chronic and acute driver fatigue and the importance of staying alert will be covered in this unit. The training providers must teach driver-trainees about wellness and basic health maintenance information that affect a driver's ability to safely operate a CMV.

Unit B1.5.5 Post-Crash Procedures

This unit must teach driver-trainees the appropriate post-crash procedures, including the requirement that the driver, if possible, assess his or her physical condition immediately after the crash and notify authorities, or assign the task to other individuals at the crash scene. The training providers must teach driver-trainees how to protect the area; obtain emergency medical

assistance; move on-road vehicles off the road in minor crashes so as to avoid subsequent crashes or injuries; engage flashers; place reflective triangles and other warning devices for stopped vehicles; and properly use a fire extinguisher, if necessary. The training providers must instruct driver-trainees in post-crash testing requirements related to controlled substances and alcohol.

Unit B1.5.6 External Communications

This unit must instruct driver-trainees in the value of effective interpersonal communication techniques/skills to interact with enforcement officials. The training providers must teach driver-trainees the specifics of the roadside vehicle inspection process, and what to expect during this activity. Driver-trainees who are not native English speakers must be instructed in FMCSA English language proficiency requirements and the consequences for violations. The training providers must teach driver-trainees the implications of violating Federal and state regulations will have on their driving records and their employing motor carrier's records.

Unit B1.5.7 Whistleblower/Coercion

This unit must teach the driver-trainees about the right of an employee to question the safety practices of an employer without incurring the risk of losing a job or being subject to reprisals simply for stating a safety concern. The training providers must instruct driver-trainees in the whistleblower protection regulations in 29 CFR part 1978. The training providers must teach driver-trainees the procedures for reporting to FMCSA incidents of coercion from motor carriers, shippers, receivers, or transportation intermediaries.

Unit B1.5.8 Trip Planning

This unit must address the importance of and requirements for planning routes and trips. This instruction must address planning the safest route, planning for rest stops, heavy traffic areas, railroad-highway grade crossing safe clearance and ground clearance (*i.e.*, "high center"), the importance of Federal and State requirements on the need for permits, and vehicle size and weight limitations. The training providers must teach driver-trainees the correct identification of restricted routes, the pros and cons of Global Positioning System (GPS)/trip routing software, and the importance of selecting fuel-efficient routes.

Unit B1.5.9 Drugs/Alcohol

This unit must teach driver-trainees the rules applicable to controlled substances (including prescription drugs) and alcohol use and testing related to the operation of a CMV.

Unit B1.5.10 Medical Requirements

This unit must teach driver-trainees the Federal rules on medical certification, medical examination procedures, general qualifications, responsibilities, and disqualifications based on various offenses, orders, and loss of driving privileges (49 CFR part 391, subparts B and E).

Behind-the-Wheel Range

This unit must teach driving exercises related to basic vehicle control skills and mastery of basic maneuvers, as covered in §§ 383.111 and 383.113 of this chapter necessary to operate the vehicle safely. The training providers must teach driver-trainees activities in this unit on a driving range as defined in § 380.605. The training provider must teach "Get Out and Look" (GOAL) to the driver-trainee as it applies to units B2.2-2.6.

Unit B2.1 Vehicle Inspection Pre-Trip/Enroute/Post-Trip

Driver-trainees must demonstrate proficiency in conducting pre-trip and post-trip inspections as specified in §§ 392.7 and 396.11, including appropriate inspection locations. Instruction must also be provided on enroute vehicle inspections.

Unit B2.2 Straight Line Backing

Driver-trainees must demonstrate proficiency in proper techniques for performing various straight line backing maneuvers to appropriate criteria/acceptable tolerances.

Unit B2.3 Alley Dock Backing (45/90 Degree)

Driver-trainees must demonstrate proficiency in proper techniques for performing 45/90 degree alley dock maneuvers to appropriate criteria/acceptable tolerances.

Unit B2.4 Off-Set Backing

Driver-trainees must demonstrate proficiency in proper techniques for performing off-set backing maneuvers to appropriate criteria/acceptable tolerances.

Unit B2.5 Parallel Parking Blind Side

Driver-trainees must demonstrate proficiency in proper techniques for performing parallel parking blind side positions/maneuvers to appropriate criteria/acceptable tolerances.

Unit B2.6 Parallel Parking Sight Side

Driver-trainees must demonstrate proficiency in proper techniques for performing sight side parallel parking maneuvers to appropriate criteria/acceptable tolerances.

Behind-the-Wheel Public Road

The instructor must engage in active two-way communication with the driver-trainees during all active BTW public road training sessions. Skills described in paragraphs B3.8 through 3.12 of this section must be discussed during public road training, but not necessarily performed. Driver-trainees are not required to demonstrate proficiency in the skills described in paragraphs B3.8 through 3.12.

Unit B3.1 Vehicle Controls Including: Left Turns, Right Turns, Lane Changes, Curves at Highway Speeds, and Entry and Exit on the Interstate or Controlled Access Highway

Driver-trainees must demonstrate proficiency in proper techniques for initiating vehicle movement, executing left and right turns, changing lanes, navigating curves at speed, exiting and entering the interstate, and stopping the vehicle in a controlled manner.

Unit B3.2 Shifting/Transmission

Driver-trainees must demonstrate proficiency in proper techniques for performing safe and fuel-efficient shifting.

Unit B3.3 Communications/Signaling

Driver-trainees must demonstrate proficiency in proper techniques for signaling intentions and effectively communicating with other drivers.

Unit B3.4 Visual Search

Driver-trainees must demonstrate proficiency in proper techniques for visually searching the road for potential hazards and critical objects.

Unit B3.5 Speed and Space Management

Driver-trainees must demonstrate proficiency in proper habits and techniques for adjusting and maintaining vehicle speed, taking into consideration various factors such as traffic and road conditions. Driver-trainees must demonstrate proficiency in maintaining proper speed to keep appropriate spacing between the driver-trainee's CMV and other vehicles. Instruction must

include methods for calibrating safe following distances under an array of conditions including traffic, weather, and CMV weight and length.

Unit B3.6 Safe Driver Behavior

Driver-trainees must demonstrate proficiency in safe driver behavior during their operation of the CMV.

Unit B3.7 Hours of Service (HOS) Requirements

Driver-trainees must demonstrate proficiency in the basic activities required by the HOS regulations, such as completing a Driver's Daily Log (electronic and paper), timesheet, and logbook recap, as appropriate.

Unit B3.8 Hazard Perception

Driver-trainees must demonstrate their ability to recognize potential hazards in the driving environment in time to reduce the severity of the hazard and neutralize possible emergency situations. Driver-trainees must demonstrate the ability to identify road conditions and other road users that are a potential threat to vehicle safety and suggest appropriate adjustments.

Unit B3.9 Railroad (RR)-Highway Grade Crossing

Driver-trainees must demonstrate the ability to recognize potential dangers and to demonstrate appropriate safety procedures when RR-highway grade crossings are reasonably available.

Unit B3.10 Night Operation

Driver-trainees must be familiar with how to operate a CMV safely at night. Training providers must teach driver-trainees that night driving presents specific circumstances that require heightened attention on the part of the driver. Driver-trainees must be taught special requirements for night vision, communications, speed, space management, and proper use of lights.

Unit B3.11 Extreme Driving Conditions

Driver-trainees must be familiar with the special risks created by, and the heightened precautions required by, driving CMVs under extreme driving conditions, such as heavy rain, high wind, high heat, fog, snow, ice, steep grades, and curves. Training providers must teach driver-trainees the basic driving habits needed to deal with the specific challenges presented by these extreme driving conditions.

Unit B3.12 Skid Control/Recovery, Jackknifing, and Other Emergencies

Driver-trainees must know the causes of skidding and jackknifing and techniques for avoiding and recovering from them. Driver-trainees must know how to maintain directional control and bring the CMV to a stop in the shortest possible distance while operating over a slippery surface. Driver-trainees must be familiar with proper techniques for responding to CMV emergencies, such as evasive steering, emergency braking, and off-road recovery. They must also know how to prevent or respond to brake failures, tire blowouts, hydroplaning, and rollovers.

[81 FR 88794, Dec. 8, 2016, as amended at 83 FR 22875, May 17, 2018; 86 FR 57069, Oct. 14, 2021]

Appendix C to Part 380

Passenger Endorsement Training Curriculum

Passenger (P) endorsement applicants must complete the curriculum outlined in this section, which applies to driver-trainees who expect to operate CMVs in the any of the vehicle groups defined in § 383.91(a)(1)-(3) for which a P endorsement is required.

There is no required minimum number of instruction hours for theory training, but the training provider must cover all the topics set forth in the curriculum. There is no required minimum number of instruction hours for BTW training, but training providers must determine whether driver-trainees have demonstrated proficiency in all elements of the BTW curriculum. Training instructors must document the total number of clock hours each driver-trainee spends to complete the BTW curriculum. The training must be conducted in a passenger vehicle of the same vehicle group as the applicant intends to drive. The passenger endorsement training must, at a minimum, contain the following:

Theory Instruction

Unit C1.1 Post-Crash Procedures

This unit must teach driver-trainees appropriate post-crash procedures, including the requirement that the driver, if possible, assess his or her physical condition immediately after the crash and notify authorities, or assign the task to a passenger or other individuals at the crash scene. Also, training providers must teach driver-trainees how to obtain emergency medical assistance; move on-road vehicles off the road in minor crashes so as to avoid subsequent crashes or injuries; engage flashers, reflective triangles and other warning devices for stopped vehicles; and properly use a fire extinguisher if necessary.

Unit C1.2 Other Emergency Procedures

This unit must instruct driver-trainees in managing security breaches, on-board fires, emergency exit and passenger evacuation training, medical emergencies, and emergency stopping procedures including the deployment of various emergency hazard signals. Instruction must also include procedures for dealing with mechanical breakdowns and vehicle defects while enroute.

Unit C1.3 Vehicle Orientation

This unit must teach driver-trainees the basic physical and operational characteristics of passenger-carrying CMV (e.g., bus and motor coach), including overall height, length, width, ground clearances, rear overhang, Gross Vehicle Weight and Gross Vehicle Weight Rating, axle

weights, wheels and rims, tires, tire ratings, mirrors, steer wheels, lighting, windshield, windshield wipers, engine compartments, basic electrical system, brake systems, as applicable, and spare tire storage. Additionally, training providers must instruct driver-trainees in techniques for proper driver seat and mirror adjustments.

Unit C1.4 Pre-Trip, Enroute, and Post-Trip Inspection

This unit must teach the driver-trainee the importance of pre-trip, enroute, and post-trip inspections; and provide instruction in techniques for conducting such inspections as stated in §§ 392.7 and 396.11, and demonstrate their ability to inspect the following:

(1) Emergency exits;

(2) Passenger-carrying CMV interiors (including passenger seats as applicable);

(3) Restrooms and associated environmental requirements;

(4) Temperature controls (for maintaining passenger comfort);

(5) Driver and passenger seat belts.

Additionally, training providers must instruct driver-trainees in procedures, as applicable, in security-related inspections, including inspections for unusual wires or other abnormal visible materials, interior and exterior luggage compartments, packages or luggage left behind, and signs of cargo or vehicle tampering. Finally, training providers must instruct driver-trainees in cycling-accessible lifts and procedures for inspecting them for functionality and defects.

Unit C1.5 Fueling

This unit must instruct driver-trainees on the significance of avoiding refueling a bus while passengers are onboard and the imperative of avoiding refueling in an enclosed space.

Unit C1.6 Idling

This unit must teach driver-trainees the importance of compliance with State and local laws and regulations, including for example, idling limits, fuel savings; and the consequences of non-compliance, including adverse health effects and penalties.

Unit C1.7 Baggage and/or Cargo Management

In this unit, training providers must teach driver-trainees:

(1) Proper methods for handling and securing passenger baggage and containers, as applicable.

(2) Procedures for identifying and inspecting baggage and containers for prohibited items, such as hazardous materials.

(3) Proper handling and securement of devices associated with the Americans with Disabilities Act (ADA) compliance, including oxygen, wheeled mobility devices, and other associated apparatuses.

Unit C1.8 Passenger Safety Awareness Briefing

This unit must teach driver-trainees how to brief passengers on safety topics including fastening seat belts, emergency exits, emergency phone contact information, fire extinguisher location, safely walking in the aisle when the bus is moving, and restroom emergency push button or switch.

Unit C1.9 Passenger Management

In this unit, training providers must teach driver-trainees:

(1) Proper procedures for safe loading and unloading of passengers prior to departure, including rules concerning standing passengers and the standee line.

(2) Procedures for dealing with disruptive passengers.

Unit C1.10 Americans With Disabilities Act (ADA) Compliance

Along with addressing the proper operation of accessibility equipment (e.g., lifts), this must teach driver-trainees the applicable regulations and proper procedures for engaging persons with disabilities or special needs under the ADA. Training must cover passengers with mobility issues, engaging passengers with sight, hearing, or cognitive impairments, and recognizing the permitted use of service animals.

Unit C1.11 Hours of Service (HOS) Requirements

This unit must teach driver-trainees the HOS regulations that apply to drivers for interstate passenger carriers. Training providers must teach driver-trainees the basic activities required by the HOS regulations, such as completing a Driver's Daily Log (electronic and paper), timesheet, and logbook recap, as appropriate. Training providers must teach driver-trainees how to recognize the signs of fatigue and basic fatigue countermeasures as a means to avoid crashes.

Unit C1.12 Safety Belt Safety

This unit must teach driver-trainees the Federal rules governing the proper use of safety restraint systems by CMV drivers, as set forth in § 392.16.

Unit C1.13 Distracted Driving

This unit must teach driver-trainees FMCSA regulations that prohibit drivers from texting or using hand-held mobile phones while operating their vehicles (e.g., §§ 392.80 and 392.82); and must teach the serious consequences of violations, including crashes, heavy fines, and impacts on a motor carrier's and/or driver's safety records, such as driver disqualification.

Unit C1.14 Railroad (RR)-Highway Grade Crossings and Drawbridges

This unit must instruct driver-trainees in applicable regulations, techniques, and procedures for navigating RR-highway grade crossings and drawbridges appropriate to passenger buses.

Unit C1.15 Weigh Stations

This unit must teach driver-trainees the weigh-station regulations that apply to buses.

Unit C1.16 Security and Crime

This unit must teach driver-trainees the basic techniques for recognizing and minimizing physical risks from criminal activities.

Unit C1.17 Roadside Inspections

This unit must teach driver-trainees what to expect during a standard roadside inspection conducted by authorized personnel. Training providers must teach driver-trainees what passenger-carrying vehicle and driver violations are classified as out-of-service (OOS), including the ramifications and penalties for operating a CMV when subject to an OOS order as defined in § 390.5.

Unit C1.18 Penalties and Fines

This unit must teach driver-trainees the potential consequences of violating driver-related regulations, including impacts on driver and motor carrier safety records, adverse impacts on the driver's Pre-employment Screening Program record; financial penalties for both the driver and carrier; and possible loss of CMV driving privileges.

Behind the Wheel - Range and Public Road

This BTW training consists of exercises related to basic vehicle control skills and mastery of basic maneuvers necessary to operate the vehicle safely. Activities in this unit will take place on a driving range or a public road as defined in § 380.605. The instructor must engage in active communication with the driver-trainees during all BTW training sessions.

Unit C2.1 Vehicle Orientation

Driver-trainees must demonstrate their familiarity with basic passenger-carrying CMV physical and operational characteristics including overall height, length, width, ground clearances, rear overhang, gross vehicle weight and gross vehicle weight rating, axle weights, wheels and rims, tires, tire ratings, mirrors, steer wheels, lighting, windshield, windshield wipers, engine compartments, basic electric system, and spare tire storage. Additionally, driver-trainees must demonstrate techniques for proper driver's seat and mirror adjustments.

Unit C2.2 Pre-Trip, Enroute, and Post-Trip Inspection

Driver-trainees must demonstrate proficiency in conducting such pre-trip, enroute and post-trip inspections of buses and key components of §§ 392.7 and 396.11, and demonstrate their ability to inspect the following:

(1) Emergency exits;

(2) Passenger-carrying CMV interiors (including passenger seats as applicable);

(3) Restrooms and associated environmental requirements;

(4) Temperature controls (for maintaining passenger comfort); and

(5) Driver and passenger seat belts.

Additionally, driver-trainees must demonstrate their knowledge of procedures, as applicable, in security-related inspections, including inspections for unusual wires or other abnormal visible materials, interior and exterior luggage compartments, packages or luggage left behind, and signs of cargo or vehicle tampering. Driver-trainees must be familiar with the operation of cycling-accessible lifts and the procedures for inspecting them for functionality and defects. For passenger-carrying vehicles equipped with said lifts and tie-down positions, trainee must demonstrate their ability to operate the cycling-accessible lifts.

Unit C2.3 Baggage and/or Cargo Management

In this unit, driver-trainees must demonstrate their ability to:

(1) Properly handle passenger baggage and containers to avoid worker, passenger, and non-passenger related injuries and property damage;

(2) Visually inspect baggage and containers for prohibited items, such as hazardous materials and identify such items;

(3) Properly handle and secure devices associated with ADA compliance including oxygen, wheeled mobility devices, and other associated apparatuses.

Unit C2.4 Passenger Safety Awareness Briefing

Driver-trainees must demonstrate their ability to brief passengers on safety on topics including: Fastening seat belts, emergency exits, emergency phone contact information, fire extinguisher location, safely walking in the aisle when the bus is moving, and restroom emergency push button or switch.

Unit C2.5 Passenger Management

In this unit, driver-trainees must demonstrate their ability to safely load and unload passengers prior to departure and to deal with disruptive passengers.

Unit C2.6 Railroad-Highway Grade Crossings

Driver-trainees must demonstrate proper procedures for safely navigating railroad-highway grade crossings in a passenger-carrying CMV.

[81 FR 88794, Dec. 8, 2016]

Appendix D to Part 380

School Bus Endorsement Training Curriculum

School bus (S) endorsement applicants must complete the curriculum outlined in this section, which applies to driver-trainees who expect to operate a "school bus" as defined in § 383.5. There is no required minimum number of instruction hours for theory training, but the training provider must cover all the topics set forth in the curriculum. There is no required minimum number of instruction hours for BTW training, but the training provider must determine whether driver-trainees have demonstrated proficiency in all elements of the BTW curriculum. Training instructors must document the total number of clock hours each driver-trainee spends to complete the BTW curriculum. The training must be conducted in a school bus of the same vehicle group as the applicant intends to drive. The school bus endorsement training must, at a minimum, include the following:

Theory Instruction

Unit D1.1 Danger Zones and Use of Mirrors

This unit must teach driver-trainees the danger zones that exist around the school bus and the techniques to ensure the safety of those around the bus. These techniques include correct mirror adjustment and usage. The types of mirrors and their use must be discussed, as well as the requirements found in Federal Motor Vehicle Safety Standard (FMVSS) 111 (49 CFR 571.111). Training providers must teach driver-trainees the dangers of "dart-outs." Training providers must teach driver-trainees the importance of training students how to keep out of the danger zone when around school buses and the techniques for doing so.

Unit D1.2 Loading and Unloading

This unit must be instruct driver-trainees on the laws and regulations for loading and unloading, as well as the required procedures for students waiting at a bus stop and crossing the roadway at a bus stop. Special dangers involved in loading and unloading must be specifically discussed, including procedures to ensure the danger zone is clear and that no student has been caught in the doorway prior to moving the vehicle. Instruction also must be included on the proper use of lights, stop arms, crossing gates, and safe operation of the door during loading and unloading; the risks involved with leaving students unattended on a school bus; and the proper techniques for checking the bus for sleeping children and lost items at the end of each route.

Unit D1.3 Vehicle Orientation

This unit must teach driver-trainees the basic physical and operational characteristics of school buses, including overall height, length, width, ground clearances, rear overhang, Gross Vehicle Weight and Gross Vehicle Weight Rating, axle weights, wheels and rims, tires, tire ratings, mirrors, steer wheels, lighting, windshield, windshield wipers, engine compartments, basic electrical system, brake systems, as applicable, and spare tire storage. Additionally, the training providers must instruct driver-trainees in techniques for proper driver seat and mirror adjustments.

Unit D1.4 Post-Crash Procedures

This unit must instruct driver-trainees on the proper procedures following a school bus crash. The instruction must include use of fire extinguisher(s), first aid kit(s), tending to injured passengers, post-crash vehicle securement, notification procedures, deciding whether to evacuate the bus, data gathering, and interaction with law enforcement officials.

Unit D1.5 Emergency Exit and Evacuation

This unit must teach driver-trainees their role in safely evacuating the bus in an emergency and planning for an emergency in advance. Training must include proper evacuation methods and procedures, such as the safe evacuation of students on field and activity trips who only occasionally ride school buses and thus may not be familiar with the procedures.

Unit D1.6 Railroad-Highway Grade Crossings

This unit must teach driver-trainees the dangers trains present and the importance of the school bus driver and students strictly following railroad crossing procedures. Instruction must be given on the types of crossings, warning signs and devices, and State and local procedures and regulations for school buses when crossing railroad-highway grade crossings.

Unit D1.7 Student Management

This unit must teach driver-trainees how to manage student behavior on the bus to ensure that safety is maintained and the rights of others are respected. Specific student management techniques must be discussed, including warning signs of bullying and the techniques for managing student behavior and administering discipline. Training providers must teach driver-trainees to avoid becoming distracted by student behavior while driving, especially when crossing railroad tracks and during loading and unloading.

Unit D1.8 Special Safety Considerations

This unit must teach the driver-trainees the special safety considerations and equipment in school bus operations. Topics discussed must include use of strobe lights, driving in high winds, safe backing techniques, and preventing tail swing crashes.

Unit D1.9 Pre- and Post-Trip Inspections

This unit must teach the driver-trainees the importance of pre-trip, enroute, and post-trip inspections; and provide instruction in techniques for conducting such inspections of buses as stated in §§ 392.7 and 396.11, and additionally demonstrate their ability to inspect the following:

(1) Stop arms,

(2) Crossing arms,

(3) Emergency exits,

(4) Fire extinguishers,

(5) Passenger seats,

(6) First aid kits,

(7) Interior lights, and

(8) Temperature control (for maintaining passenger comfort).

Training providers must instruct driver-trainees in State and local requirements, as applicable, for inspection of school bus equipment.

Unit D1.10 School Bus Security

This unit must teach driver-trainees the security issues facing school bus drivers. Training providers must also teach driver-trainees potential security threats, techniques for preventing and responding to security threats, how to recognize and report suspicious behavior, and what to do in the event of a hijacking or attack on a school bus.

Unit D1.11 Route and Stop Reviews

This unit must teach driver-trainees the importance of planning their routes prior to beginning driving in order to avoid distraction while on the road. The training provider must also teach driver-trainees the techniques for reviewing routes and stops, as well as State and local procedures for reporting hazards along the route and at bus stops.

Behind the Wheel - Range and Public Road

This unit must consist of exercises related to basic vehicle control skills and mastery of basic maneuvers. Activities in this unit will take place on a driving range or a public road as defined in § 380.605. The instructor must engage in active communication with the driver-trainees during all active training sessions.

Unit D2.1 Danger Zones and Use of Mirrors

Driver-trainees must demonstrate the techniques necessary to ensure the safety of persons in the danger zone around the bus. Driver-trainees must practice mirror adjustment and usage. The types of mirrors and their use are shown, and cones used to demonstrate the requirements of 49 CFR 571.111.

Unit D2.2 Loading and Unloading

Driver-trainees must demonstrate the loading and unloading techniques learned in the theory portion of the training. Driver-trainees must demonstrate checking the vehicle for sleeping children and lost items at the end of the route.

Unit D2.3 Emergency Exit and Evacuation

Driver-trainees must demonstrate their role in safely evacuating the bus in an emergency.

Unit D2.4 Special Safety Considerations

Driver-trainees must demonstrate safe backing techniques and demonstrate their ability to avoid tail swing crashes by using reference points when making turns.

Unit D2.5 Pre- and Post-Trip Inspections

Driver-trainees must demonstrate proficiency in conducting pre-and post-trip inspections, as stated in §§ 392.7 and 396.11, and of school bus-specific equipment, such as mirrors, stop arms,

crossing arms, emergency exits, fire extinguishers, passenger seats, first aid kits, interior lights, and temperature control.

Unit D2.6 Railroad-Highway Grade Crossings

Driver-trainees must demonstrate proper procedures for safely navigating railroad-highway grade crossings in a school bus.

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COST DETERMINATION

In determining our bid cost, and in order to continue to provide quality service for Anderson County Schools the following were taken into consideration:

Cost of current buses (repairs and maintenance have increased 30%), cost to replace buses (5 years or newer have increased 28%), Insurance (increased by 20%), Fuel and Oil, Tires, Competitive Driver Pay, Taxes (Payroll, Property, and State), Cleaning Supplies, Professional Service Fees, Driver Physicals and Background checks, Utilities, License (Tags, Business Taxes), Expense of cameras and communications.

Andersonville Bus Lines, Inc. has worked hard and taken pride in all that we have done to provide Anderson County Schools with top quality service. Our buses are washed, and the inside is cleaned each week. We have installed two-way radios on each bus so that communication is available with our drivers if central office or a school were to have a question about a lost child. This feature has been exercised and used **MANY** times by both transportation and the schools. This tool has proven very useful in saving precious time in locating a lost child for a parent/school. Not to mention it helps to communicate when there is a problem on a route that may be an emergency, and time is of the essence. We have put more than the required number of cameras on each of our buses in order to provide the best possible

coverage for the school system when there has been a question as to problems on a bus. This has proven to be very useful and helpful to school administration, as there were many times that just one camera would not have caught the incident.

Prices over 6.5% of Current Prices will be Rejected.

Exhibit B - RFP #2419 PRICE SHEET

Bus Route #	Bus Capacity	Total Route Miles *	Miles/Year	Cost Per Year	1st Run Schools	2nd Run Schools	Legend	
4	66	33	5808	$	NWES, NWMS		CES	Clinton Elementary School
5	66	52	9152	$	NWES,NWMS,GOES		CMS	Clinton Middle School
8	66	81	14256	$	DVES	CMS, CHS	CRCS	Clinch River Community School
9	72	63	11088	$ 87,400.00	CES	CMS, CHS	DVES	Dutch Valley Elementary School
10	78	48	8448	$ 87,500.00	CES	CMS, CHS	FES	Fairview Elementary School
14	78	50	8800	$ 84,700.00	CES	CMS, CHS	GOES	Grand Oaks Elementary School
20	84	53	9328	$	DVES	CMS, CHS	LCES	Lake City Elementary School
21	78	29	5104	$		CMS, CHS	LCMS	Lake City Middle School
23	78	48	8448	$	NEW, NWM, GOES	CMS, CHS	NES	Norris Elementary School
24	72	42	7392	$	DVES	CMS, CHS	NMS	Norris Middle School
26	78	68	11616	$	NES, NMS	ACHS	NWMS	Norwood Middle School
27	66	18	3168	$		CMS, CHS		

VENDOR NAME: Andersonville Bus Lines, Inc.

Bus Route #	Bus Capacity	Total Route Miles *		Cost Per Year	1st Run Schools	2nd Run Schools	Legend	
29	78	52	9152	$ 87,800.00	AES, NMS	ACHS	ACHS	Anderson County High School
30	78	41	7216	$	NWES, NWMS		AES	Andersonville Elementary School
37	66	56	9856	$	AES, NMS	ACHS	CMS	Clinton Middle School
40	78	84	14784	$ 82,700.00	GOES	CMS, CHS	CHS	Clinton High School
42	66	55	9680	$	FES, NMS	ACHS	CRCS	Clinch River Community School
45	78	95	16720	$	AES, NMS	ACHS	GOES	Grand Oaks Elementary School
46	78	78	13728	$ 84,100.00	GOES	CMS, CHS	LCMS	Lake City Middle School
52	66	76	13376	$	FES, NMS	ACHS	NWMS	Norwood Middle School
54	78	70	12320	$ 82,800.00	AES, NMS	ACHS		
62	72	30	5280	$	NWES, NWMS			
63	66	33	5808	$	AES, NMS			

VENDOR NAME: Andersonville Bus Lines, Inc.

Bus Route #	Bus Capacity	Total Route Miles *		Cost Per Year	1st Run Schools	2nd Run Schools	Legend	
74	72	64	9856	$ 81,200.00	GOES	CMS, CHS	BES	Briceville Elementary School
78	78	34	5984	$	NWES, NWMS	GOES, CHS	CMS	Clinton Middle School
81	78	56	9856	$ 87,000.00	FES, NMS, ACHS	???	DVES	Dutch Valley Elementary School
82	66	66	11616	$	FES,NMS	ACHS	FES	Fairview Elementary School
28TOTAL ROUTES							GOES	Grand Oaks Elementary School
							LCES	Lake City Elementary School
							LCMS	Lake City Middle School
							NES	Norris Elementary School
							NMS	Norris Middle School
							NWES	Norwood Elementary School
							NWMS	Norwood Middle School
CTE Run	66	12		$116,900.00 / year	CRCS/CHS		CTE	Career & Technical Education
CTE Run	78	12		$116,900.00 / year	CHS/ACCTC		**Number of runs depends on student enrollment	

ANDERSON COUNTY CAREER & TECHNICAL BUS RUNS

* Total Route Miles Calculated ONLY while students are on the bus

VENDOR NAME: Andersonville Bus Lines, Inc.

Attachment 1

Non-Collusion Affidavit

- This Non-Collusion Affidavit is material to any contract awarded pursuant to this bid.
- This Non-Collusion Affidavit must be executed by the member, officer, or employee of the bidder who makes the final decision on prices and the amount quoted in the bid.
- Bid rigging and other efforts to restrain competition and the making of false sworn statements in connection with the submission of bids are unlawful and may be subject to criminal prosecution. The person who signs the affidavit should examine it carefully before signing and assure himself or herself that such statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the bidder with responsibilities for the preparation, approval, or submission of the bid.
- In the case of a bid submitted by a joint venture, each party to the venture must be identified in the bid documents, and an affidavit must be submitted separately on behalf of each party.
- The term "complementary bid" as used in the affidavit has the meaning commonly associated with that term in the bidding process and includes the knowing submission of bids higher than the bid of another firm, an intentionally high or noncompetitive bid, and any other form of bid submitted for the purpose of giving a false appearance of competition.
- Failure to file an affidavit in compliance with these instructions may result in disqualification of the bid.

Non-Collusion Affidavit

STATE OF Tennessee

COUNTY OF Anderson

I state that I am (Title) President of (Name of My Firm) Andersonville Bus Lines, Inc. and that I am authorized to make this affidavit on behalf of my firm and its owners, directors, and officers. I am the person responsible in my firm to the price(s) and the amount of this bid.

I STATE THAT:

- The price(s) and amount of this bid have been arrived at independently and without consultation, communication, or agreement with any other contractor, bidder, or potential bidder.
- Neither the price(s) nor the amount of this bid and neither the approximate price(s) nor approximate amount of this bid, have been disclosed to any other firm or person who is a bidder or potential bidder, and they will not be disclosed before bid opening.
- No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit a bid higher than this bid, or to submit any intentionally high or noncompetitive bid or other form of complementary bid.
- The bid of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive bid.
- (Name of My Firm) Andersonville Bus Lines, Inc., its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last three years been convicted or found liable for any act prohibited by State of Federal law in any jurisdiction involving conspiracy or collusion with respect to bidding on any public contract, except as follows:

I state that (Name of My Firm) Andersonville Bus Lines, Inc. understands and acknowledges that the above representation are material and important and will be relied on by Anderson County in awarding the contract(s) for which this bid is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from Anderson County of the true facts relating to the submission of bids for this contract.

SHEYENNE SWEENEY STATE OF TENNESSEE NOTARY PUBLIC ANDERSON COUNTY

Representative's Signature

PRESIDENT
Title

Sworn to and subscribed before me this 15th day of February, 2024

Notary Public

My commission expires My Commission Expires Oct. 25, 2026

Attachment 3
BID NUMBER: 2350 – School Bus Contractor Routes

SECTION 1 - BID INFORMATION

Acknowledgment of Addenda:
(Write "Yes" if received)

Addenda 1_____ Addenda 2_____
Addenda 3_____ Addenda 4_____

SECTION 2 - VENDOR INFORMATION

Andersonville Bus Lines, Inc.
Vendor Name

P.O. Box 99, 3822 Andersonville Hwy.
Vendor Address

Andersonville
City

TN 37705
State Zip

Telephone Number 865-494-5420

David Landreth
Contact Person *(Please Print)*

davidlandreth@comcast.net
E-Mail Address

Taxpayer Identification Number, Social Security or Employer Identification Number

62-1512955

State of Tennessee Business License Number.
License # N/A

I agree to abide by all Terms and Conditions of this Invitation to Bid and certify that I am authorized to sign this bid for the vendor. Failure to include any information mentioned in the bid or to comply with these bid instructions may result in rejection of your entire bid. Signing this form affirms that the original Invitation for Bid document has not been altered in any way.

Authorizing Signature:

David Landreth
(Please sign original in blue ink)

Attachment 4
Insurance Requirement Acknowledgment

The bidder awarded this bid or contract will maintain, at their expense adequate insurance coverage to protect them from claims arising under the Worker's Compensation Act, any and all claims for bodily injury and property damage to the Bidder and to Anderson County Government while delivery and service are being done. A certificate of insurance *must* be on file in the Purchasing Department before work may begin and must be maintained until work is completed.

Only the items marked with an "X" are applicable to this bid and or contract.

1. ☒ **Workers Compensation**
   Employers Liability — Statutory limits 100,000/100,000/500,000

2. ☒ **Commercial General Liability** — $500,000 per occurrence, $1,000,000 aggregate
   - ☒ Occurrence Form Only
   - ☒ Include Premises Liability
   - ☒ Include Contractual
   - ☒ Include XCU
   - ☒ Include Products and Completed Operations
   - ☒ Include Personal Injury
   - ☒ Include Independent Contractors
   - ☒ Include Vendors Liability
   - ☒ Include Professional or E&O Liability

3. ☐ **Business Auto**
   - ☐ Include Garage Liability
   - ☐ Include Garage Keepers Liability
   - ☐ Copy of Valid Driver's License
   - ☐ Copy of Current Motor Vehicle Record
   - ☐ Copy of Current Auto Liability Declarations Page

4. ☐ **Crime Coverages**
   - ☐ Employee Dishonesty
   - ☐ Employee Dishonesty Bond

5. ☐ **Property Coverages**
   - ☐ Builders Risk
   - ☐ Inland Marine
   - ☐ Transportation

6. ☐ Performance Bond Required – A One Hundred Percent (100%) performance or an irrevocable letter of credit in favor of Anderson County Government at a federally insured financial institution. This ***MUST*** be submitted before purchase order issued.

Certificate Holder Shall Be: Anderson County Government, Clinton, Tennessee, and shall show the bid number and title. Anderson County Government shall be named as an additional insured on all policies except worker's compensation and auto. Insurance carrier ratings shall have a Best's rating of A-VII or better, or its equivalent. Cancellation clause on certificate should strike out "endeavor to" and include a 30-day notice of cancellation where applicable. Any deviations from the above requirements ***must*** be disclosed to the Anderson County Purchasing Agent. Any liability deductibles or exclusions must also be disclosed. Exceptions can be granted if applicable.

Bidders Statement and Certification

I understand the insurance requirements of these specifications and will comply in full within 21 (twenty-one) calendar **days** if awarded this bid and or contract. I agree to furnish the county with proof of insurance for the entire term of the bid and or contract.

Andersonville Bus Lines, Inc.
Vendor Name

David Landreth
Bid Representative Name (Please Print)

David Landreth
Authorized Signature

2/20/2024
Date

Attachment 5

Rev. December 6, 2007

BACKGROUND CHECK COMPLIANCE FORM

ANDERSON COUNTY GOVERNMENT
PURCHASING DEPARTMENT
100 N. MAIN STREET, ROOM 214 or 218
CLINTON, TN 37716
(865) 457-6251
(865) 457-6252 (Fax)

BID NUMBER 2419

CONTRACT NUMBER

BACKGROUND CHECKS Contractors shall comply with Public Chapter 587 of 2007, as codified in Tennessee Code Annotated Section 49-5-413, which requires all contractors to facilitate a criminal history records check conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation for each employee prior to permitting the employee to have contact with students or enter school grounds when students are present.

Any person, corporation or other entity who enters or any employee of any person, corporation or entity who enters into or renews a contract with a local board of education or child care program on or after September 1, 2007, must:

(1) Provide a fingerprint sample
(2) Submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigations and the Federal Bureau of Investigations.

Contact the Anderson County School's Human Resources Department at (865) 463-2800 ext. 2811 for fingerprint instructions.

Company or Individuals (Name)	Address
Andersonville Bus Lines, Inc.	**P.O. Box 99, 3822 Andersonville Hwy.**
City, State, Zip Code	Telephone Number
Andersonville, TN 37705	**(865) 494 5920**
Contractor License Number (If Applicable)	
N/A	

I agree to abide by Public Chapter 587 of 2007, as codified in Tennessee Code Annotated Section 49-5-413, and certify that I am authorized to sign. The undersigned further agrees if this bid or contract is accepted, to furnish any and all of the Background Check Information on himself and all of his employees as required by law, at the request of Anderson County Government. I hereby agree to release all criminal history and other required information to Anderson County Government, the Tennessee Bureau of Investigation and the Federal Bureau of Investigation in accordance with Tennessee law and I further certify that all information supplied by me regarding this inquiry is true and accurate. I agree to release and hold harmless the above-mentioned governmental entities for the use of this information related to the purposes mandated under Tennessee law. I further certify that I have obtained acceptable criminal history information on all current employees and will obtain said information on future employees associated with the performance of the work defined in this bid or contract, pursuant to Tennessee Code Annotated 49-5-413 and that neither I nor any employee of mine is prohibited from direct contact with school children for the reasons enumerated in Tennessee Code annotated Section §§ 49-5-401 et seq.

Signature David Landreth **Title** **President**

Printed Name: **David Landreth** (Please Print Clearly) **Date** **2/20/2024** (Month, Day, Year)

INTERNAL OFFICE USE ONLY

Notes

ACORD®

24-0113

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/13/2024

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 have ADDITIONAL INSURED provisions or 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
TIS Insurance Services, Inc.
1900 N. Winston Rd.
Suite 100
Knoxville TN 37919

CONTACT NAME: Gina Sims
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS: gsims@tisins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Auto Owners Insurance Company	18988
INSURER B: Owners Insurance Company	32700
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Andersonville Bus Lines, Inc.
P.O. Box 99
3822 Andersonville Hwy
Andersonville TN 37705

COVERAGES CERTIFICATE NUMBER: CL23102589106 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	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:	Y		0357016423	10/26/2023	10/26/2024	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
							Employee Benefits	$ 1,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY X 19 SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			4557016400	10/26/2023	10/26/2024	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							UM/UIM CSL BI & PD	$ 1,000,000
B	X UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED X RETENTION $ 10,000			4657016401	10/26/2023	10/26/2024	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		A106560347	10/26/2023	10/26/2024	X PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Anderson County Government is named as additional insured with regards to general liability as required by written contract.

CERTIFICATE HOLDER
Anderson County Government Offices
100 North Main Street
Room 214
Clinton TN 37716-3617

CANCELLATION
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
Carter P. Thomas

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CERTIFICATE OF LIABILITY INSURANCE

24-0113

DATE (MM/DD/YYYY) 02/13/2024

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PRODUCER
TIS Insurance Services, Inc.
1900 N. Winston Rd.
Suite 100
Knoxville TN 37919

CONTACT NAME: Gina Sims
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS: gsims@tisins.com

INSURED
Andersonville Bus Lines, Inc.
P.O. Box 99
3872 Andersonville Hwy
Andersonville TN 37705

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Auto Owners Insurance Company	18988
INSURER B: Owners Insurance Company	32700
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL23102589108 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	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER [ ] POLICY [ ] PRO-JECT [ ] LOC OTHER:			0357016423	10/26/2023	10/26/2024	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
							Employee Benefits	$ 1,000,000
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY [ ] SCHEDULED AUTOS			4657016400	10/26/2023	10/26/2024	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							UM/UIM CSL BI & PD	$ 1,000,000
B	[X] UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			4657016401	10/26/2023	10/26/2024	EACH OCCURRENCE	$ 5,000,000
							AGGREGATE	$ 5,000,000
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		A108560347	10/26/2023	10/26/2024	[X] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 500,000
							E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Anderson County Schools
1010 Clinch Ave
Clinton TN 37716

CANCELLATION

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

Carter P. Thomas

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SCHOOL BUS ROUTES CONTRACT #24-0114

REGULAR TRANSPORTATION PROGRAM

Contractor: SCU Bus Lines

Route Numbers: 9, 10, 14, 21, 26, 40, 46, 52, 74, 76, CTE

Contract Period: July 1, 2024 – June 30, 2030 with six one-year renewal options

THIS AGREEMENT (the "Contract") is made and entered into by and between the Board of Education of Anderson County, Tennessee (hereinafter referred to as "the Board,") and SCU Bus Lines Inc, (hereinafter referred to as "the Contractor").

For and in consideration of the consideration and agreements set forth hereinafter, the sufficiency of which is hereby acknowledged by both parties, the Board and the Contractor hereby recite and agree to the following:

1. The Board is charged with the responsibility of providing education for the children of Anderson County, Tennessee and student transportation to and from Anderson County Schools as required by law, and pursuant to those obligations, the Board desires to make arrangements for the transportation of students to and from school each school day.

2. The Contractor is desirous of entering into an agreement with the Board whereby the Contractor, for agreed compensation, will provide such transportation for the Board and carry out the responsibility of transporting such school students to and from school each day, as the Board through its authorized agents may designate, in accordance with the terms and conditions of this Contract, utilizing appropriate and authorized personnel and equipment to be provided by the Contractor.

3. Both parties to this Contract are aware that various laws, rules, regulations, and Board policies control and govern the operation of school buses within this County, and that it is necessary at all times for both the Board and the Contractor to be in compliance with any such laws, rules, regulations and policies which apply to the services to be provided under this Contract.

4. Both parties to this agreement are aware that such laws, rules, regulations and policies may be changed, amended, deleted or created during the term of this Contract.

In view of the foregoing, and in consideration of the mutual promises and conditions contained herein, the Board and the Contractor have agreed, and by the execution of this Contract do intend to set their agreement down in writing, as hereinafter set out.

A. The Contractor agrees to operate school buses for the purpose of transporting school students to and from school, at the time and along a specified bus route or routes described in Exhibit A hereof. All buses used shall be provided by the Contractor and it shall be the Contractor's responsibility to maintain such buses in good, safe, working order, and in compliance with all laws and regulations applicable thereto. All bus drivers must be appropriately licensed, competent, responsible individuals and shall be employees of the Contractor and must not be considered for any purpose as employees of the Board. The Board assumes no liability for the actions of school bus drivers, trainees, or other employees of the Contractor.

B. The base compensation to be paid to the Contractor (the "Base Contract Price") by the Board for these services shall be calculated on the basis of the Contractor's bid price for the attached route(s). The base contract mileage shall be the mileage from the place where the first student is picked up in route to the school, or other location to where the last student is delivered. Mileage between runs is not to be included in determining mileage. In the event of a change in the base contract mileage, the Base Contract Price shall be calculated according to the following formula:

   40% X Bid Price/ Specified Contract Miles per Day/
   176 X Number of Miles Increased (or Decreased) for the
   year or the amount of days remaining on the contract.

   The Bid is incorporated as Exhibit 1.

C. For the purpose of calculating mileage under this Contract, the miles identified in the attached route description shall be controlling unless mileage is increased or decreased by Board action subsequent to the execution of contracts. In the event of such increase or decrease, a written amendment to this Contract shall be entered into by the parties, and the mileage shown in said amendment shall be controlling.

D. For the purpose of determining the Base Contract Price, it shall be assumed that the school year lasts for a period of no less than 180 days, but should the school year be less than 180 days, then the contractor shall still receive guaranteed payment for 176 days. The Base Contract Price for the 176 guaranteed days shall be calculated at the daily rate set forth

in Item B, above. The Board shall pay to the Contractor ten (10) equal monthly installments of the Base Contract Price to be paid on or before the 25th day of each month beginning in August and ending in May of the following year.

E. The Base Contract Price (excluding fuel) shall be adjusted annually as of the commencement of each school year. The Board shall calculate the adjustment for each school year based upon the "Revised Consumer Price Index" (referred to herein as the "CPI") set forth by the United State Department of Labor. The date of the CPI for Base Contract Price adjustments shall be January 12 of the previous school year, and the corresponding index for the successive January 12th shall be the current index. The percentage of increase as bid in the base contract shall be the adjustment required over the Base Contract Price. At no time shall a decrease in the CPI operate to decrease the original Contractor's bid. The increased adjustment of the Base Contract Price shall not be less than 2% or greater than 4% even if the CPI change is less or more than these amounts.

F. In addition to the Base Contract Price, as adjusted from year to year, the Board will pay the Contractor for increases in diesel fuel costs ("Fuel Increase Compensation") as provided herein. The base price will be based on the lowest price of diesel at I-75, exit 122 on July 1, and will be calculated daily. The Fuel Increase Adjustment shall be based on the difference between the average price of diesel fuel on July 1 and the daily price. For each $0.15 increase in cost, the Board will pay the Contractor an additional $0.05 cents per mile, with the mileage calculated as provided in Section C above.

G. All buses must be Type I, and all replacement buses must be no older than five (5) years, unless such requirements are waived by the Board in its sole and absolute discretion, for good cause shown Said bus chassis and body must conform to the rules and regulations of the State Board of Education and comply with all laws and regulations of the State of Tennessee. All buses used in the performance of this Contract must comply with all regulations, guidelines and requirements of the State of Tennessee and any other state in which the bus is operated. The Contractor may use no buses in the performance of this Contract that are older than eighteen (18) years from the build date not the put-into-service date.

H. All buses used to transport Anderson County School students will be equipped with a minimum of one (1) video/audio surveillance camera located at the front of the bus. The camera will cover both the driver and students on the bus and shall record video and audio at all times during bus operations. Said video will be available upon request by school

administrators but will never be shown by the Contractor or its agent to any other person, including parents, without advance written permission from the Board.

I. Liability insurance coverage on each bus shall be no less than the minimum required by state law, and shall be provided by and at the expense of the Contractor. If the Contractor transports students across state lines, the Contractor must also carry the minimum insurance required by the adjacent state. Failure to carry appropriate insurance as contained herein shall be cause for immediate termination of this Contract. The Board shall be named as an additional insured on all such policies, and shall be provided with copies on such policies and a certificate of insurance indicating that such insurance is in full force and effect at all times material hereto. The insurer shall be required to give sixty (60) days written notice to the Board prior to cancellation of the contract of liability insurance required herein. Said mandatory notice of cancellation obligation of the insurer **shall** be evidenced by written amendment or endorsement or other provision in insurance contract.

J. The Contractor acknowledges and agrees that officials of the State of Tennessee shall conduct one or more bus inspections each year, that buses shall meet all state guidelines and that no bus shall ever be used by the Contractor which fails the state bus inspection. This inspection clause is meant to include both used and new buses. All buses must display a current state inspection sticker before transporting students.

K. All drivers used by Contractor in carrying out this contract shall be required to take a driver training program under the supervision of the State Department of Safety, or an equivalent course of training as may from time to time be prescribed by the State of Tennessee Department of Education and approved by the Board. All drivers shall have a current school bus endorsed Commercial Driver License ("CDL"). The Contractor shall provide the Board each year with driver information packets that include the front and back photograph of the CDL, a driver information sheet, a copy of the TN Official Driving Record report, current medical clearance for the driver, and a background check for the driver. The driver information packet for each driver shall be filed with, and maintained by the Anderson County Human Resources department.. If at any time the Anderson County Director of Transportation determines, in his or her sole and absolute discretion, that a driver is disqualified from performing services under this Contract, then said driver will immediately be removed from such duties and will not transport Anderson County students.

L. The Contractor shall bear the cost of all maintenance, repair or replacement of any equipment or any school buses used by the Contractor in the carrying out of the Contract, and it shall be the

responsibility of the Contractor to provide a location for the maintenance, off season storage and after hours parking of school buses. If a bus or buses are allowed to be parked on a school campus by the principal the Contractor will assume all liability for such buses and any equipment or property so stored.

M. The Contractor shall be responsible for all licenses, fees and permits required for performance of the Contract. All work to be performed under this Contract shall be provided at times directed by the Board or the Director of Transportation, or their employees or agents. Maintenance may only be performed at times which do not interfere with the daily operations of the performance of this Contract and Anderson County Schools. Should a bus fail to operate a route as scheduled, payment will be adjusted accordingly.

N. The Contractor will provide parking and maintenance facilities within Anderson County and will continue to maintain such facilities throughout the term of the Contract. All buses, parking, and maintenance facilities will be available for inspection by the Director of Transportation thirty (30) days prior to the first day of school.

O. The Contractor understands and agrees that it must and shall abide by any and all federal, state, or local laws, rules and regulations, including such policies as may be enacted from time to time by the Board. Such laws, rules and regulations of the federal government, the State of Tennessee, and the Board are incorporated herein by reference as if the same is set out verbatim, and if the laws, rules and regulations should conflict with these terms, then it is understood that this Contract shall be deemed modified to conform to such laws, rules and regulations. The Contractor shall strictly comply with this Contract and the Board's policies and procedures, including, but not limited to, starting points, destinations and times of departure and arrival, as necessary to adequately fulfill the performance of services hereunder. The Board may terminate this Contract for any violations of or failure to adequately fulfill its terms or the Board's policies and procedures. The Board's election not to terminate this Contract shall not constitute a waiver of the Board's right to terminate for subsequent violations of or for failure to adequately fulfill the terms hereof..

P. This Contract shall be effective as of the date established by the Board and shall remain in effect for six (6) years from said date. After the expiration of the six-year term, the Board, in its sole and absolute discretion, may exercise its option to extend the term of this Contract each year for one (1) additional year not to exceed six (6) one-year extensions. If the Contractor cannot fulfill the terms of the Contract, the Contractor may assign, sell, sublet or otherwise transfer any rights and obligations

hereunder, with the Board prior written consent in its sole and absolute discretion; provided, the Contractor notifies the Board of such intent on or before March 31 of any year of the term of this Contract. Any attempted transfer without the Board's prior written consent is void ab initio. The Board may impose reasonable conditions on its approval of the transfer of the Contractor's rights and duties hereunder, including but not limited to the new contractor signing such agreements and understandings necessary to obligate it to this Contract and the current Contractor remaining liable as guarantor. Any transfer duly made and approved pursuant to the provisions of this Section P shall not take effect until the next school year.

Q This Contract constitutes the entire agreement of the parties. This Contract shall be binding upon the Contractor, any approved sub-contractors, employees and their respective heirs, executor's, administrators, successors and assigns.

R. In the event of a violation of the terms and intentions of this Contract, or the Board's policies and procedures, the Board, in addition to any and all remedies available at law or in equity, may impose disciplinary actions or measures upon the Contractor, or any of its approved sub-contractors, employees or agents, including but not limited to: written reprimand, written suspension, written discharge or temporary oral or written suspension. The Board shall not suspend or discharge Contractor, sub-contractor, employee or agent without good cause. The Board, acting by or through the Director of Transportation, may orally suspend a Contractor, sub-contractor, employee or agent temporarily for a period up to seventy-two (72) hours without notice of the cause substantiating the suspension; provided, the Board furnishes written notice of the good cause substantiating the suspension within that period of time. The Board may withhold any Base Contract Price or other payments otherwise due under this Contract during any period of suspension or discharge. Cell phone usage during the operation of a school bus, unless deemed an emergency, is a class C misdemeanor pursuant to Tenn. Code Ann. section 55-8-192 and will result in immediate dismissal.

S. Upon any suspension or discharge as provided in Section R above, the Contractor shall have the right to appear before the Board at its next regularly scheduled meeting to discuss or refute the basis for suspension or discharge. In all cases of discharge or suspension, written details of the charges will be furnished to the Contractor at least fifteen (15) days prior to the hearing. If the Board decides in its sole and absolute discretion that good cause does not exist for the suspension or discharge, any withheld Base Contract Price or other compensation for the suspension or discharge period shall be paid to the Contractor.

T. It is understood and expressly agreed by the parties to this contract that the Contractor shall be an independent contractor for all purposes, and the Contractor assumes all liability related to the operation of school buses, transportation of students and performance under this Contract. In no event shall the Contractor or the Contractor's employees be deemed an agent, servant, or employee of the Board or Anderson County.

U. If during the term of this Contract, as a result of inclement weather or for any other reason, the Director of Schools should cancel school for a particular day or a particular period of time, every effort will be made to notify the Contractor as soon as possible.

V. Only students currently enrolled in Anderson County Schools, school system employees or Contractor staff will be transported by buses operating under the terms of this Contract, unless otherwise approved in advance by the Board.

W. The Contractor agrees to indemnify and hold harmless the Board, Anderson County, and their employees, agents and representatives (the "Indemnified Parties"), from all lawsuits, claims, actions, causes of action, demands, or liabilities of any nature, resulting from any and all loss, harm, death, damage, personal injuries, property damage or otherwise (including to but not limited to attorneys' and expert witness or consulting fees and medical expenses) that may be asserted at any time against the Indemnified Parties and caused in whole or in part by the Contractor or its subcontractors, employees or agents. .

X. In the event of default of this Contract by the Contractor, the Board may avail itself of any and all remedies provided herein or provided by law or in equity, including but not limited to injunctive relief and specific performance, all at the option of the Board in its sole and absolute discretion. In the event the Board pursues any relief as a result of the Contractor's default hereunder, the Contractor agrees to pay the Board all resulting reasonable attorneys' fees and expenses incurred by the Board.

Y. No modifications, amendments, supplements to or waiver of this Contract or any of its provisions shall be binding upon the parties hereto unless made in writing and duly signed by all the parties.

Z. A failure of any party to exercise any right provided for herein, shall not be deemed to be a waiver of any right hereunder.

AA. In the event any one or more of the provisions of this Contract is invalid or otherwise unenforceable, the enforceability of the remaining provisions shall be unimpaired.

BB. Notwithstanding other provisions of this Contract, in the event any party materially breaches, defaults or fails to perform hereunder, this Contract may be terminated by the other party with cause on thirty (30) days written notice to the other, if the event constituting the breach, default, or failure is not cured during that time.

CC. Any Exhibits attached hereto or incorporated herein are made a part of this Contract for all purposes. The expression "this Contract" means the body of this Contract and the Exhibits.

DD. This Contract may be executed in multiple counterparts, each of which shall be deemed an original for all purposes and all of which shall be deemed, collectively, one Contract. This Contract shall become effective when executed and delivered by all the parties.

EE. Each party hereby irrevocably consents to the jurisdiction of all state courts sitting in Anderson County, Tennessee or all federal courts sitting in Knoxville, Tennessee and agrees that venue for any legal action brought in connection with this Contract shall lie exclusively in such courts.

FF. This Contract shall be binding upon and inure to the benefit of the parties and upon their respective successors, heirs, or assigns.

GG. This Contract shall be governed and construed in accordance with the laws of the State of Tennessee.

HH. Any notice required or provided pursuant to this Contract shall be in writing and sent or delivered to the parties at their respective addresses shown on the first page of this Contract.

II. Titles of paragraphs and subparagraphs are for convenient reference only and shall not have the effect of modifying, amending, or changing the express terms of this Contract.

JJ. In the event of assignment or succession as provided herein, the terms and conditions of this Contract shall be binding upon the parties and their successors, assigns, heirs, executors, and/or administrators.

KK. The parties agree for themselves and their successors and assigns to execute any and all instruments in writing which are or may become necessary or proper to carry out the purpose and intent of this Contract.

LL. The Board's obligation to pay the Base Contract Price or any other compensation under this Contract is contingent upon funds appropriated in the current fiscal year's budget as approved by the Anderson County

Board of Commissioners. Any contract, including this Contract, requiring appropriated funds beyond the current fiscal year may be canceled without notice in the event that funding to support the Contract is unavailable in the subsequent fiscal year.

MM. The Contractor shall comply with the Tennessee Human Rights Act, T.C.A. §4-21-101 et. seq., as amended and any rules and regulations promulgated in accordance therewith.

NN. It shall also be an unlawful employment practice for the Contractor: (1) to fail or refuse to hire or to discharge any individual or otherwise to discriminate against any individual with respect to their compensation, or the terms, conditions, or privileges of their employment, because of such individual's race, color, religion, sex, age, handicap or national origin; or (2) to limit, segregate, or classify their employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect their status as an employee, because of such individual's race, color, religion, sex, age, handicap or national origin. Contractor shall comply with The Civil Rights Act of 1964, 42 U.S.C. sec. 2000 et seq. (2000), as amended.

IN WITNESS WHEREOF THE PARTIES DO HEREUNTO SET THEIR HANDS
on this the _____ day of _____, 20___.

CONTRACTOR:

Stephen Underwood 3/25/24
Signature Date

Stephen Underwood
Printed Name

Owner
Title

JCW Bus Lines
Name of Company

2624 Clinton Hwy
Address

Powell, TN 37849
City, State, Zip

ANDERSON COUNTY BOARD OF EDUCATION:

_____
Director of Schools

_____
Board of Education Chairman

ANDERSON COUNTY GOVERNMENT:

_____
Finance Director

Approved as to Legal Form

_____
N. Jay Yeager
Anderson County Law Director

24-0114

SCU Bus Lines, LLC
2624 Clinton Hwy
Powell, TN 37849
865-556-8509

To Whom It May Concern: Tab 1 Fleet and Maintenance

Please see attached current list of Vehicles operated by SCU Bus Lines.

SCU Bus Lines has secured options to Purchase additional vehicles to meet the requirements listed in this proposal, pending the assignment of contracts.

SCU Bus Lines, LLC operates a well maintained 2 bay garage with a mechanic and supervisor on staff, located on a secure lot at 2624 Clinton Highway, Powell, TN 37849

Accurate maintenance records to all equipment is available upon request. All buses are following state and local regulations with annual inspections. We follow a preventive maintenance program with 6 months or 8,000 miles intervals of service.

SCU Bus Lines, LLC
2624 Clinton Hwy
Powell, TN 37849

Thanks

Stephen C Underwood
President

24-0114

SCU BUS LINES FLEET

BUS#	VIN#	ROUTE#	BODY#	LICENSE PLATE	PLATE EXPIRATION
1	255868	13	F154198	63096	5/24
2	129270	131	F154195	63097	5/24
3	128655	149T		62455	10/24
4	299128	47X		63100	7/23
5	276940	150	F414661	63098	7/24
6	275081	210	F413794	63131	5/24
7	275082	100	F413795	63132	7/24
8	302206	87	F440823	62887	5/24
9	305243	105	F443859	63136	2/25
10	309828	99	F446542	60813	6/24
11	317915	117	F455812	62687	7/24
12	325469	222	F464080	60812	2/25
13	348711	14	F487301	62889	8/24
14	364393	87E	F502977	62888	8/24
15		SPARE			
16	385096	SPARE	F523683	63129	12/24
17	305245	9	F443861	63138	4/24
18	291210	26	F429851	63140	6/24
19	291211	144	F429852	63143	7/24
20		SPARE			
21	291214	149	F429855	63139	6/24
22	291212	89	F429853	63144	8/24
23	291208	25E	F429847	63145	8/24
24	373585	SPARE	F512171	63156	1/25
25	373586	SPARE	F512172	63157	1/25
26					
27					
28					
29					
30					
31					
32					
33					

24-0114

BUS#	VIN#	YEAR	MAKE	MODEL
501	YE2TC14B762044635	2006	VANHOOL	T2145
502	YETC19V2C20144790	2012	VANHOOL	T2145
503	YE2YC11B6E2041136	2014	VANHOOL	T2145
504	YE2TC188XB2044696	2011	VANHOOL	T2145
505	2PCH3349NC721229	2022	PREVOST	H345
506	3CET2V226G5173280	2016	VOLVO	V9700
507	2MG3JMBA3JW068414	2018	MCI	J4500
508	2MG3JMBA3JW068413	2018	MCI	J4500

BUS # _____ MILEAGE _____ DATE _____ 24-0114

LEGEND Check Mark or X = OK, R = Repair Needed, N/A = Not Applicable, Blank = Not Inspected

PM-A CHECKLIST (grease & check)

APPROACH & DRIVER compartment

Fluid leaks on ground	
Bus leaning	
Entrance door op, condition & seals	
Grab handles secure	
Step well / Step treads	
Cleanliness	
Emergency Equipment	
Drivers Seat & Seat belt	
Gauges before start / KOEO / Warning lamps	
Wait to start lamp / Intake heater cycle	
Starter operation	
Gauges after start / KOER	
Engine operation	
Air Build up / Cut out psi _____	
Parking brake hold @ 1200 rpm	
Brake interlock / pump brakes dn / popping?	
Low air warning >60 psi /	
Park brake valve set (pop out 20-40 psi)	
PP1 knob and pin / build air / KOEO	
Steering wheel straight / Tilt / Tele	
Turn signals and cancelation	
4 way hazard lights	
Head lights / Hi/Lo indicator	
Dome lights / Panel lights / Dash lights	
Mirror condition / Controls / Defroster	
Sun Visor / Mounts / Condition	
Heater / Defroster / Dash Fans / Knobs	
Wipers / Washers / Windshield Condition	
Horns / air & city / dual tone	
Service door operation	

INTERIOR INSPECTION

AM/FM Radio & PA sys	
Passenger Seat Condition / secure	
All fasteners - Interior	
Side Windows / Latches / Lube	
Emerg X, latch, operation, buzzers, decals	

OUTSIDE WALK AROUND lights o

Exterior lights / Stepwell / Stop / Reverse	
Reflectors / Reflective tape	
Emergency doors / lube buzz sw & latch	
Wheel Chair Lift / lube / inspect / adjust	
W/S washer fluid / wiper arms & blades	
Door & compartment hinges	
Body damage	
Storage Comp / Clean / Dry / Cond	
Engine compartment / Doors / RE	
Batteries / water / clean / cables / tray	
Stop arms visual	
Electrical panels / wires, fuses, breakers, etc	
Child Check Monitor	

RAISE BUS ON HOIST

Step well & light wiring	
Belts, hoses & clamps	
Fluid leaks	
Wiring & cables (power and ground)	
Starter, junctions, clean & tight	
Steering gear, linkages, tie rod ends	
Front axle, springs, pins, bags, valves, shocks & brackets, etc.	
Front brake lining / drums / rotors	
Front axle seals	
Front brake hoses, cans, slacks	
Brake adjustment	
Drive shafts, carriers, u-joints	
Visual air dryer, Oil?	
Air tanks, moisture or oil?	
Fuel tanks, lines and filters	
Differential oil level / vent	
Rear axle, springs, pins, bags, valves, shocks shock brackets, etc.	
Rear brake lining / drums / rotors	
Rear axle seals	
Rear brk hoses, cans, slacks, etc.	

Brake adjustment	
Exhaust system / Hangers, clamps, leaks	
Transmission / Leaks, wiring & vent	
Splash guards	
Wheels, lug nuts, hubs, hub oil level	
Lube all fittings and pivot points	
Tire pressure as per recommendation	
Tire tread depth min 6/32's Rr 4/32 Ft	

ENGINE COMPARTMENT / FLUIDS

Motor oil level	
Hydraulic / Steering oil level	
Coolant level / radiator & bottle	
Radiators / clean / condition	
Coolant test / PH _____ Freeze Pt _____	
Molybdate PPM _____ Nitrite _____	
Fluid leaks / Fuel / Coolant / Oil / Hyd-PS	
Air filter / minder, ducts, clamps (comp inlet)	
Heater valves on - YES NO	
Fan & Fan Clutch / wiring, air hoses, etc	
Bolts and brackets	
Wiring & connectors	
Compartment light	
Belts, hoses, clamps	
Alternator wiring / mounts	
Belt tensioner / Pulley alignment	
After cooler / hoses / clamps	
Shutters	
Compartment cover seal	
Engine cleanliness	

FINISH UP DETAILS

Service sticker	
Inspection sticker, OK?	
Other PM's due?	
Check and clear diagnostic codes	
Clean up & wipe off	
Electronic Work Order	

PM-B CHECKLIST (lube, oil & filters) (includes PM-A above)

Drain motor oil if required.		Change required oil filters		Change coolant filter	
Sample motor oil		Change required fuel filters		Fuel/Oil additive	

PM-C CHECKLIST (Annual, includes a PM-A)

Replace air filter		Chg hydraulic / P/S oil & filters		Battery cables / grounds, remove, clean, coat	
Change trans fluid and filters		Rebuild air dryer			
Change rear differential oil		Batteries, clean & test			

NOTES: _____

Mechanic Signature _____ Date _____

TAB 2- Vendor History

SCU Bus Lines has been in business since 2013.

Attached

- Three References
- List of Current Customers, 247
- Current State Vehicle Inspection Reports

24-0114

KNOX COUNTY SCHOOLS

UNIVERSITY OF TENNESSEE TOWER

Department of Transportation

April 11, 2023

To Whom It May Concern,

SCU Bus Lines has been a contractor in good standing with Knox County Schools since 2013. They currently operate thirteen buses for us and I am happy to say they provide quality service to the students and families of Knox County.

The employees of SCU Bus Lines are professional, address problems in a timely manner, and their scores are consistently high on our contractor evaluation metrics. SCU has also been willing to step up and help when asked and perform additional services when requested.

I would have no trepidation in expanding the number of bus routes they operate for us in the future.

Should you have further questions, you're welcome to reach me at (865) 594-1550.

Best regards,

Ryan Dillingham

Director of Transportation

Knox County Schools

P.O. Box 2188 • 400 W. Summit Hill Dr. • Knoxville, Tennessee 37902

24-0114

CITY OF KNOXVILLE

Public Service Department
Chad Weth
Director

April 20, 2023

To Whom It May Concern:

City of Knoxville Parks and Recreation has used SCU Bus Lines for the past 6 years for all of its bus transportation needs. During the summer, Parks and Recreation holds a 7 week camp for students ages kindergarten through 6th grade. The camp averages about 700 kids per week. During those 7 weeks of camp, three (3) weekly field trips are scheduled for all 10 community centers that host the camp. SCU provides transportation for most of those trips (as we have four 21 passenger buses ourselves). Some of those field trips require up to 10 SCU buses per day.

Parks and Recreation also uses SCU throughout the school year for field trips for its after school program, Halloween festival, Christmas Secret Santa event, to name a few.

Parks and Recreation is very pleased with the service provided by SCU Bus Lines. Scheduling buses with them is easy and they are very accommodating to provide for all of our transportation needs. They are always on time with their buses, quick to adapt to our last minute changes and overall, very easy to work with.

I personally worked with Marvin and Stephen during the 5 years I was with Parks and Recreation. I highly recommend them for any transportation needs. They are professional, accommodating and a great transportation company.

Should you need anything further, I will be happy to assist. I can be reached at (865) 215-6024.

Sincerely,

Melanie Overall

Melanie Overall
Administrative Technician

CITY COUNTY BUILDING • ROOM 467 • 400 MAIN STREET • P.O. BOX 1631 • KNOXVILLE, TENNESSEE 37902
OFFICE: 865-215-2060 • FAX: 865-215-2420 • EMAIL: CWETH@KNOXVILLETN.GOV
WWW.KNOXVILLETN.GOV

24-0114

Powell Middle School

3329 W. Emory Road
Powell, TN 37849
Telephone 938-9008 Fax 947-4357

April 10, 2023

To Whom It May Concern:

I would like to describe my experiences with SCU bus lines on behalf of Powell Middle School.

I first met Stephen and Marvin about 8 years ago when they began driving the SCU school bus routes for Powell Middle. I was the administrator in the bus lanes assisting with student dismissal and was able to get to know them both and their bus drivers. My first impression was how personable they both were and how they really cared for drivers and student safety.

First, as the administrator in charge of Bus Evacuation drills, SCU bus drivers have been consistently the only drivers who know exactly what to do when I go out to conduct the evacuations. Several other contractors expect me to explain to the students how the evacuation is conducted. One of the SCU drivers had an imminent situation with one of our students a year ago. The driver stayed calm, contacted the appropriate emergency personnel, and was able to assist the unconscious student until emergency personnel arrived. SCU drivers are obviously actively trained and know what to do in the case of emergency.

Secondly, SCU cameras have consistently worked and now SCU has upgraded to the 360 cameras which provide the best views on the buses. This enables us, as administrators, to see the students from just about every angle. If a seat is ripped, vandalized, or damaged, I have been able to determine if the student is a middle or high school student, assign restitution, and allow for appropriate discipline, thanks to the cameras. I wish all companies installed these!

Over the next several years, Stephen began buying new buses and I can say they are the cleanest and most well-kept buses out of all the other companies that service Powell Middle. One specific detail I always notice are how clean the tires and wheels are of every bus we use. This is something that I do not see with any other contractor, but it is very clear, SCU takes pride in their work and appearance. In addition, SCU buses are very rarely off schedule, unless there is a major traffic issue. The buses do not have mechanical issues either, which I am not able to say about a couple of our other contractors.

Finally, SCU has always been the most helpful, dependable, and extremely accommodating for Powell Middle. They have even helped obtain transportation for our special needs students on an upcoming fieldtrip. Powell Middle uses SCU anytime we need buses for fieldtrips or athletic events. They do have the majority of our regular bus routes at Powell Middle as well. You cannot go wrong using anything related to SCU bus company.

Our school and community are both very appreciative, grateful, and fortunate to have the SCU company service, with Stephen and Marvin, at Powell Middle School. If you have any questions, please feel free to contact me at ginny.smith@knoxschools.org or 865-938-9008.

Sincerely,

Ginny Powers

Assistant Principal

List of Clients

Client ID ▲	Surname	Initi...	Title	Company	Address 1	Address 2	City	State	Zip Code	Client Type
HVABB	Cahak		Mr	Hardin Valley Midde School				TN		
A1Learning	Emerson		Mr	A1 Learning Connections	8915 Farne Island Blvd		Knoxville	TN	37923	
ACHSBand	Larmoyeux		Mr	Anderson County High Sc...	130 Maverick Circle		Clinton	TN	37716	
Adventure	Hall		Ms	Adventure Amputee Camp				TN		
AEMAYS	Antonio Mays		Mr	Austin East High School	2800 Martin Luther Kin...		Knoxville	TN	37914	
Alliance	Newell		Ms	Alliance Soccer Club	2809 Ball Camp Byingt...		Knoxville	TN	37931	
AllRoad	Fleming		Mr					TN		
AlphaChiOm	Coffman		Ms	Alpha Chi Omega				TN	37919	
AlphaOmicr	Portilla		Ms	Alpha Omicron Pi			Knoxville	TN		
AndersonCC	Stapleton		Ms	The Anderson County Cha...	245 N Main St		Clinton	TN	37716	
andersonYL	Cox		Ms	Young Life Anderson County	PO Box 4562		Oak Ridge	TN	37831	
AndreaG	Gruidl		Ms	Concord Christian School	11704 Kingston Pike #3...		Knoxville	TN	37934	
ANGBradley	Jackson		Mr	Army National Guard			Knoxville	TN	37849	
Annette	Brennan		Ms					TN		
AnnorAcad	UpChurch		Ms	Annoor Academy of Knoxv...	724 Foxvue Rd SW		Knoxville	TN	37922	
AprilW	Woods		Ms	Cocke County House Sch...				TN	37821	
Arrow	Gates		Mr	Arrow Stage Lines	3601 Manchester Traffi...		Kansas City	TN	64129	
ASAP	Meade		Ms	ASAP of Aderson	131 S. Charles G. Seiv..		Clinton	TN	37716	
AshleyW	Williams		Ms	Lets Get Formal, LLC				TN	37849	
ASSU	Etsubneh		Ms	Childrens's Defense Fund	840 First St NE	Suite 300	Washington	DC	20002	
ASTravel	McVay		Ms	Adventure Student Travel	18221 Salem Trail		Kirksville	MO	63501	
Atomic	Baker		Mr	Atomic Rowing	697 Melton Lake Dr		Oak Ridge	TN	37830	
AWerner	Werner		Ms	Gibbs Middle School	7625 Tazewell Pike		Corryton	TN	37721	
BallintoyS	Ballintoy		Mr	St. Stephen's Episcopal C...	212 N Tulane Ave			TN	37830	
BB	Bethburnette		Ms	Karns High School		2710 Byington Sol...	Knoxville	TN	37931	
Beaumont	Holdernesse		Ms	Beaumont Magnet Academy	1211 Beaumont Ave		Knoxville	TN	37921	
BeaumontG	Green		Ms	Beaumont Magnet Academy	1211 Beaumont Ave		Knoxville	TN	37921	
BeaumontNC	Choate		Ms	Beaumont Magnet Academy	1211 Beaumont Ave		Knoxville	TN	37921	
BeaumontSJ	Johnson		Ms	Beaumont Magnet Academy	1211 Beaumont Ave		Knoxville	TN	37921	
BeaumontTa	Taylor		Ms	Beaumont Magnet Academy			Knoxville	TN		
BeaverDam	Green		Ms	Beaver Dam Baptist Church			Knoxville	TN	37938	
BenjaminB	Brewer		Mr	Jefferson Middle School	200 Fairbanks Rd		Oak Ridge	TN	37830	
BHSsoftbal	Boles		Mr	Bearden High School	8352 Kingston Pike		Knoxville	TN	37919	
BigDaddy	Delino		Mr	BigDaddyFormals				TN		

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Client ID ▲	Surname	Initi...	Title	Company	Address 1	Address 2	City	State	Zip Code	Client Type
BMoffett	Moffett		Mr	Bucket List Tours			Harrodsburg	KY		
Bolton	Bolton		Mr		8800 Westland Dr		Knoxville	TN	37923	
BookFulton	Swinson		Mrs	Fulton High School	2509 N Broadway		Knoxville	TN	37917	
BookKnight	Knight		Ms	Powell High School	2136 W Emory Rd		Powell	TN	37849	
BoyScouts	Whitt		Ms	Boys Scouts of America O...				TN		
BrandiAsh	Ash		Ms	Lawrence County Youth F...				TN	41230	
Brewedeven	Marino		Ms	Brewed Events			Knoxville	TN		
BrianS			Mr	Tennessee Geographic Alli...		239 Jamestowne Bl...	Farragut	TN	37934	
BrianSmith	Smith		Mr	Jefferson Middle School	200 Fairbanks Rd		Oak Ridge	TN	37830	
Brickey	Ailey		Ms	Brickey McCloud Element...	1810 Dry Gap Pike, Kn...		Knoxville	TN	37918	
BrittanyK	Kramer		Ms					TN	37849	
Burris	Burris		Mr					TN	37918	
BusCharter	Perez		Mr	USA Bus Charter	2780 South Jones Blvd	Suite 200-3247	Las Vegas	NV	89146	
CAK	Williams		Ms	Christian Academy of Kno...	529 Academy Way		Knoxville	TN	37923	
CampbellCo	Price		Mr	Campbell County High Sc...	150 Cougar Ln		Jacksboro	TN	37757	
CastletonF	Williams		Ms	Castleton Farms	150 Cedar Grove Road		Loudon	TN	37774	
CatholicHS			Ms	Knoxville Catholic High Sc...	9245 Fox Lonas Rd		Knoxville	TN	37923	
CBeardenBa	Perkins		Ms	Central Bearden Baptist	6300 Deane Hill Drive		Knoxville	TN	37919	
CCCHSMill	Miller		Mr	Cumberland County High ...	660 Stanley St		Crossville	TN	38555	
CCGearUP	Bane		Ms	Campbell County High Sc...	150 Cougar Lane		Jacksboro	TN	37757	
CCHSrotc	Lester		Mr	Campbell County JROTC	150 Cougar Ln		Jacksboro	TN	37757	
CedarGrove	Hooks		Ms	Cedar Grove Missionary B...	9711 Cedar Grove Chu...		Powell	TN	37849	
CenHSCheer	Lawson		Ms	Central High School	5321 Jacksboro Pike		Knoxville	TN	37918	
CentralHS	Taylor		Ms	Central High School	5321 Jacksboro Pike		Knoxville	TN	37918	
CentrumTra	Wieckowski		Mr					TN		
Chariots	Seaton		Mr	Chariots of Hire	2431 East General Avia...		Alcoa	TN	37701	
CharterUp				CharterUp				TN	37849	
ChartofAm	Johnston		Mr	Charters of America				TN		
CHCAK	Harpending		Ms	Christian Academy of Kno ...	11549 Synder Rd		Knoxville	TN	37932	
ChiOmega	Glass		Ms	Chi Omega	1525 White Ave		Knoxville	TN	37916	
Chrstberry	Murray		Ms	Christenberry Elementary ...	927 Oglewood ave		Knoxville	TN	37917	
CHSAFJROTC				Clinton High School	425 Dragon Dr		Clinton	TN	37716	
CHSHankins	Hankins		Mr	Central High School	5321 Jacksboro Pike		Knoxville	TN	37918	
ChurchRutl	Bales		Mr	The Church at Rutledge	220 Robins Rd		Rutledge	TN	37861	

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CindyW	Webber		Ms	Kings Academy	202 Smothers Rd		Seymour	TN	37865	
ClintonMSL	Loveday		Ms	Clinton Middle School	110 N Hicks St		Clinton	TN	37716	
CoachAmeri	Khalil		Mr					TN		
CockeHS	Vick		Dr	Cocke Co High School	216 Hendrick Dr		Newport	TN	37821	
CocoD	Dowling		Ms	Charter Up				TN	37917	
CodyParker	Parker		Mr	Jacksboro Middle School	150 Eagle Cir		Jacksboro	TN	37757	
Coggins	Coggins		Mrs	KNM/TLC				TN		
Colonial	Oliver		Ms	Colonial Connections, Inc	1001 A Richmond Rd		Williamsburg	VA	23185	
Colonialbr	Oliver		Ms	Norris Middle School	5 Norris Square		Norris	TN	37828	
ConcordCS	Daws		Ms	Concord Christian School	11704 Kingston Pike		Knoxville	TN	37934	
Connect	Ahrens		Ms	Connect Better Business Co	P.O. Box 1636		Washington	DC	20041	
CorbinHS	Wilson		Mr	Corbin High School	1901 Snyder St		Corbin	KY	40701	
CS	CristSimpson		Ms	Powell Middle School		3329 W Emory Rd.	Powell	TN	37849	
Cumberland	Parks		Ms	The University of the Cum...	6176 College Station Dr		Williamsburg	KY	40769	
Dauster	Dauster		Mr	Army National Guard				TN		
DavidW	Whaley		Mr	Kings Academy	202 Smothers Rd		Seymour	TN	37865	
DenKraist	Kraist		Mr	Busmanity	42 Broadway		New York	NY	10004	
Diamond	Gettel		Mr	Diamond Tours	13100 Westlinks Terrac...		Fort Myers	TN	33913	
DiamondTou	McCutcheon		Ms	Diamon Tours Inc				TN		
DwinitaL	Loveday		Ms	Tennessee State Bank				TN	37917	
EastKnoxZL	Lawson		Mr	East Knox Elementary				TN		
EKCE	Armstrong		Ms	East Knox County Elemen...	9300 Rutledge Pike		Mascot	TN	37806	
ElizaRow	Rowcliffe		Ms					TN		
ElliottS	Elliot		Ms	Ace of Greater Knoxville				TN	37912	
EmeraldYou	Swint		Mr	Emerald Youth			Knoxville	TN		
EmilyKeefe	Keefe		Ms	High Point Ground		12700 Park Central...	Dallas	TX	75251	
EricaCasey	Casey		Ms	Tako Taco & Kaizen	235 W Depot Ave		Knoxville	TN	37917	
ERMS	Hall		Ms	EastRidge Middle School	6595 St Clair Rd		Whitesburg	TN	37891	
Escot	Ingram		Ms	Escot Bus Lines				TN	32824	
ESTES	Estes		Mr	Estes Bus Service Inc	144 Mankin Lane		Woodbury	TN	37190	
Fairview	King		Mr	Fairview Knox Church	7424 Fairview Rd		Corryton	TN	37721	
FarrBurris	Burris		Mr	Farragut High School			Knoxvlle	TN		
FFCChurch	Wakefield		Mrs	Freedom Fellowshiop Chri...	(Brickey)			TN		
FHS	Seidler		Ms	Fulton High School	2509 N Broadway, Kno...		Knoxville	TN	37917	

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FHSAC	Zimmerman		Mr	Fulton High School	2509 North Broadway		Knoxville	TN	37917	School
FHSBasketb	Black		Mr	Fulton High School	2509 N Broadway		Knoxville	TN	37917	
FHSBrooks	Brooks		Ms	Fulton High School	2509 N Broadway		Knoxville	TN	37917	
FHSCosmo	Ashley		Ms		2509 N Broadway		Knoxville	TN	37917	
FHSfoolbal	McMillan		Mr	Fulton High School	2509 N Broadway		Knoxville	TN	37917	
FHSGBB	Cooper		Mr	Fulton High Scholl - Girls BB	2509 N Broadway		Knoxville	TN	37917	
FHSGirlSoc	Neagles		Ms	Fulton High School				TN		
FHSkennard	Kennard		Ms	Fulton High School	2509 N. Broadway Ave		knoxville	TN	37917	
FHSMoore	Moore		Ms	Fulton High School				TN		
FHSONeill	ONeill		Mr	Fulton High School				TN		
FOTSMOKIES	Nadasen		Mr	Great Smoky Mountains NP				TN		
FranLath			Ms	Webb High School ALC		9600 Webb School .	knoxville	TN	37923	
FultonBand	King		Mr	Fulton High School Band				TN		
FultonBook	Swinson		Ms	Fulton High School NJRO...	2509 N Broadway		Knoxville	TN	37917	
FultonCail	Seidler		Ms	Fulton High School	2509 N Broadway		Knoxville	TN	37917	
FultonCTE	Andrist		Mr	Fulton High School	2509 N Broadway		Knoxville	TN	37917	
FultonFB	McMillian		Mr	Fulton High School	2509 N Broadway		Knoxville	TN	37917	
FultonHS	Barbeau		Ms	Fulton High School	2509 N Broadway		Knoxville	TN	37917	
FultonHSen	Kennard		Ms	Fulton High School	2509 N Broadway			TN	37917	
FultonSocc	Clow		Mr	Fulton High School	2509 N Broadway		Knoxville	TN	37917	
FUMMorris	Stapleton		Mr	First United Methodist Chu...			Morristown	TN		
Fuse	Beasley		Ms	Fuse Technologies				TN	37849	
FuseWeeks	Weeks		Ms	Fuse Technologies				TN		
GabrielS	Surovey		Mr	Halls High School	4321 E Emory Rd		Knoxville	TN	37938	
GAC	Darpa		Mr	Great American Charters				TN		
GAC1	Saburro		Mr	Great American Charters				TN		
Gateway	Morrisette		Ms	Gateway Music Festivals ...	P.O. Box 1165		Monticello	MN	55362	
GCA	Long		Mr	Grace Christian Academy	5914 Beaver Ridge Rd		Knoxville	TN	37931	
GibbsHBand	Bates		Mr	Gibbs High School	7628 Tazewell Pike		Corryton	TN	37721	
GibbsMSBee	Beeler		Mr	Gibbs Middle School	7625 Tazewell Pike		Corryton	TN	37721	
GibbsMSDow	Downs		Ms	Gibbs Middle School	7625 Tazewell Pike		Corryton	TN	37721	
Gina	Lamont		Ms	352nd Civil Affairs Comma ..				TN	37849	
GinaCarney	Carney		Ms					TN	37918	
GingerHynd	Hynds		Ms	Knox County Schools			Knoxville	TN		

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GMA	Morris		Ms	Green Magnet Academy	801 Lula Powell Dr		Knoxville	TN	37915	
GMSChorus	Werner		Ms	Gibbs Middle School	7625 Tazewell Pike		Corryton	TN	37721	
GPHSBrack	Brackins		Ms	Gatlinburg-Pittman High S...	150 Proffitt Rd		Gatlinburg	TN	37738	
GrantCates	Cates		Mr		1812 Fraternity Park Dr		Knoxville	TN	37916	
Graves	Graves		Mr		76			TN	37849	
GREATSMTN	Roth		Ms	Great Smoky Mtns Institut...	9275 Tremont Road		Townsend	TN	37882	
GreenMgnt	Morris		Mr	Green Magnet Academy				TN	37918	
GreshMSSto	Stover		Ms	Gresham Middle School			Knoxville	TN	37919	
GrtKnxDerm	McDaniel		Ms	Greater Knoxville Dermato...	7730 Dannaher Drive		Powell	TN	37849	
Grubbs	Grubbs		Mrs					TN		
Hacker	Hacker		Mrs					TN		
haleigh	Bennett-Heffinger		Mr	Fort Liberty Cadet CMD GP				TN		
HaleyFarm	Libby		Mr	Haley Farm Children's Def...	1000 Alex Haley Lane		Clinton	TN	37716	
HallHSSocc	Burnett		Ms	Halls High School	4321 E Emory Rd		Knoxville	TN	37938	
Hallsburne	Burnett		Mr	Halls High School	4321 E Emory Rd		Knoxville	TN	37918	
HallsHS	Gentry		Mr	Halls High School	4321 E Emory Rd		Knoxville	TN	37938	
HallsHSBan	Baumgardner		Mr	Halls High School	4321 E Emory Rd		Knoxville	TN	37938	
HallsHSCos	Woods		Ms	Halls High School	4321 E Emory Rd		Knoxville	TN	37938	
HallsHShef	Helton		Ms	Halls High School	5321 E Emory Road		Knoxville	TN	37938	
HallsMS	Wilson		Ms	Halls Middle School	4317 E Emory Rd		Knoxville	TN	37938	
HallsRobo				Halls High School	4321 E Emory Rd		Knoxville	TN	37938	
HHRA	Stanford		Ms	His Hands Reaching Acad...	134 Offutt Rd		Clinton	TN	37716	
HHSHelt	Helt		Ms	Halls High School	Emory Rd		Knoxville	TN	37938	
HHSMoles	Moles		Ms	Halls High School	4321 E Emorty Road			TN	37938	
HIFI	Uy		Ms	HIFI Travel	311 W Superior St Suit...		Chicago	IL	60654	
HuntsMS	Duncan		Ms	Huntsville Middle School	3101 Baker Hwy		Huntsville	TN	37756	
HVADick	Dick		Ms	Hardin Valley Academy			Knoxville	TN	37849	
HVAFootbal	Miner		Mr		11345 Hardin Valley Rd		Knoxville	TN	37932	
HVASusan	Whitinger		Ms	Hardin Valley Middle School				TN	37918	
IHS	Dielericht		Mr	Independence High School				TN		
Immanuel	Hurst		Ms	Immanuel Baptist Church	720 Browning Acres Ro...		Corbin	KY	40701	
JackSnider	Snider		Mr	Halls Middle School	4317 E Emory Rd		Knoxville	TN	37938	
JakeH	Honeycutt		Mr	Beaver Dam Baptist Church	4328 Emory Rd		Knoxville	TN	37938	
Jameson	Bunch		Mr	Jameson				TN		

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Client ID ▲	Surname	Initi...	Title	Company	Address 1	Address 2	City	State	Zip Code	Client Type
Jaqk	Kendricks		Ms					TN		
JeffMS	Mayes		Ms	Jefferson Middle School	200 Fairbanks Rd		Oak Ridge	TN	37830	
JeffMS1	Wilson		Ms	Jefferson Middle School			Oak Ridgw	TN	38730	
Jellico	Reynolds		Mr	Jellico High School	141 High School Lane		Jellico	TN	37762	
JesseDT	JesseSarmiento		Mr	Diamond Tours				TN		
JMSBrewer	Brewer		Mr	Jefferson Middle School	200 Fairbanks Rd		Oak Ridge	TN	37830	
Joy	Bonamarte		Ms	Oak Ridge High School			Oak Ridge	TN	37830	
Justinm			Mr	Halls High School		4321 E. Emory Rd.	Knoxville	TN	37938	
KappaSig	O'Connell		Mr					TN		
Karm	Walker		Ms	Knox Area Rescue Ministri...	P.O. Box 3310		Knoxville	TN	37927	
Karms6th	Gerhardt	R	Mr	Karns Middle School	2925 Gray Hendrix Rd		Knoxville	TN	37931	
KarnsEMS	Farinato		Ms	Karns Elementary School	8108 Beaver Ridge Rd		Knoxville	TN	37931	
KarnsHS Bu	Burnette		Mrs	Karns High School				TN		
KarnsHSRho	Rhoden		Ms	Karns High School	2710 Byington Solway Rd		Knoxville	TN	37931	
KarnsMS	Story		Ms		2925 Gray Hendrix Rd		Knoxville	TN	37931	
KaseyW	Williams		Ms	Military				TN	37849	
KCS	Parham		Ms	Knoxville Christian School	11549 Snyder Rd		Knoxville	TN	37932	
KelseyB	Bickel		Ms					TN	37917	
KelvinCash			Mr	Chariots Of Hire		2431 East General ...	Alcoa	TN	37701	
KHSPeters	Peters		Mr	Karns High School						
KingsCB	Newman		Mr	Kings Charter Bus USA				TN		
KJDS	Jolly		Ms	Stanford Eisenberg Knoxvi...	8042 Gleason Drive		Knoxville	TN	37919	
KK	Kimberlykennard		Ms	Fulton High School	2509 N Broadway		knoxville	TN	37917	
KMSArrow	Arrow		Ms	Karns Middle School	2925 Gray Hendrix Road		Knoxville	TN	37931	
KMSband	Bowling		Mr	Karns Middle School	2925 Gray Hendrix Rd,		Knoxville	TN	37931	
KMSchool				Karns Middle School			Knoxville	TN		
KMSDillon	Dillon		Ms	Karns Middle School				TN		
KMSHake	Hake		Ms	Karns Middle School	2925 Gray Hendrix Rd		Knoxville	TN	37931	
KMSLayton	Layton		Ms	Karns Middle School	2925 Gray Hendrix Rd		Knoxville	TN	37931	
KMSPopa	Popa		Ms	Karns High School	2710 Byington Solway Rd		Knoxville	TN	37931	
KMSRautio	Rautio		Ms	Karns Middle School	2925 Gray Hendrix Rd		Knoxville	TN	37931	
KMSRenfroe	Renfroe		Mr	Karns Middle School	2925 Gray Hendrix Rd		Knoxville	TN	37931	
KMSTrent	Trent		Ms	Karns Middle School	2925 Gray Hendrix Rd		Knoxville	TN	37931	
KMSWilliam	Williams		Ms	Karns Middle School	2925 Gray Hendrix Rd		Knoxville	TN	37931	

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KnoxBrew	Roskop		Mr	Knox Brew Tours	421 Union Ave		Knoxville	TN	37902	
KnoxBrewTo	Molidor		Mr	Knoxville Brew Tours				TN		
KnoxSki	Staton		Mr	Knoxville Ski Club			Knoxville	TN		
Kokaska	Kokaska		Ms					TN		
Kristinehl	Hill		Ms	Army Reserves				TN		
KristinN	Nanney		Ms	West High School	3300 Sutherland Ave		Knoxville	TN	37919	
KVA	Smith		Mr	Kelley Volunteer Academy	535 Chickamauga Ave		Knoxville	TN	37917	
LakeCityMS	Hopper		Mr	Lake City Middle School	1132 S Main St		Rocky Top	TN	37769	
LakeWayB	Butler		Ms	LakeWay Christian School	3720 Roy Messer Hwy		White Pine	TN	37890	
LakinLill			Ms	Waste Connections				TN		
LaurenHens	Hensley		Ms					TN	37922	
LenCityYL	Eubanks		Mr	Lenoir City Young Life				TN		
LeniorMS	Boyd		Ms	Lenior City Intermediate S...	2141 Harrison Ave		Lenior City	TN	37771	
LGFormal	Teorima		Ms	Let's Get Formal	251 East Maxwell St		Lexington	KY	40508	
lindsey	Lindsey		Mr					TN		
LisaK	Kinsler		Ms	Great West Casualty Co	10100 Global Way		Knoxville	TN	37932	
LMUBriden	Bridenbaugh		Mr	Lincoln Memorial University	6965 Cumberland Gap ...		Harrogate	TN	37752	
LMUDel	Delph		Mr	LMU	6965 Cumberland Gap ...		Harrogate	TN	37752	
LWTrans			Ms	LW Transportation				TN	22405	
MalloryS	Sterling		Ms	Knox County STEM				TN	37917	
Manley	Howard		Ms	Manley Baptist Church	3603 Andrew Johnson ...		Morristown	TN	37814	
Manrod	Manrod		Ms					TN	37918	
MarcyF	Fawver		Ms	Gateway Mucis Festivals ...				TN	37830	
MarineFRG4	Raffin		Mr	Marine Corps Support Fac...				TN		
Martland	Martland		Mr	Matt Martland				TN		
MasterCraf	Warner		Ms	MasterCraft				TN		
MattLowe			Mr	Powell High School		2138 W Emory Rd.	knoxville	TN	37849	
maxbet	Johnson		Ms	Maxbet Casino Tours			Knoxville	TN	37918	
MaxBetCasi	Johnson		Ms	Max Bet Casino Tours				TN	37918	
McCallie	Romero		Mr	McCallie School of Chatta...	500 Dodds Ave		Chattanooga	TN	37404	
McClelland	McClelland		Mr	Johnsn University	7900 Johnson Dr		Knoxville	TN	37998	
MEHSBand	Tilley		Mr					TN		
Menn	Mennonite		Mr	Mennonite				TN	37849	
MichaelP4L			Mr	Price 4 Limo				TN	37849	

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MichelleA	Ayres		Ms	West High School	3300 Sutherland Ave		Knoxville	TN	37919	
Mithaiwala	Mithaiwala		Mr					TN		
MooreChri	Moore		Ms	Kincaid Cousins Day	2001 N Broadway		Knoxville	TN	27127	
MorganHite	Hite		Ms	Halls High School	4321 E Emory Rd		Knoxville	TN	37938	
MorrisEHS	Tilley		Mr	Morristown-East High Sch...	1 Hurricane Lane		Morristown	TN	37813	
MorrisHam	king	H	Mr	Morristown Hamblen	1 Hurricane Lane		Morristown	TN	37813	
Nakanawa	Perron		Ms	Camp Nakanawa	1804 Camp Nakanawa ...		Crossville	TN	38571	
NashYL	Mason		Ms	Young Life of Nashville	125 Antioch Pike		Nashville	TN	37211	
NWMS	Walls		Mr	Northwest Middle School	5301 Pleasant Ridge Rd		Knoxville	TN	37912	
NWMSLewis	Lewis		Ms	Northwest Middle School	5301 Pleasant Ridge TN		Knoxville	TN	37912	
OliverHS	Harper		Mr	Oliver Springs High School	317 Roane St		Oliver Springs	TN	37840	
Olympus	Mills		Mr	Olympus Car and Coach	2519 Mitchell St		Knoxville	TN	37917	
OneLife	Bradley		Mr	OneLife Church	3503 Emory Rd		Powell	TN	37849	
orhs	Schoolcraft		Mr	Oak Ridge High School	140 Oak Ridge Turnpike		Oak Ridge	TN	37830	
ORHSDAVE	Kolodney		Mr	Oak Ridge High School	1450 Oak Ridge Turnpike		Oak Ridge	TN	37830	
ORHSMayes	Mayes		Ms	Oak Ridge High School	1450 Oak Ridge Turnpike		Oak Ridge	TN	37830	
ORHSMER	Hughey		Ms	Oak Ridge High School	1450 Oak Ridge Turnpike		Oak Ridge	TN	37830	
ORHSRobo	Buckner		Ms	Oak Ridge High School	1450 Oak Ridge Turnpike		Oak Ridge	TN	37830	
ORHSROTC	Nicholls		Mr	Oak Ridge High School	1450 Oak Ridge Turnpike		Oak Ridge	TN	37830	
ORSfootbal	Cummings		Mr	Oak Ridge High School Fo...	1450 Oak Ridge Turnpike		Oak Ridge	TN	37830	
ParksRec	Crutcher		Ms	Knoxville Parks and Recre...	5930 Lyons View Pike		Knoxville	TN	37919	
PartridgeL	Partridge		Mr	Marine Corps	150			TN		
PaulaDavis			Ms	Hillcrest Elementary		407 S. Liberty Hill ..	Morristown	TN	37813	
PCI	Prority Coach		Mr	Priorty Coach, Inc	2628 Clinton Hwy		Powell	TN	37849	
PeaceGMBC	Crippen		Ms	Peace & Goodwill Mission...	1723 Washington Ave		Knoxville	TN	37921	
Peck	Peck		Mrs					TN		
PerryW	Wright		Mr	Air Force				TN		
PES	Cox		Ms	Powell Elementary School	1711 Spring St		Powell	TN	37849	
PHIDeltaTh	Prairie		Mr					TN		
PhiMu	Coffman		Ms	Phi Mu	2610 Ann Baker Furrow...		Knoxville	TN	37919	
PHSband	Smith		Mr	Powell High School	2136 W Emory Rd		Powell	TN	37849	
PHSBaseB	Warner		Mr	Powell High School			Powell	TN	37849	
PHSBB	Knight		Mrs	Powell High School	2136 W Emory Road		Powell	TN	37849	
PHSCH	Kennedy		Mr	Powell High School	2136 West Emory Rd		Powell	TN	37849	

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PHSChorus	Cagle		Mr	Powell High School	2136 W Emory Rd		Powell	TN	37849	
PHSDigital	Douglas		Ms	Powell High School	2136 W. Emory Rd		Powell	TN	37849	
PHSGSoccer	Knight		Ms	Powell High School	2136 W Emory Rd		Powell	TN	37849	
PHSMooney	Mooney		Ms	Powell High School	2136 W. Emory Rd		Powell	TN	37849	
PHSMorgan	Morgan		Mr	Powell High School				TN		
PHSRoach	Roach		Ms	Powell High School	2136 W Emory Rd		Powell	TN	37849	
PHSSmoker	Smoker		Mr	Powell High School				TN		
PHSVictori	Weinhandl		Ms	Powell High School	2136 W Emory Rd		Powell	TN	37849	
PiBetaPhi	Harris		Ms	Pi Beta Phi	3006 Sorority Village		Knoxville	TN	37916	
PineKnot	Harden		Ms	Transcor, Inc	9310 Old Kings Rd S St...		Jacksonville	FL	32257	
Pinnacle	Holloway		Ms	Pinnacle Financial Partners	1111 Northshore Dr Suit...		Knoxville	TN	37919	
PleasantVi	Reynolds		Mr	Pleasant View Baptist Chu...	292 Pleasant View Loop		Clinton	TN	37716	
PleasView	Reynolds		Mr	Pleasant View Baptist Chu...	292 Pleasant View Loop		Clinton	TN	37716	
PMS	Davis		Mr	Powell Middle School				TN	37849	
PMSchool	McGee		Ms	Powell Middle School	3329 W Emory Road		Powell	TN	37849	
PMSEdwards	Edwards		Ms	Powell Middle School	3329 W Emory Rd		Powell	TN	37849	
PMSFlorell	Florella		Ms	Powell Middle School	3329 W Emory Rd		Powell	TN	37849	
PMSGuy	Ballinger		Mr	Powell Middle School	3329 W Emory Rd		Powell	TN	37849	
PMSHero	Hero		Mr	Powell Middle School	3329 W Emory Rd		Powell	TN	37849	
PMSHogan	Hogan		Mr	Powell Middle School	3329 W Emory Rd		Powell	TN	37849	
PMSMagee	Magee		Ms	Powell Middle School				TN		
PMSPrice	Price		Mr	Powell Middle School	3329 W. Emory Rd		Powell	TN	37849	
PMSTOI	Howard		Ms	Powell Middle School	3329 W Emory Rd		Powell	TN	37849	
PMSTuyen	Tran		Ms	Powell Middle School	3329 W Emory Rd		Powell	TN	37849	
PMSZitelli	Zitelli		Ms	Powell Middle School	3329 W Emory Rd		Powell	TN	37849	
Price4Limo	Price4Limo		Mr	Price4Limo			West Palm Be...	FL	33467	
Priority	Coach		Mr	Priority Coach	2628 Clinton Hwy		Powell	TN	37849	
Rally/OurB	Gangwar		Mr	Rally/OurBus	79 Madison Ave 8th Floor		New York	NY	10016	
Redemption	Smith		Ms	Redemption School of Wo...	8109 Sharp Rd		Powell	TN	37849	
RedemptPC	Childers		Ms	Redemption Point Church	3831 Ooltewah Ringgol...		Ooltewah	TN	37363	
Rigo	Baltazar		Mr					TN	37938	
RigoB	Baltazar		Mr					TN	37849	
Riverview	Love		Ms	Riverview Baptist Church	410 Old Blacksferry Lane		Clinton	TN	37716	
RoadRunner	Rulapaugh		Mr	Road Runner Charters	902 Dora St		Seymour	TN	37865	

List of Clients

Client ID ▲	Surname	Initi...	Title	Company	Address 1	Address 2	City	State	Zip Code	Client Type
RobertsLiv	Livesay		Mr	Oak Ridge High School	1450 Oak Ridge Turnpike		Oak Ridge	TN	37830	
RobertsMS	Mayes		Mr	Robertsville Middle School	245 Robertsville Rd		Oak Ridge	TN	37830	
RobertsMS1	Burnette		Mrs	Robertsville Middle School	245 Robertsville Road		Oak Ridge	TN	37830	
RobertsMS2	Downs		Ms	Robertsville Middle School	245 Robertsville Road		Oak Ridge	TN	37830	
RobertVick	Vick		Dr	Cocke County High School	216 Hedrick Dr		Newport	TN	37821	
RonDay	Day		Mr	The Salvation Army	409 N. Broadway		Knoxville	TN	37917	
Roshni	Roshni		Mr					TN		
RyanB			Mr	Northwest Middle School		5301 Pleasant Ridg...	Knoxville	TN	37912	
RyanCMA	Ryandill		Mr	Career Magnet Academy		7171 Strawberry Pl...	knoxville	TN	37914	
Sandler	Sandler		Mr					TN		
SavannhAsh	Ash		Ms					TN	37763	
scu	Underwood		Mr					TN		
SDHSBerk	Berkley		Ms	South Doyle High School	2020 Tipton Station Rd		Knoxville	TN	37920	
SDoyleMS	Williams		Ms	South Doyle Middle School	3900 Decatur Dr		Knoxville	TN	37920	
SecondHarv	Blondell		Mr	Second Harvest Food Bank	136 Harvest Lane		Maryville	TN	37801	
SeniorCBS	Brooks		Ms	Senior Citizens of Bean St...				TN		
SeniorSain	Perry		Ms	Senior Saints Ministry				TN		
seniorview	wood		Ms					TN		
SeqEwell	Ewell		Ms		Sequoyah Hills Presbyt...	3700 Keowee Aven...	Knoxville	TN	37919	
SH	SherryHill		Ms	Mt. Zion Baptist Church		195 Wilberforce Ave	Oak Ridge	TN	37830	
SherylConn	Connelly		Ms	Standord Eisenberg Knox...	8042 Gleason Dr		Knoxville	TN	37919	
SHSSnyder	Snyder		Mr	Science Hill High School	1509 John Exum Pkwy		Johnson City	TN	37604	
Sigma Nu	Muniz		Mr	Sigma Nu	1824 Fraternity Park		Knoxville	TN	37916	
ski/outtin	Vaccaro		Ms				Knoxville	TN	37916	
SonsTo	Keller		Mr	Sons Tours, Inc	2805 Peachtree Industr ..		Duluth	GA	30097	
SouthMolly	Marks		Ms	Southside School	1224 Murfreesboro Rd		Lebannon	TN	37090	
SpenceMill	Milligan		Mr	Air National Guard Band o...				TN		
StaciMor	Morales		Ms	Army Reserves				TN		
STEMSterli	Sterling		Ms	STEM Knox County Schools				TN		
StevSTBa	Whitaker		Mr	Stevens Street Baptist Ch...	327 W Stevens St		Cookeville	TN	38501	
ststephen	Hogg		TO	St Stephen's Episcopal Ch...	212 N Tulane Ave		Oak Ridge	TN	37983-0	
Superior	Wachowski		Ms	Superior Travel and Tour	411 Walnut St #16919		Green Cove S...	FL	32043	
SusanDarby	Darby		Ms	The Episcopal School of K...	950 Episcopal School ...		Knoxville	TN	37932	
SusanM	Martin		Ms	Powell High School	2136 W Emory Rd		Powell	TN	37849	

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List of Clients

Client ID ▲	Surname	Initi...	Title	Company	Address 1	Address 2	City	State	Zip Code	Client Type
SUTK	Sutkaytis		Mr					TN		
SweetHS	Slover		Mr	Sweetwater High School	414 S High St		Sweetwater	TN	37874	
TheShowMov	Alewine		Mr	The Show Mover	P.O. Bix 1053		York	SC	29745	
TimPowell	Powell		Mr	L&N Stem Academy			Knoxville	TN	37902	
TimWard	Ward		Mr	Church Street United Meth..	900 Henley St		Knoxville	TN	37902	
TMS	Rogers		Mr	TMS				TN	37912	
TourPro	Davis		Mr	Tour Pros	P.O Box 22601		Knoxville	TN	37933	
UnionCO	Brown		Mr	Union County High School	150 Main St		Maynardville	TN	37807	
usacoach	Ropas		Mr	USA Coach Buses				TN		
UStravels	Phillips		Mr				Powell	TN	37849	
UTLacross	Gates		Mr	The University of Tennessee			Knoxville	TN	37912	
utrugby	Harris		Mr	Ut of Knoxville				TN		
VeronicaS	Scott		Ms	Loudon County Senior Ce...				TN		
WartburgCM	Frasier	M	Mr	Wartburg Central Middle S...	146 Liberty Rd		Wartburg	TN	37887	
Webb	Roberts		Mrs	Webb School of Knoxville	9600 Webb School Lane		Knoxville	TN	37923	School
WebbLatham	Latham		Ms	Webb School of Knoxville	9600 Webb School Lane		Knoxville	TN	37923	
WebbLeah	Roberts		Ms	Webb Upper School	9600 Webb School Lane		Knoxville	TN	37923	
WebbRobo	Callaway		Mr	Webb School of Knoxville	9600 Webb School Lane		Knoxville	TN	37923	
WebbShaney	Brown		Mr	Webb School of Knoxville	9600 Webb School Lane		Knoxville	TN	37923	
WebbShores	Shores		Ms	Webb School of Knoxville	9600 Webb Lane		Knoxville	TN	37923	
WestHRoper	Dalton		Ms	West High School				TN		
WestHS	Krebs		Mr	West High School	3300 Sutherland Ave		Knoxville	TN	37919	
WestHS2	Castro		Mr	West High School	3300 Sutherland Ave		Knoxville	TN	37919	
WestHS3	Townsend		Ms	West High School	3300 Sutherland Ave		Knoxville	TN	37919	
WestHSLabe	LaBello		Mr	West High School	3300 Sutherland Ave		Knoxville	TN	37919	
WestHSMyer	Myers		Mr	West High School				TN		
WestHSSocc	Kim		Mr	West High School	3300 Sutherland Ave		Knoxville	TN	37919	
Whitwell	Ashworth		Ms	Whitwell High School	200 Tiger Trl		Whitwell	TN	37397	
WHSBase	Bounds		Mr	West High School	3300 Sutherland Ave		Knoxville	TN	37919	
WHSChorus	Carpenter		Mr	West High School	3300 Sutherland Ave		Knoxville	TN	37919	
WHSFoster	Foster		Mr	West High School	3300 Sutherland Ave		Knoxville	TN	37919	
WHSRaymond	Raymond		Mr	West High School	3300 Sutherland Ave		Knoxville	TN	37919	
WHSsoftbal	Humphreys		Mr	West High School	3300 Sutherland Ave		Knoxville	TN	37919	
WHSWLacros	Chesney		Ms	West High School	3300 Southerland Ave		Knoxville	TN	37919	

List of Clients

Client ID ▲	Surname	Initi...	Title	Company	Address 1	Address 2	City	State	Zip Code	Client Type
WilliamRob	Roberts		Mr	Powell High School	2136 W. Emory Rd		Powell	TN	37849	
WLS			Ms	Webb Lower School		9800 Webb School ...	knoxville	TN	37923	
WMPresbyte	Adamick		Ms	Westminister Presbyterian...	6500 Northshore Dr		Knoxville	TN	37919	
WS	Cammarano		Mr	White Star Travel	28 E Lancaster Ave		Reading	PA	19607	
WSMSBB	Wheeling		Mr	Whittle Springs Middle Sc...	2700 White Oak Ln		Knoxville	TN	37917	
WSMSSmith	Smith		Mr	Whittle Springs Middle Sc...	2700 White Oak Lane		Knoxville	TN	37917	School
WVM	Thompson		Mr	West Valley Middle	9118 George Williams Rd		Knoxville	TN	37922	

24-0114

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/02/2023 | Inspection Type: Annual | Sticker No: TN123665
In Service Date: 08/01/2018 | VIN: 1BABNCSA1KF348711 | Body Build Date: 11/01/2017

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Body Make: Blue Bird
Mileage: 86128
Registration #: CB70973
Brake System: Air
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Safety/Gauges: Pass
Electrical: Pass
Body Exterior: Pass
Engine: Pass
Chassis: Pass
Suspension - Left Axle 1: Pass
Suspension - Right Axle 1: Pass
Suspension - Left Axle 2: Pass
Suspension - Right Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD
Certification Date: 08/02/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/30/2023 | Inspection Type: Annual | Sticker No: TN131330
In Service Date: 08/01/2019 | VIN: 1BABNBSA0LF364393 | Body Build Date: 04/01/2019

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Mileage: 76950
Brake System: Air
Body Make: Blue Bird
Registration #: CB62888
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD
Certification Date: 08/30/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 01/09/2024 | Inspection Type: Annual | Sticker No: TN131439
In Service Date: 09/01/2020 | VIN: 1BABNCSA2MF373586 | Body Build Date: 02/01/2020

Childcare Facility:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Childcare Facility License #:

Vehicle Type: D
Mileage: 23083
Brake System: Air

Body Make: Blue Bird
Registration #: CB63157
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD | Certification Date: 01/09/2024

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/30/2023 | Inspection Type: Annual | Sticker No: TN131334
In Service Date: 12/01/2021 | VIN: 1BABNCSAXNF385096 | Body Build Date: 08/01/2021

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Mileage: 42622
Brake System: Air
Body Make: Blue Bird
Registration #: CB63129
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD
Certification Date: 08/30/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 10/17/2023
Inspection Type: Post-Crash Inspection
Sticker No: TN131328
In Service Date: 08/01/2013
VIN: 1BABNBPA1EF302206
Body Build Date: 08/01/2013

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Mileage: 183238
Brake System: Air
Body Make: Blue Bird
Registration #: CB62887
Bus Status: Remove from Service
Bus Status Comments: LUGGAGE DOOR TRIM BENT DRIVER SIDE

Crash Date: 10/17/2023
Crash Report Number:
Crash Details: BUS SIDESWIPED ANOTHER VEHICLE

Body Interior: Pass
Electrical: Pass
Safety/Gauges: Pass
Body Exterior: Fail
Body:
Violation: Sharp or protruding sections
Comments: LUGGAGE DOOR BENT

Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/02/2023 | Inspection Type: Annual | Sticker No: TN123663
In Service Date: 05/01/2012 | VIN: 1BABNCPA3DF291214 | Body Build Date: 02/01/2012

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Body Make: Blue Bird
Mileage: 125467
Registration #: CB63139
Brake System: Air
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Safety/Gauges: Pass
Electrical: Pass
Body Exterior: Pass
Engine: Pass
Chassis: Pass
Suspension - Left Axle 1: Pass
Suspension - Right Axle 1: Pass
Suspension - Left Axle 2: Pass
Suspension - Right Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD
Certification Date: 08/02/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 10/06/2023 | Inspection Type: Annual | Sticker No: TN131385
In Service Date: 05/01/2012 | VIN: 1BABNCPAXDF291212 | Body Build Date: 02/01/2012

Childcare Facility:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Childcare Facility License #:

Vehicle Type: D
Mileage: 96306
Brake System: Air

Body Make: Blue Bird
Registration #: CB63144
Bus Status: In Service
Bus Status Comments: INSPECTED

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original Inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD | Certification Date: 10/06/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/30/2023 | Inspection Type: Annual | Sticker No: TN131329
In Service Date: 02/01/2012 | VIN: 1BABNCPA8DF291211 | Body Build Date: 02/01/2012

Childcare Facility:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Childcare Facility License #:

Vehicle Type: D
Mileage: 143750
Brake System: Air

Body Make: Blue Bird
Registration #: CB63143
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD | Certification Date: 08/30/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/02/2023 | Inspection Type: Annual | Sticker No: TN123664
In Service Date: 05/01/2012 | VIN: 1BABNCPA6DF291210 | Body Build Date: 02/01/2013

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Mileage: 154587
Brake System: Air
Body Make: Blue Bird
Registration #: CB63140
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD
Certification Date: 08/02/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 10/06/2023 | Inspection Type: Annual | Sticker No: TN131384
In Service Date: 05/01/2012 | VIN: 1BABNCPA4DF291206 | Body Build Date: 02/01/2012

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Mileage: 118783
Brake System: Air
Body Make: Blue Bird
Registration #: CB63145
Bus Status: In Service
Bus Status Comments: INSPECTED

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD
Certification Date: 10/06/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
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Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 10/17/2023
Inspection Type: Post-Crash Inspection
Sticker No: TN131328

In Service Date: 08/01/2013
VIN: 1BABNBPA1EF302206
Body Build Date: 08/01/2013

Childcare Facility:
Childcare Facility License #:

School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Body Make: Blue Bird
Mileage: 183238
Registration #: CB62887
Brake System: Air
Bus Status: Remove from Service
Bus Status Comments: LUGGAGE DOOR TRIM BENT DRIVER SIDE

Crash Date: 10/17/2023
Crash Report Number:
Crash Details: BUS SIDESWIPED ANOTHER VEHICLE

Body Interior: Pass
Safety/Gauges: Pass
Electrical: Pass
Body Exterior: Fail
Body:
Violation: Sharp or protruding sections
Comments: LUGGAGE DOOR BENT

Engine: Pass
Chassis: Pass
Suspension - Left Axle 1: Pass
Suspension - Right Axle 1: Pass
Suspension - Left Axle 2: Pass
Suspension - Right Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

24-0114

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Tennessee Highway Patrol – Pupil Transportation Division
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Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 10/06/2023 | Inspection Type: Annual | Sticker No: TN131385
In Service Date: 05/01/2012 | VIN: 1BABNCPAXDF291212 | Body Build Date: 02/01/2012

Childcare Facility:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Childcare Facility License #:

Vehicle Type: D
Mileage: 96306
Brake System: Air

Body Make: Blue Bird
Registration #: CB63144
Bus Status: In Service
Bus Status Comments: INSPECTED

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD | Certification Date: 10/06/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 10/06/2023 | Inspection Type: Annual | Sticker No: TN131385
In Service Date: 05/01/2012 | VIN: 1BABNCPAXDF291212 | Body Build Date: 02/01/2012

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Mileage: 96306
Brake System: Air
Body Make: Blue Bird
Registration #: CB63144
Bus Status: In Service
Bus Status Comments: INSPECTED

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD
Certification Date: 10/06/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
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Bus Inspection Report

Inspection Date: 08/30/2023 | Inspection Type: Annual | Sticker No: TN131329
In Service Date: 02/01/2012 | VIN: 1BABNCPA8DF291211 | Body Build Date: 02/01/2012

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Mileage: 143750
Brake System: Air
Body Make: Blue Bird
Registration #: CB63143
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD
Certification Date: 08/30/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
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Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
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Bus Inspection Report

Inspection Date: 08/02/2023 | Inspection Type: Annual | Sticker No: TN123664
In Service Date: 05/01/2012 | VIN: 1BABNCPA6DF291210 | Body Build Date: 02/01/2013

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Mileage: 154587
Brake System: Air
Body Make: Blue Bird
Registration #: CB63140
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original Inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD
Certification Date: 08/02/2023

24-0114

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Tennessee Highway Patrol – Pupil Transportation Division
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Nashville, Tennessee 37243
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Bus Inspection Report

Inspection Date: 10/06/2023 | Inspection Type: Annual | Sticker No: TN131384

In Service Date: 05/01/2012 | VIN: 1BABNCPA4DF291206 | Body Build Date: 02/01/2012

Childcare Facility:

Childcare Facility License #:

School System: KNOX COUNTY

Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D

Mileage: 118783

Brake System: Air

Body Make: Blue Bird

Registration #: CB63145

Bus Status: In Service

Bus Status Comments: INSPECTED

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: STEPHEN UNDERWOOD | Certification Date: 10/06/2023

24-0114

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Tennessee Highway Patrol – Pupil Transportation Division
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Nashville, Tennessee 37243
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Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/30/2023 | Inspection Type: Annual | Sticker No: TN131327
In Service Date: 05/01/2010 | VIN: 1BABNBPA8BF275940 | Body Build Date: 02/01/2010

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Mileage: 134779
Brake System: Air

Body Make: Blue Bird
Registration #: CB63098
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD | Certification Date: 08/30/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/30/2023 | Inspection Type: Annual | Sticker No: TN131326

In Service Date: 02/01/2010 | VIN: 1BABNCPA2BF275082 | Body Build Date: 01/01/2010

Childcare Facility:

Childcare Facility License #:

School System: KNOX COUNTY

Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D

Mileage: 178301

Brake System: Air

Body Make: Blue Bird

Registration #: CB63132

Bus Status: In Service

Bus Status Comments:

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: STEPHEN UNDERWOOD | Certification Date: 08/30/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 02/08/2024 | Inspection Type: Spot Checks | Sticker No: TN131326
In Service Date: 02/01/2010 | VIN: 1BABNCPA2BF275082 | Body Build Date: 01/01/2010

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Body Make: Blue Bird
Mileage: 166548
Registration #: CB63132
Brake System: Air
Bus Status: Remove from Service
Bus Status Comments: OOS EXHAUST

Body Interior: Fail
Seats:
Violation: Covers
Comments:
Seats:
Violation: Securement
Comments:

Safety/Gauges: Pass

Electrical: Fail
Stop lamps:
Violation: Inoperative
Comments: DRIVERSIDE OUTER LIGHT INOP ON HIGH BEAM

Body Exterior: Pass

Engine: Fail
Exhaust:
Violation: Cracked
Comments:

Chassis: Pass

Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1 3/8
Brakes - Left Axle 2: Pass
Measurements: 2

Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1 2/8
Brakes - Right Axle 2: Pass
Measurements: 2 1/8

General Remarks: 4 SEATS UNSECURED, 2-INCH CRACK IN EXHAUST. SEATS TORN

Bus Inspection Report (continued), Page 2. 24-0114

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Randall Martin

Inspection Certified By: RANDALL MARTIN Certification Date: 02/08/2024

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 02/08/2024 | Inspection Type: Reinspection | Sticker No: TN131326

In Service Date: 02/01/2010 | VIN: 1BABNCPA2BF275082 | Body Build Date: 01/01/2010

Childcare Facility:

Childcare Facility License #:

School System: KNOX COUNTY

Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D

Mileage: 166556

Brake System: Air

Body Make: Blue Bird

Registration #: CB63132

Bus Status: In Service

Bus Status Comments: REPLACED CLAMP ON EXHAUST, SECURED SEATS REPAIRED SEAT COVERS AND REPLACED HEADLIGHT.

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: STEPHEN UNDERWOOD | Certification Date: 02/08/2024

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 09/28/2023

Inspection Type: Post-Crash Inspection

Sticker No: TN131326

In Service Date: 02/01/2010

VIN: 1BABNCPA2BF275082

Body Build Date: 01/01/2010

Childcare Facility:

Childcare Facility License #:

School System: KNOX COUNTY

Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D

Mileage: 179005

Brake System: Air

Body Make: Blue Bird

Registration #: CB63132

Bus Status: In Service

Bus Status Comments:

Crash Date: 09/27/2023

Crash Report Number:

Crash Details: SWAPED MIRROS WITH OTHER BUS. NO DAMAGE

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
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Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
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Bus Inspection Report

Inspection Date: 08/30/2023 | Inspection Type: Annual | Sticker No: TN131333
In Service Date: 02/01/2010 | VIN: 1BABNCPA0BF275081 | Body Build Date: 12/01/2009

Childcare Facility:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Childcare Facility License #:

Vehicle Type: D
Mileage: 132064
Brake System: Air

Body Make: Blue Bird
Registration #: CB63131
Bus Status: In Service
Bus Status Comments: INNSPECTION FROM JUNE

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD | Certification Date: 08/30/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
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Bus Inspection Report

Inspection Date: 08/30/2023 | Inspection Type: Annual | Sticker No: TN131325
In Service Date: 03/01/2010 | VIN: 1T7YT4E21B1134074 | Body Build Date: 03/01/2010

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Mileage: 131414
Brake System: Air
Body Make: Thomas Built Bus
Registration #: CB62458
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD
Certification Date: 08/30/2023

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/30/2023 | Inspection Type: Annual | Sticker No: TN124793
In Service Date: 07/01/2009 | VIN: 1T7YT4E25A1126655 | Body Build Date: 05/01/2009

Childcare Facility:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Childcare Facility License #:

Vehicle Type: D
Mileage: 125569
Brake System: Air

Body Make: Thomas Built Bus
Registration #: CB62455
Bus Status: Remove from Service
Bus Status Comments: CHAMBER AIR LEAK, DRIVER MIRROE, CHILD CHECK

Body Interior: Pass

Safety/Gauges: Fail
Child safety system:
Violation: Child reminder system
Comments:

Electrical: Pass

Body Exterior: Fail
Mirrors:
Violation: Broken
Comments: DRIVER

Engine: Pass

Chassis: Pass

Suspension - Left Axle 1: Pass

Suspension - Right Axle 1: Pass

Suspension - Left Axle 2: Pass

Suspension - Right Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Fail
Measurements: 1
Brake Chambers:
Violation: Leaking air
Comments:

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

24-0114

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/30/2023
Inspection Type: Annual
Sticker No: TN131332
In Service Date: 02/01/2016
VIN: 1BABNCPA2HF325469
Body Build Date: 02/01/2016

Childcare Facility:
Childcare Facility License #:
School System: KNOX COUNTY
Bus Owner: SCU BUS LINES, INC.

Vehicle Type: D
Body Make: Blue Bird
Mileage: 93203
Registration #: CB60812
Brake System: Air
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Safety/Gauges: Pass
Electrical: Pass
Body Exterior: Pass
Engine: Pass
Chassis: Pass
Suspension - Left Axle 1: Pass
Suspension - Right Axle 1: Pass
Suspension - Left Axle 2: Pass
Suspension - Right Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: STEPHEN UNDERWOOD
Certification Date: 08/30/2023

24-0114

U.S Department of Transportation
Federal Motor Carrier
Safety Administration

MOTOR CARRIER IDENTIFICATION REPORT (Application for U.S. DOT NUMBER)

REASON FOR FILING (Check Only One)

NEW APPLICATION | BIENNIAL UPDATE OR CHANGES | OUT OF BUSINESS NOTIFICATION | REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER		2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME		
SCU BUS LINES LLC				
3. PRINCIPAL ADDRESS	**4. CITY**	**5. STATE/PROVINCE**	**6. ZIP CODE + 4**	**7. COLONIA (MEXICO ONLY)**
2628 CLINTON HWY	POWELL	TENNESSEE	37849	
8. MAILING ADDRESS	**9. CITY**	**10. STATE/PROVINCE**	**11. ZIP CODE+4**	**12. COLONIA (MEXICO ONLY)**
2628 CLINTON HWY	POWELL	TENNESSEE	37849	

13. PRINCIPAL BUSINESS PHONE NUMBER	14. PRINCIPAL CONTACT CELL PHONE NUMBER	15. PRINCIPAL BUSINESS FAX NUMBER
(865) 556-8509	(865) 824-6848	

16. USDOT NO.	17. MC OR MX NO.	18. DUN & BRADSTREET NO.	19. IRS/TAX ID NO.	
2907952	MC979093	80586561	EIN#	SSN#

20. INTERNET E-MAIL ADDRESS	21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year)	YEAR
SUNDERWOOD532@GMAIL.COM	75000	2020

22. COMPANY OPERATION

A. Interstate Carrier | B. Intrastate Hazmat Carrier | C. Intrastate Non-Hazmat Carrier | D. Interstate Hazmat Shipper | E. Intrastate Hazmat Shipper | F. Vehicle Registrant Only

23. OPERATION CLASSIFICATION (Circle All that Apply)

A. AUTHORIZED FOR HIRE
B. EXEMPT FOR HIRE
C. PRIVATE PROPERTY
D. PRIVATE PASSENGER, BUSINESS
E. PRIVATE PASSENGER, NON-BUSINESS
F. MIGRANT
G. U. S. MAIL
H. FEDERAL GOVERNMENT
I. STATE GOVERNMENT
J. LOCAL GOVERNMENT
K. INDIAN TRIBE
L. OTHER _____

24. CARGO CLASSIFICATIONS (Circle All that Apply)

A. GENERAL FREIGHT
B. HOUSEHOLD GOODS
C. METAL; SHEETS, COILS, ROLLS
D. MOTOR VEHICLES
E. DRIVE AWAY/TOWAWAY
F. LOGS, POLES, BEAMS, LUMBER
G. BUILDING MATERIALS
H. MOBILE HOMES
I. MACHINERY, LARGE OBJECTS
J. FRESH PRODUCE
K. LIQUIDS/GASES
L. INTERMODAL CONTAINERS
M. PASSENGERS
N. OIL FIELD EQUIPMENT
O. LIVESTOCK
P. GRAIN, FEED, HAY
Q. COAL, COKE
R. MEAT
S. GARBAGE, REFUSE, TRASH
T. U.S. MAIL
U. CHEMICALS
V. COMMODITIES DRY BULK
W. REFRIGERATED FOOD
X. BEVERAGES
Y. PAPER PRODUCTS
Z. UTILITY
AA. FARM SUPPLIES
BB. CONSTRUCTION
CC. WATER WELL
DD. OTHER _____

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE

C	S	A. DIV 1.1	B	NB	C	S	K. DIV 2.2A AMMONIA	B	NB	C	S	U. DIV 4.2 V. DIV	B	NB	C	S	EE. HRCQ	B	NB
															C	S	FF. CLASS 8	B	NB

24-0114

U.S Department of Transportation
Federal Motor Carrier
Safety Administration

MOTOR CARRIER IDENTIFICATION REPORT (Application for U.S. DOT NUMBER)

REASON FOR FILING (Check Only One)

NEW APPLICATION | BIENNIAL UPDATE OR CHANGES | OUT OF BUSINESS NOTIFICATION | REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER		2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME		
PRIORITY COACH INC				
3. PRINCIPAL ADDRESS	**4. CITY**	**5. STATE/PROVINCE**	**6. ZIP CODE + 4**	**7. COLONIA (MEXICO ONLY)**
2628 CLINTON HWY	POWELL	TENNESSEE	37849	
8. MAILING ADDRESS	**9. CITY**	**10. STATE/PROVINCE**	**11. ZIP CODE+4**	**12. COLONIA (MEXICO ONLY)**
2628 CLINTON HWY	POWELL	TENNESSEE	37849	

13. PRINCIPAL BUSINESS PHONE NUMBER	14. PRINCIPAL CONTACT CELL PHONE NUMBER	15. PRINCIPAL BUSINESS FAX NUMBER
(865) 656-6509	(865) 824-6846	(865) 938-0936

16. USDOT NO.	17. MC OR MX NO.	18. DUN & BRADSTREET NO.	19. IRS/TAX ID NO.	
3078614	MC85454	116984528	EIN#	SSN#

20. INTERNET E-MAIL ADDRESS	21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year)	YEAR
PRIORITYCOACHINC@GMAIL.COM	100000	2023

22. COMPANY OPERATION

A. Interstate Carrier | B. Intrastate Hazmat Carrier | C. Intrastate Non-Hazmat Carrier | D. Interstate Hazmat Shipper | E. Intrastate Hazmat Shipper | F. Vehicle Registrant Only

23. OPERATION CLASSIFICATION (Circle All that Apply)

A. AUTHORIZED FOR HIRE
B. EXEMPT FOR HIRE
C. PRIVATE PROPERTY
D. PRIVATE PASSENGER, BUSINESS
E. PRIVATE PASSENGER, NON-BUSINESS
F. MIGRANT
G. U. S. MAIL
H. FEDERAL GOVERNMENT
I. STATE GOVERNMENT
J. LOCAL GOVERNMENT
K. INDIAN TRIBE
L. OTHER _____

24. CARGO CLASSIFICATIONS (Circle All that Apply)

A. GENERAL FREIGHT
B. HOUSEHOLD GOODS
C. METAL; SHEETS, COILS, ROLLS
D. MOTOR VEHICLES
E. DRIVE AWAY/TOWAWAY
F. LOGS, POLES, BEAMS, LUMBER
G. BUILDING MATERIALS
H. MOBILE HOMES
I. MACHINERY, LARGE OBJECTS
J. FRESH PRODUCE
K. LIQUIDS/GASES
L. INTERMODAL CONTAINERS
M. PASSENGERS
N. OIL FIELD EQUIPMENT
O. LIVESTOCK
P. GRAIN, FEED, HAY
Q. COAL, COKE
R. MEAT
S. GARBAGE, REFUSE, TRASH
T. U.S. MAIL
U. CHEMICALS
V. COMMODITIES DRY BULK
W. REFRIGERATED FOOD
X. BEVERAGES
Y. PAPER PRODUCTS
Z. UTILITY
AA. FARM SUPPLIES
BB. CONSTRUCTION
CC. WATER WELL
DD. OTHER _____

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE

C	S	A. DIV 1.1	B	NB	C	S	K. DIV 2.2A AMMONIA	B	NB	C	S	U. DIV 4.2	B	NB	C	S	EE. HRCQ	B	NB
												V. DIV			C	S	FF. CLASS 8	B	NB

24-0114

C	S	B. DIV 1.2	B	NB	C	S	L. DIV 2.3A	B	NB	C	S	4.3	B	NB	C	S	GG. CLASS 8A	B	NB
C	S	C. DIV 1.3	B	NB	C	S	M. DIV 2.3B	B	NB	C	S	W. DIV 5.1	B	NB	C	S	HH. CLASS 8B	B	NB
C	S	D. DIV 1.4	B	NB	C	S	N. DIV 2.3C	B	NB	C	S	X. DIV 5.2	B	NB	C	S	II. CLASS 9	B	NB
C	S	E. DIV 1.5	B	NB	C	S	O. DIV 2.3D	B	NB	C	S	Y. DIV 6.2	B	NB	C	S	JJ. ELEVATED TEMP MAT	B	NB
C	S	F. DIV 1.6	B	NB	C	S	P. CLASS 3	B	NB	C	S	Z. DIV 6.1A	B	NB	C	S	KK. INFECTIOUS WASTE	B	NB
C	S	G. DIV 2.1	B	NB	C	S	Q. CLASS 3A	B	NB	C	S	AA. DIV 6.1B	B	NB	C	S	LL. MARINE POLLUTANTS	B	NB
C	S	H. DIV 2.1 LPG	B	NB	C	S	R. CLASS 3B	B	NB	C	S	BB. DIV 6.1 POISON	B	NB	C	S	MM. HAZARDOUS SUB(RQ)	B	NB
C	S	I. DIV 2.1 METHANE	B	NB	C	S	S. COM LIQ	B	NB	C	S	CC. DIV 6.1 SOLID	B	NB	C	S	NN. HAZARDOUS WASTE	B	NB
C	S	J. DIV 2.2	B	NB	C	S	T. DIV 4.1	B	NB	C	S	DD. CLASS 7	B	NB	C	S	OO. CRM	B	NB

25. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trailers	Hazmat Cargo Tank Trucks	Motor Coach	School Bus				Mini-bus		Van	Limousine	
							Number of vehicles carrying number of passengers (including the driver) below								
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+
OWNED						6									
TERM LEASED															
TRIP LEASED															

27. DRIVER INFORMATION	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Within 100-Mile Radius	0	0		
Beyond 100-Mile Radius	6	0	6	6

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? Yes No

If Yes, enter your U.S. DOT Number.

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. STEPHEN UNDERWOOD, PRESIDENT
(Please print Name)

2. MARVIN HAWKINS, OPERATIONS SUPERVISOR
(Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official)

I, STEPHEN UNDERWOOD, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

(Please print Name)

Signature STEPHEN UNDERWOOD

Date 04/17/2023

Title PRESIDENT
(Please print)

US Inspection results for 24 months prior to: 04/16/2023

24-0114

Total Inspections: 4
Total IEP Inspections: 0
Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to Inspections Help for further information.

Inspection Type	Vehicle	Inspections: Driver	Hazmat	IEP
Inspections	4	0	0	0
Out of Service	0	0	0	0
Out of Service %	0%	%	%	0%
Nat'l Average %: as of DATE 03/31/2023*	22.14%	6.65%	4.48%	N/A

*OOS rates calculated based on the most recent 24 months of inspection data per the latest monthly SAFER Snapshot.

Crashes reported to FMCSA by states for 24 months prior to: 04/16/2023

Note: Crashes listed represent a motor carrierâ€™s involvement in reportable crashes, without any determination as to responsibility.

Type	Fatal	Crashes: Injury	Tow	Total
Crashes	0	1	0	1

ID/Operations | Inspections/Crashes In US | **Inspections/Crashes In Canada** | Safety Rating

Canadian Inspection results for 24 months prior to: 04/16/2023

Total Inspections: 0
Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to Inspections Help for further information.

Inspection Type	Inspections: Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 04/16/2023

Note: Crashes listed represent a motor carrierâ€™s involvement in reportable crashes, without any determination as to responsibility.

Type	Fatal	Crashes: Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | **Safety Rating**

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating

The rating below is current as of: 04/16/2023

Review Information:

Rating Date:	12/01/2022	Review Date:	11/30/2022
Rating:	Satisfactory	Type:	Compliance Review

24-0114

USDOT Number MC/MX Number Name

Enter Value: 3078614

Search

Company Snapshot

PRIORITY COACH INC
USDOT Number: 3078614

ID/Operations | Inspections/Crashes in US | Inspections/Crashes in Canada | Safety Rating

Other Information for this Carrier

- SMS Results
- Licensing & Insurance

Carriers: If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained online or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's DataQs system.

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the CSP order page or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to SAFER General Help.

The information below reflects the content of the FMCSA management information systems as of 04/16/2023. Carrier VMT Outdated.

To find out if this entity has a pending insurance cancellation, please click here.

Entity Type:	CARRIER		
Operating Status:	AUTHORIZED FOR Passenger	Out of Service Date:	None
Legal Name:	PRIORITY COACH INC		
DBA Name:			
Physical Address:	2628 CLINTON HWY POWELL, TN 37849		
Phone:	(865) 566-4503		
Mailing Address:	2628 CLINTON HWY POWELL, TN 37849		
USDOT Number:	3078614	State Carrier ID Number:	
MC/MX/FF Number(s):	MC-65464	DUNS Number:	11-699-4528
Power Units:	6	Drivers:	12
MCS-150 Form Date:	12/21/2022	MCS-150 Mileage (Year):	50,000 (2020)

Operation Classification:

x Auth. For Hire	Priv. Pass.(Non-business)	State Gov't
Exempt For Hire	Migrant	Local Gov't
Private(Property)	U.S. Mail	Indian Nation
x Priv. Pass. (Business)	Fed. Gov't	

Carrier Operation:

x Interstate	Intrastate Only (HM)	Intrastate Only (Non-HM)

Cargo Carried:

General Freight	Liquids/Gases	Chemicals
Household Goods	Intermodal Cont.	Commodities Dry Bulk
Metal: sheets, coils, rolls	x Passengers	Refrigerated Food
Motor Vehicles	Oilfield Equipment	Beverages
Drive/Tow away	Livestock	Paper Products
Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities
Building Materials	Coal/Coke	Agriculture/Farm Supplies
Mobile Homes	Meat	Construction
Machinery, Large Objects	Garbage/Refuse	Water Well
Fresh Produce	US Mail	

US Inspection results for 24 months prior to: 04/16/2023

Total Inspections: 0
Total IEP Inspections: 0
Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to Inspections Help for further information.

Inspection Type	Vehicle	Driver	Hazmat	IEP
Inspections	0	0	0	0
Out of Service	0	0	0	0
Out of Service %	0%	0%	0%	0%
Nat'l Average % as of DATE 02/01/2023*	22.14%	6.65%	4.46%	N/A

*OOS rates calculated based on the most recent 24 months of inspection data per the latest monthly SAFER Snapshot.

Crashes reported to FMCSA by states for 24 months prior to: 04/16/2023

Note: Crashes listed represent a motor carrierâ€™s involvement in reportable crashes, without any determination as to responsibility.

Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes in US | **Inspections/Crashes in Canada** | Safety Rating

Canadian Inspection results for 24 months prior to: 04/16/2023

Total inspections: 0
Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to Inspections Help for further information.

Inspection Type	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 04/16/2023

Note: Crashes listed represent a motor carrierâ€™s involvement in reportable crashes, without any determination as to responsibility.

Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes in US | Inspections/Crashes in Canada | **Safety Rating**

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 04/16/2023

Review Information:

Rating Date:	None	Review Date:	None
Rating:	None	Type:	None

Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • Field Office Contacts

24-0114

○ USDOT Number MC/MX Number Name

Enter Value: 2907952

Search

Company Snapshot

SCU BUS LINES LLC
USDOT Number: 2907952

ID/Operations | Inspections/Crashes in US | Inspections/Crashes in Canada | Safety Rating

Carriers: If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained online or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's DataQs system.

Other Information for this Carrier

- SMS Results
- Licensing & Insurance

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance then what is captured in the Company Snapshot. To obtain a CSP please visit the CSP order page or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to SAFER General Help.

The information below reflects the content of the FMCSA management information systems as of 04/16/2023. Carrier VMT Outdated.

To find out if this entity has a pending insurance cancellation, please click here.

Entity Type:	CARRIER		
Operating Status:	AUTHORIZED FOR Passenger	Out of Service Date:	None
Legal Name:	SCU BUS LINES LLC		
DBA Name:			
Physical Address:	2628 CLINTON HWY POWELL, TN 37849		
Phone:	(865) 558-8509		
Mailing Address:	2628 CLINTON HWY POWELL, TN 37849		
USDOT Number:	2907952	State Carrier ID Number:	
MC/MX/FF Number(s):	MC-579653	DUNS Number:	80-566-591
Power Units:	12	Drivers:	12
MCS-150 Form Date:	12/12/2022	MCS-150 Mileage (Year):	75,000 (2020)

Operation Classification:

X Auth. For Hire	Priv. Pass.(Non-business)	State Gov't
Exempt For Hire	Migrant	Local Gov't
Private(Property)	U.S. Mail	Indian Nation
Priv. Pass. (Business)	Fed. Gov't	

Carrier Operation:

X Interstate	Intrastate Only (HM)	Intrastate Only (Non-HM)

Cargo Carried:

General Freight	Liquids/Gases	Chemicals
Household Goods	Intermodal Cont.	Commodities Dry Bulk
Metal: sheets, coils, rolls	X Passengers	Refrigerated Food
Motor Vehicles Drive/Tow away	Oilfield Equipment	Beverages
Logs, Poles, Beams, Lumber	Livestock	Paper Products
Building Materials	Grain, Feed, Hay	Utilities
Mobile Homes	Coal/Coke	Agricultural/Farm Supplies
Machinery, Large Objects	Meat	Construction
Fresh Produce	Garbage/Refuse	Water Well
	US Mail	

Tab 3- Location of Facility

Main Facility-

SCU Bus Lines
2624 Clinton Highway
Powell, TN 37849

LEASE AGREEMENT

THIS LEASE AGREEMENT ("**Lease**" or "**Agreement**") is made this __ day of June, 2023, between 2624 HOLDINGS, LLC, a Tennessee limited liability company ("**Lessor**") and PRIORITY COACH, INC., a Tennessee corporation ("**Lessee**"). Lessor and Lessee are sometimes hereinafter referred to as the "**Parties**" and individually as a "**Party**."

WITNESSETH:

1. Premises. For and in consideration of the rentals hereinafter reserved and the covenants and agreements herein contained, Lessor does hereby demise and lease unto Lessee, and Lessee does hereby lease from Lessor, the following premises: The building and land located on the following described premises, to-wit:

> That certain building and land located at 2624 Clinton Highway, Powell, Tennessee 37849, as more particularly described in the property description attached hereto as **Exhibit A**.

The above-described premises are collectively referred to herein as the "**Demised Premises**," "**Lessee's Premises**," or the "**Premises**."

2. Deposit Term and Renewal.

(a) The term of this Lease shall be for a period of five (5) years, beginning June __, 2023, and ending at midnight on June ___, 2028 ("**Initial Term**").

(b) At the end of the Initial Term, the Lessee shall have the option to renew the Lease for one (1) successive five (5) year period (the "**Renewal Term**"). If this Lease is not otherwise renewed by Lessor and Lessee in writing, then at the end of the Initial Term, to the extent Lessee continues to possess the Demised Premises, this Lease shall continue in all respects on a month-to-month basis and Lessee shall continue paying monthly rent as provided for in this Lease.

3. Rent. The consideration for this Lease during the Initial Term shall be $**,***.00 annually, payable in equal installments of $*,***.00 per month, paid monthly in advance on the first day of each month ("**Rent**"). Any installment of Rent which is left unpaid for five (5) days shall be subject to a late fee of ten percent (10%) of such installment, which late fee shall be added to the normal monthly installment then due and owing. If the Lease is extended and renewed for the Renewal Term, the Rent amount in effect at the end of the Initial Term shall be increased by seven percent (7%) at the beginning of the Renewal Term and at the end of five (5) years during the term thereof.

4. Utilities and Taxes. During the term of this Lease, including the Renewal Term, if any, Lessee shall be responsible for and pay as additional rent the following: All costs and expenses incurred for utilities to the Premises, including, but without limitation, heat, fuel, gas, electricity, water, sewage, sewage improvement charges, any and all special tax assessments, and the like, and will maintain all portions of said property, including, but without limitation, the HVAC system. Lessor will pay when due all real property taxes or real estate taxes and/or assessments pertaining to the Premises. Lessee shall further pay all sales taxes, payroll taxes, and similar charges levied or assessed against Lessee or on or against the personal property installed in the Premises by Lessee before the same become delinquent.

5. Acceptance of Premises. Lessee has inspected the Premises, and accepts them "AS IS," "WITH ALL FAULTS" without alteration or repair of any kind. Acceptance of possession by Lessee shall be conclusive evidence that the Premises were in good and satisfactory condition for Lessee's intended use.

6. Maintenance. Lessor assumes no responsibility for any repairs, replacement, or maintenance of any improvement now or hereafter located on the Premises, ordinary or

extraordinary. It shall be the responsibility of Lessee to maintain any and all such improvements in good repair, ordinary wear and tear excepted.

7. Alterations, Additions, Improvements, and Fixtures. Lessor shall not be responsible for the making of any alterations, additions, or improvements to the Premises. Lessee may not make major structural alterations, additions, or improvements on or to the Premises without the prior written consent of Lessor, which consent shall not be unreasonably withheld or conditioned. Provided, however, Lessee shall have the right at any time to make, at its sole cost and expense, all non-structural installations, changes, and alterations in the Premises without the consent of Lessor provided the same do not materially lessen the value of the Premises. All alterations, additions and improvements to the Premises shall become the property of Lessor and shall remain with the Premises as a part thereof upon the termination of this Lease, except that any permitted trade fixtures installed by Lessee may be removed by Lessee at any time, provided Lessee is not in default in the payment of rent and provided further that Lessee shall repair any damage caused by said removal.

8. Insurance. Throughout the time period that Lessee is in possession of the Premises, Lessee shall maintain commercial general liability insurance coverage with limits of not less than $1,000,000.00 per occurrence and $2,000,000.00 general aggregate.

Throughout the time period that Lessee is in possession of the Premises, Lessee shall maintain all risk property insurance covering the full replacement cost of any buildings or improvements on the Premises. Lessee also is obligated to maintain rent loss insurance on the Premises that will pay the full rental due Lessor in the event of fire and/or other disaster. Lessee shall also reimburse Lessor for any increased premiums or additional insurance which Lessor reasonably deems necessary as a result of Lessee's use of the Premises.

All property insurance coverage shall include Lessor as "loss payee." All liability policies shall name Lessor as an "additional insured." All policies shall insure on an occurrence and not a claims-made basis, be issued by insurance companies which are reasonably acceptable to Lessor, not be cancelable unless thirty (30) days prior written notice shall have been given to Lessor, and provide primary coverage to Lessor (any policy issued to Lessor providing duplicate or similar coverage shall be deemed excess over Lessee's policies). Such policies or certificates thereof shall be delivered to Lessor by Lessee upon commencement of the lease term and upon each renewal of said insurance.

9. Waiver of Subrogation. Each of Lessor and Lessee hereby releases the other to the extent of its insurance coverage, from any and all liability for any loss or damage caused by fire or any of the extended coverage casualties or any other casualty insured against, even if such fire or other casualty shall be brought about by the fault or negligence of the other Party, or any persons claiming under it; provided, however, this release shall be in force and effect only with respect to loss or damage occurring during such time as releasor's policies of fire and extended release shall not affect said policies or the right of the releasor to recover thereunder. Each of Lessor and Lessee agrees that its fire and extended coverage insurance policies will include such a clause as long as the same is obtainable without extra cost, or if an extra cost is chargeable therefor, as long as the other Party pays such extra cost. If extra cost is chargeable therefore, each Party will advise the other thereof and of the amount thereof, and the other Party, at its election, may pay the same but shall not be obligated to do so.

10. Lessee's Default. Any of the following shall constitute an event of default by Lessee:

(a) Failure by Lessee to pay in full on the due date thereof any rental or other sums payable hereunder, with no requirement of notification of failure to comply with the terms of this Lease, and no required cure period.

(b) Lessor shall provide ten (10) days written notice to Lessee as to Lessee's failure to observe or perform any of the other terms, covenants, agreements, or conditions contained in this Lease other than payment of rent or other sums due. In the event Lessee begins reasonable and diligent efforts to correct such failure within ten (10) days of such written notice, but fails to correct the failure within thirty (30) days of the notice from Lessor, then Lessor may declare Lessee in default.

(c) The filing by Lessee of a voluntary petition in bankruptcy or involuntary petition or answer seeking reorganization, arrangement, composition, readjustment of debts, or any other relief under the bankruptcy laws.

11. Remedies.

(a) Surrender. Upon the happening of any one or more events of default set forth in Paragraph 10 above, Lessor may, at its election, then or at any time thereafter while such default shall continue, give Lessee a notice of its intention to terminate the Lease or terminate the right of Lessee to possession of Lessee's Premises at the expiration of five (5) days from the date of service of such notice. At the expiration of such five (5) days, Lessee shall forthwith quit and surrender Lessee's Premises to Lessor or its beneficiaries, successors or assigns.

(b) Re-Entry. If this Lease or the right of Lessee to possession of Lessee's Premises shall be terminated as herein provided, then Lessor or Lessor's agents may at any time thereafter re-enter Lessee's Premises and remove therefrom Lessee, its agents, sub-tenants, licensees, concessionaires, and invitees, together with any of its or their property, by summary dispossession proceedings, by any suitable action or proceeding at law, or by force or otherwise.

In the event of such termination, Lessor may repossess and enjoy Lessee's Premises. Lessor shall be entitled to the benefits of all provisions of law respecting the speedy recovery of lands and tenements held over by Lessee or proceedings in forcible entry and detainer. Notwithstanding any such re-entry, repossession, dispossession, or removal, any liability of Lessee under the provisions of this Lease shall continue.

(c) Acceleration of Rent. Should Lessee default in the payment of rent or upon the happening of any other event of default as described in this Lease, Lessee shall be liable for the payment of rent, including the entire amount of unpaid rent for the Initial Lease Term or any mutually agreed upon renewal term thereof.

(d) Additional Remedies. Notwithstanding any other term or provision of this Lease, in the event of a default by Lessee hereunder, Lessor shall have all other remedies available under the laws of the State of Tennessee whether at law or in equity.

12. Indemnification. Lessee shall indemnify, protect, absolve, save, and keep harmless Lessor, its agents, servants, successors, and assigns from and against all losses, damages, injuries, claims, demands, and expenses, including legal costs and expenses, of whatever nature arising out of the business of Lessee, the use, condition (including, but not limited to, latent and other defects and whether or not discoverable by it), or operation of any item of equipment no matter by whom used or operated, and shall defend any suit seeking such damages, as long as same do not arise from Lessor's willful misconduct.

13. Amendment of Lease. This Lease may not be altered, changed, or amended, except in a writing signed by Lessor and Lessee.

14. Notice. For purposes of this Lease, written notice shall be provided to Lessor at the following address:

2624 Holdings, LLC

c/o Stephen Underwood
2624 Clinton Hwy.
Powell, TN 37849

And to Lessee at the following address:

Priority Coach, Inc.
c/o Stephen Underwood
2628 Clinton Hwy.
Powell, TN 37849

All notices required hereunder shall be given in writing and shall be deemed received upon delivery, either in person or when mailed to the address of the Parties above.

15. Assignment and Subletting. Lessee shall not assign, sell, mortgage, or otherwise transfer this Lease, in whole or in part, or sublet all or part of the Premises, without the prior written consent of Lessor, with consent Lessor may withhold for any reason whatsoever. Without Lessor's consent, any such assignment or subletting shall be void. Any assignment or subletting permitted by Lessor shall not relieve Lessee of its liability for payment of rent and performance of its obligations under this Lease.

Lessor may convey, assign, or transfer its interest in the Premises or this Lease Agreement at any time, without the consent of Lessee.

16. Miscellaneous. Time is of the essence in the performance of the terms, covenants, conditions, and promises of this Lease. This Lease shall inure to the benefit of Lessor and its successors, representatives, and assigns, and shall be binding upon the heirs, executors, administrators, successors and assigns of Lessor and Lessee. It constitutes the entire agreement between these Parties. If any provision of this Lease shall be declared invalid or enforceable, the remainder of the Lease shall continue in full force and effect. The captions are inserted only as a matter of convenience and shall in no way affect the construction or interpretation of the Lease.

17. Holding Over. Unless otherwise agreed by the Parties, Lessee shall, at the expiration or termination of this Lease, yield up immediate possession of the Demised Premises. In no event shall holding over be deemed to create a tenancy from year-to-year, nor shall Lessor or Lessee have the right to elect to create such tenancy.

18. Attorney Fees and Costs. In the event that either Party institutes litigation against the other Party in regard to this Lease, the non-prevailing Party in any litigation shall pay to the prevailing Party all reasonable attorney's fees and court costs incurred by the prevailing Party, as allowed by the Court.

19. Not a Joint Venture. Nothing herein shall be construed to create a joint venture or partnership between Lessee and Lessor. The relationship of the Parties hereto is strictly that of two (2) independent entities as Lessor and Lessee.

20. Interpretation. All provisi ons hereof are to be constructed as covenants and agreements as though the words importing such covenants were used in each paragraph hereof. The necessary grammatical changes required to make the provisions of this Lease apply in the plural sense where there is more than one Lessor or Lessee and two corporations, associations, partnerships, or individuals, males or females, shall in all instances be assumed as though in each case fully expressed.

21. Subordination. This Lease shall be subordinate to any mortgage now or hereafter placed upon the Premises and to any and all renewals, replacements, and extensions of any such mortgage.

22. No Estate in Land. Lessee has only a usufruct under this Lease, not subject to levy or sale; no estate shall pass out of Lessor.

23. Utility Easements. Lessor shall be entitled to enter into such easements or agreements with utility companies which are required in order to provide service to any portion

of the Premises. Lessee hereby consents to the execution of such easements by Lessor and agrees to execute any necessary documents and to take such action necessary in order to consummate same, all at Lessee's expense.

IN WITNESS WHEREOF, Lessor and Lessee have hereunto set their hands as of the day and year first above written.

LESSOR:

2624 Holdings, LLC, a Tennessee limited liability company

By:_____
Stephen Underwood

Its: Member

STATE OF TENNESSEE
COUNTY OF _____

Before me, the undersigned authority, a Notary Public for _____ County, Tennessee, personally appeared **Stephen Underwood** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who, upon oath, acknowledged himself/herself to be a Member (or other officer or chief manager authorized to execute the instrument) of **2624 Holdings, LLC** the within named bargainor, a Tennessee limited liability company, and that he/she as such officer, executed the foregoing instrument for the purpose therein contained, by signing the name of the company, by himself/herself as such officer.

Witness my hand and seal, this day of June, 2023.

_____
Notary Public

My Commission Expires:_____

[Signatures continue on next page]

LESSEE:

PRIORITY COACH, INC., a Tennessee corporation

By:_____
Stephen Underwood

Its: President

STATE OF TENNESSEE
COUNTY OF _____

Before me, the undersigned authority, a Notary Public for _____ County, Tennessee, personally appeared **Stephen Underwood** with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence) and who, upon oath, acknowledged himself/herself to be a Shareholder (or other officer or chief manager authorized to execute the instrument) of **Priority Coach, Inc.**, the within named bargainor, a Tennessee limited liability company, and that he/she as such officer, executed the foregoing instrument for the purpose therein contained, by signing the name of the company, by himself/herself as such officer.

Witness my hand and seal, this _____ day of June, 2023.

_____
Notary Public

My Commission Expires:_____

SCU BUS LINES
2624 CLINTON HWY
POWELL, TN 37849
865-556-8509

Tab 4- Vendor Team

Kay Smith
Routing Advisor
865-556-8509

William Marshall
Driver Trainer
865-556-8509

Sherry McHaffie
Transportation Coordinator
865-556-8509

Marvin Hawkins
Operations Manager/Safety
865-363-1882

Stephen Underwood
Owner
865-824-6848

SCU Bus Lines Hiring Process-

1. In person interview
2. Drivers must provide a Negative Pre-Employment Drug Screen
3. Driver must have a clean background check with no major criminal or driving offenses.
4. If driver already possess a valid CDL with the correct endorsements, they will then perform a driving road test with Supervisor.
5. If driver does NOT have a valid CDL with the correct endorsements, they will enter in to our Federally required 40 Hour new Entry Driver, in class training to obtain a permit followed by a two-week training to gain knowledge of the vehicle and skills to operate such vehicle.

SCU Bus Lines has a proud Rention rate of 88%

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-0114

TN Department of Safety & Homeland Security

MVR

February 16, 2024

Letter ID: L0148790352
Account ID: 060699275

GWENDOLYN LEE
2701 WOODS SMITH RD
KNOXVILLE TN 37921-2916

Real ID: Yes
Lic Issue Date: 10/14/2022
Lic Expiration Date: 10/14/2030
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 060699275
Birthdate: 07/26/1966
Original Issue Date: 02/27/1997
Eye Color: Black
Hair Color: Black
Sex: Female
Height: 5 FT 6 IN
Weight: 280
Race: African American
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Walter Blankenship, Physician Assistant
Med License State: Tennessee
Med Examiner Registry: 9228120040
Med Examiner Lic: 1171
Med Examiner Phone: (865) 558-3038
Med Expire Date: 08/21/2024
Med Issue Date: 08/31/2023
Med Post Date: 09/05/2023
Med Status: Certified
Med Variance : Corrective Lenses\line
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

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Tiffanie Morgan

Financial Responsibility Section
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Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-0114

TN Department of Safety & Homeland Security

MVR

February 16, 2024

Letter ID: L0685661264
Account ID: 055764310

DENNIS COMER
5721 MONDALE RD
KNOXVILLE TN 37912-4510

Real ID: Yes
Lic Issue Date: 10/07/2019
Lic Expiration Date: 10/07/2027
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 055764310
Birthdate: 12/15/1959
Original Issue Date: 10/30/1998
Eye Color: Blue
Hair Color: Bald
Sex: Male
Height: 5 FT 8 IN
Weight: 195
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Kaitlyn Sims, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Lic: 8689492785
Med Examiner Registry: 27065
Med Examiner Phone: (865) 546-9751
Med Expire Date: 12/26/2024
Med Issue Date: 12/26/2023
Med Post Date: 12/26/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

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Tiffanie Morgan

Department of Safety & Homeland Security

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Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-0114

MVR

February 16, 2024

Letter ID: L1759403088
Account ID: 056681175

TAMMY ALVISO
8100 YOUNT RD LOT 49
KNOXVILLE TN 37931-6014

Real ID: No
Lic Issue Date: 08/03/2017
Lic Expiration Date: 07/12/2025
Lic Class: A
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 056681175
Birthdate: 07/02/1964
Original Issue Date: 06/29/2007
Eye Color: Hazel
Hair Color: Blonde
Sex: Female
Height: 5 FT 1 IN
Weight: 143
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Walter Blankenship, Physician Assistant
Med License State: Tennessee
Med Examiner Registry: 9228120040
Med Examiner Lic: 1171
Med Examiner Phone: (865) 558-3038
Med Expire Date: 06/28/2024
Med Issue Date: 06/28/2023
Med Post Date: 07/06/2023
Med Status: Certified
Med Variance : Corrective Lenses\line
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: TN/56681175

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
11/21/2022	11/21/2022	11/22/2022		Knox County	00300848191
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 0848191					
05/28/2022	05/28/2022	05/28/2022		Knox County	00103313959
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 3313959 - NO POINTS ASSESSED					
11/12/2021	11/12/2021	11/15/2021		Knox County	00103139404
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 3139404 - NO POINTS ASSESSED					
10/20/2021	10/20/2021	10/21/2021		Knox County	00300749139
PERSONAL INJURY ACCIDENT CRASH REPORT #: 0749139 - NO POINTS ASSESSED					

**Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a

MVR

16-Feb-2024

Letter ID: L1759403088
Account ID: 056681175

citation.**
Last Page

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Tiffanie Morgan

Financial Responsibility Section
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Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

TN Department of Safety & Homeland Security

MVR

February 16, 2024

Letter ID: L1222532176
Account ID: 106558868

JOHN WHITE
6417 HUBERT BEAN RD
KNOXVILLE TN 37918-4610

Real ID: Yes
Lic Issue Date: 10/07/2020
Lic Expiration Date: 04/20/2024
Lic Class: A
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:

Dr Lic No: 106558868
Birthdate: 09/04/1989
Original Issue Date: 03/18/2005
Eye Color: Blue
Hair Color: Brown
Sex: Male
Height: 5 FT 10 IN
Weight: 195
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Lindsey Hatfield, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Registry: 8047785284
Med Examiner Lic: 19880
Med Examiner Phone: (865) 761-7125
Med Expire Date: 03/22/2024
Med Issue Date: 03/22/2023
Med Post Date: 03/23/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021 Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
05/09/2022	05/09/2022	05/11/2022		Knox County	00300800612
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 0800612					
01/14/2022	01/14/2022	01/18/2022		Knox County	00103192946
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 3192946 - NO POINTS ASSESSED					
05/20/2021	05/20/2021	05/24/2021		Knox County	00102983720
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 2983720 - NO POINTS ASSESSED					

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

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Tiffanie Morgan

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

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February 16, 2024

Letter ID: L0417225808
Account ID: 059945122

KATHY REHMAN
8309 TAZEWELL PIKE
CORRYTON TN 37721-2917

Real ID: Yes
Lic Issue Date: 02/07/2023
Lic Expiration Date: 02/07/2031
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 059945122
Birthdate: 03/10/1966
Original Issue Date: 09/15/2022
Eye Color: Brown
Hair Color: Blonde
Sex: Female
Height: 5 FT 1 IN
Weight: 198
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Walter Blankenship, Physician Assistant
Med License State: Tennessee
Med Examiner Registry: 9228120040
Med Examiner Lic: 1171
Med Examiner Phone: (865) 558-3038
Med Expire Date: 08/21/2024
Med Issue Date: 08/21/2023
Med Post Date: 09/05/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
	09/15/2022	09/15/2022		Knox Driver Service Center - Straw Plains	526926696

TRANSFERRED LICENSE TO TENNESSEE FROM CALIFORNIA ON 9/15/2022

Last Page

Page: 1

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Tiffanie Morgan

Financial Responsibility Section
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Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

MVR

February 16, 2024

Letter ID: L1490967632
Account ID: 037378071

EDWIN DAVIS
951 MEHAFFEY RD
POWELL TN 37849-7318

Real ID: No
Lic Issue Date: 07/06/2018
Lic Expiration Date: 07/06/2026
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 037378071
Birthdate: 07/19/1948
Original Issue Date: 07/15/2003
Eye Color: Brown
Hair Color: Black
Sex: Male
Height: 5 FT 10 IN
Weight: 195
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Logan Dameron, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Registry: 6268429593
Med Examiner Lic: 26282
Med Examiner Phone: (865) 693-6620
Med Expire Date: 02/06/2025
Med Issue Date: 02/06/2024
Med Post Date: 02/07/2024
Med Status: Certified
Med Variance : Corrective Lenses\line
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
10/17/2023	10/17/2023	10/18/2023		Knox County	00400015397

PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 400015397

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

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Tiffanie Morgan

Department of Safety & Homeland Security

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

MVR

February 16, 2024

Letter ID: L0954096720
Account ID: 142586657

WILLIAM MARSHALL
7120 BEELERTOWN RD
POWELL TN 37849-4437

Real ID: Yes
Lic Issue Date: 09/25/2023
Lic Expiration Date: 03/30/2028
Lic Class: AM
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 142586657
Birthdate: 03/03/1987
Original Issue Date: 08/29/2019
Eye Color: Brown
Hair Color: Brown
Sex: Male
Height: 5 FT 7 IN
Weight: 269
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Cargo Tank, Multiple Trailer, Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Lindsey Hatfield, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Registry: 8047785284
Med Examiner Lic: 19880
Med Examiner Phone: (865) 761-7125
Med Expire Date: 03/27/2025
Med Issue Date: 03/27/2023
Med Post Date: 03/29/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/" 6/2021
Former State/Lic No: MA/S29200697

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
12/15/2022	12/15/2022	12/21/2022		Knox County	00300855625

PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 0855625 - NO POINTS ASSESSED

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan

Financial Responsibility Section
24-0114
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

MVR

February 16, 2024

Letter ID: L2027838544
Account ID: 073450837

ALISON BUTLER
5200 MALIBU DR
KNOXVILLE TN 37918-4515

Real ID: No
Lic Issue Date: 07/29/2019
Lic Expiration Date: 11/20/2026
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 073450837
Birthdate: 01/21/1975
Original Issue Date: 03/12/1999
Eye Color: Brown
Hair Color: Brown
Sex: Female
Height: 5 FT 8 IN
Weight: 335
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Ronald Flowers, Physician Assistant
Med License State: Tennessee
Med Examiner Lic: 139
Med Examiner Registry: 9458053984
Med Examiner Phone: (865) 558-3038
Med Expire Date: 07/05/2024
Med Issue Date: 07/05/2023
Med Post Date: 07/06/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
06/11/2021	06/11/2021	06/12/2021		Knox County	00103003994
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 3003994					

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

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Tiffanie Morgan

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Department of Safety & Homeland Security

MVR

February 16, 2024

Letter ID: L0081681488
Account ID: 053059597

LISA SINARD
3305 CRUZE DR
POWELL TN 37849-3646

Real ID: No
Lic Issue Date: 10/13/2017
Lic Expiration Date: 10/13/2025
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 053059597
Birthdate: 10/16/1962
Original Issue Date: 10/25/1996
Eye Color: Brown
Hair Color: Brown
Sex: Female
Height: 5 FT 4 IN
Weight: 170
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Lindsey Hatfield, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Registry: 8047785284
Med Examiner Lic: 19880
Med Examiner Phone: (865) 761-7125
Med Expire Date: 03/17/2024
Med Issue Date: 03/17/2023
Med Post Date: 03/20/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

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TN Department of Safety & Homeland Security

MVR

February 16, 2024

Letter ID: L1155423312
Account ID: 084944980

MARVIN HAWKINS
8202 NORRIS FWY
KNOXVILLE TN 37938-2923

Real ID: No
Lic Issue Date: 05/27/2016
Lic Expiration Date: 05/27/2024
Lic Class: A
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 084944980
Birthdate: 05/30/1981
Original Issue Date: 06/06/1997
Eye Color: Blue
Hair Color: Brown
Sex: Male
Height: 5 FT 9 IN
Weight: 180
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Cargo Tank, Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Heather Thompson, Physician Assistant
Med License State: Tennessee
Med Examiner Registry: 6524721893
Med Examiner Lic: 2610
Med Examiner Phone: (865) 463-2543
Med Expire Date: 09/14/2025
Med Issue Date: 09/14/2023
Med Post Date: 09/14/2023
Med Status: Certified
Med Variance : Corrective Lenses\line
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

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24-0114

TN Department of Safety & Homeland Security

MVR

February 16, 2024

Letter ID: L0618552400
Account ID: 052762561

JOHN WHITE
5413 HAYNES STERCHI RD
KNOXVILLE TN 37912-2820

Real ID: No
Lic Issue Date: 03/08/2018
Lic Expiration Date: 01/05/2025
Lic Class: A
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 052762561
Birthdate: 02/10/1962
Original Issue Date: 02/09/2002
Eye Color: Hazel
Hair Color: Brown
Sex: Male
Height: 6 FT 2 IN
Weight: 212
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Heather Thompson, Physician Assistant
Med License State: Tennessee
Med Examiner Registry: 6524721893
Med Examiner Lic: 2610
Med Examiner Phone: (865) 558-3038
Med Expire Date: 11/20/2025
Med Issue Date: 11/20/2023
Med Post Date: 11/28/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

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Fax: (615) 242-3480
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24-01 14

TN Department of Safety & Homeland Security

MVR

February 16, 2024

Letter ID: L1692294224
Account ID: 143751244

ARAINA HYATT
320 LOREN CIR
POWELL TN 37849-4473

Real ID: Yes
Lic Issue Date: 08/28/2019
Lic Expiration Date: 08/28/2027
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 143751244
Birthdate: 07/23/1962
Original Issue Date: 08/28/2019
Eye Color: Blue
Hair Color: Blonde
Sex: Female
Height: 5 FT 0 IN
Weight: 179
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Logan Dameron, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Registry: 6268429593
Med Examiner Lic: 26282
Med Examiner Phone: (865) 693-6620
Med Expire Date: 09/20/2024
Med Issue Date: 09/20/2023
Med Post Date: 09/20/2023
Med Status: Certified
Med Variance : Corrective Lenses\line
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: IN/8924172616

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
11/21/2023	11/21/2023	11/22/2023		Knox County	00400027262
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 400027262 - NO POINTS ASSESSED					
09/23/2022	09/23/2022	09/24/2022		Knox County	00300833581
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 0833581					
08/20/2021	08/20/2021	08/23/2021		Knox County	00103066616
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 3066616					

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

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24-01-14

MVR

February 16, 2024

Letter ID: L0350116944
Account ID: 116487586

SARA MOORE
3500 POCATELLO LN
POWELL TN 37849-5526

Real ID: Yes
Lic Issue Date: 12/06/2022
Lic Expiration Date: 03/26/2029
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 116487586
Birthdate: 06/21/1994
Original Issue Date: 07/02/2009
Eye Color: Green
Hair Color: Brown
Sex: Female
Height: 5 FT 5 IN
Weight: 147
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Lindsey Hatfield, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Registry: 8047785284
Med Examiner Lic: 19880
Med Examiner Phone: (865) 761-7125
Med Expire Date: 01/31/2025
Med Issue Date: 01/31/2023
Med Post Date: 02/09/2023
Med Status: Certified
Med Variance : Corrective Lenses\line
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

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Tiffanie Morgan

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TN Department of Safety & Homeland Security

MVR

February 16, 2024

Letter ID: L0886987856
Account ID: 067010931

PATERESA CATALINE
1214 E HENDRON CHAPEL RD
KNOXVILLE TN 37920-8937

Real ID: No
Lic Issue Date: 12/20/2019
Lic Expiration Date: 12/20/2027
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 067010931
Birthdate: 12/20/1969
Original Issue Date: 01/23/1998
Eye Color: Gray
Hair Color: Blonde
Sex: Female
Height: 5 FT 11 IN
Weight: 225
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: David Hancock, Medical Doctor
Med License State: Tennessee
Med Examiner Lic: 20856
Med Examiner Registry: 1234925535
Med Examiner Phone: (865) 637-7962
Med Expire Date: 10/12/2025
Med Issue Date: 10/12/2023
Med Post Date: 10/18/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
01/27/2023	01/27/2023	01/30/2023		Knox County	00103552332
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 3552332 - NO POINTS ASSESSED					
01/25/2023	01/25/2023	01/26/2023		Knox County	00300862972
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 0862972 - NO POINTS ASSESSED					
09/20/2021	09/20/2021	09/22/2021		Knox County	00103094565
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 3094565 - NO POINTS ASSESSED					
08/10/2021	08/10/2021	08/13/2021		Knox County	00300731080
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 0731080 - NO POINTS ASSESSED					

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

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Tiffanie Morgan

Financial Responsibility Section
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Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

24-0114

MVR

February 16, 2024

Letter ID: L1423858768
Account ID: 125764851

KEELY LARRISON
2805 WENDI ANN DR
KNOXVILLE TN 37924-1428

Real ID: Yes
Lic Issue Date: 11/15/2023
Lic Expiration Date: 11/15/2031
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 125764851
Birthdate: 03/22/1998
Original Issue Date: 03/24/2014
Eye Color: Blue
Hair Color: Brown
Sex: Female
Height: 5 FT 7 IN
Weight: 140
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Walter Blankenship, Physician Assistant
Med License State: Tennessee
Med Examiner Registry: 9228120040
Med Examiner Lic: 1171
Med Examiner Phone: (865) 558-3038
Med Expire Date: 09/13/2024
Med Issue Date: 09/13/2023
Med Post Date: 11/15/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
11/27/2023	11/27/2023	11/27/2023		Knox County	00400029145
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 400029145					
02/09/2023	02/09/2023	02/1 //2023		Knox County	00300867366
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 0867366 - NO POINTS ASSESSED					

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

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Tiffanie Morgan

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24-0114

Department of Safety & Homeland Security

MVR

February 16, 2024

Letter ID: L1960729680
Account ID: 142829355

MEGAN REDMAN
7217 HARTLEY LN LOT 5
KNOXVILLE TN 37918-8459

Real ID: Yes

Lic Issue Date: 08/03/2023
Lic Expiration Date: 08/03/2031
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:

Dr Lic No: 142829355
Birthdate: 10/11/1989
Original Issue Date: 01/06/2020
Eye Color: Hazel
Hair Color: Brown
Sex: Female
Height: 5 FT 7 IN
Weight: 230
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Ronald Flowers, Physician Assistant
Med License State: Tennessee
Med Examiner Lic: 139
Med Examiner Registry: 9458053984
Med Examiner Phone: (865) 558-3038
Med Expire Date: 06/12/2025
Med Issue Date: 06/12/2023
Med Post Date: 06/29/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

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Tiffanie Morgan

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Fax: (615) 242-3480
Phone: (866) 903-7357

MVR

February 16, 2024

Letter ID: L0215899216
Account ID: 116907739

CHERELLE PERKINS
2739 SUNSET AVE
KNOXVILLE TN 37914-5844

Real ID: Yes
Lic Issue Date: 11/29/2023
Lic Expiration Date: 11/29/2031
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:

Dr Lic No: 116907739
Birthdate: 03/12/1993
Original Issue Date: 09/24/2009
Eye Color: Brown
Hair Color: Brown
Sex: Female
Height: 5 FT 11 IN
Weight: 204
Race: African American
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Walter Blankenship, Physician Assistant
Med License State: Tennessee
Med Examiner Registry: 9228120040
Med Examiner Lic: 1171
Med Examiner Phone: (865) 558-3038
Med Expire Date: 08/31/2024
Med Issue Date: 08/31/2023
Med Post Date: 10/11/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

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Fax: (615) 242-3480
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24-0114

TN Department of Safety & Homeland Security

MVR

February 16, 2024

Letter ID: L1289641040
Account ID: 069331076

ERNEST BROWN
629 DANTE RD
KNOXVILLE TN 37918-9783

Real ID: No
Lic Issue Date: 07/26/2017
Lic Expiration Date: 07/24/2025
Lic Class: A
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:
Dr Lic No: 069331076
Birthdate: 09/03/1970
Original Issue Date: 08/06/1999
Eye Color: Black
Hair Color: Black
Sex: Male
Height: 6 FT 2 IN
Weight: 245
Race: African American
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Multiple Trailer, Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Walter Blankenship, Physician Assistant
Med License State: Tennessee
Med Examiner Registry: 9228120040
Med Examiner Lic: 1171
Med Examiner Phone: (865) 558-3038
Med Expire Date: 06/28/2024
Med Issue Date: 06/28/2023
Med Post Date: 07/06/2023
Med Status: Certified
Med Variance : Corrective Lenses\line
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number
03/31/2023	03/31/2023	04/03/2023		Knox County	00103615038
PROPERTY DAMAGE ACCIDENT CRASH REPORT #: 3615038 - NO POINTS ASSESSED					

Tennessee State Law T.C.A. 55-50-204(b) requires the Department of Safety to record all reportable motor vehicle accidents. Accident involvement indicated on this report does not necessarily mean the individual was at fault or given a citation.

Last Page

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Tiffanie Morgan

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Fax: (615) 242-3480
Phone: (866) 903-7357

24-0114

MVR

February 16, 2024

Letter ID: L0752770128
Account ID: 112358153

STEPHEN UNDERWOOD
1523 CIDER LN
POWELL TN 37849-2925

Real ID: No
Lic Class: B
Permit Class:

Lic Issue Date: 06/28/2017
Prm Issue Date: 00/00/00

Lic Expiration Date: 06/28/2025
Prm Expiration Date: 00/00/00

Dr Lic No: 112358153
Eye Color: Brown
Height: 6 FT 0 IN
Non-CDL Status: Valid
Non-CDL Eligibility: 00/00/00

Birthdate: 06/29/1992
Hair Color: Brown
Weight: 180
CDL Status: Licensed
CDL Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Original Issue Date: 07/24/2007
Sex: Male
Race: White
CDLP Status: Licensed
CDLP Eligibility: 00/00/00

Lic Restrictions: M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Ronald Flowers, Physician Assistant
Med License State: Tennessee
Med Examiner Lic: 139
Med Examiner Registry: 9458053984
Med Examiner Phone: (865) 463-2543
Med Expire Date: 05/15/2025
Med Issue Date: 05/15/2023
Med Post Date: 05/15/2023
Med Status: Certified
Med Variance :
Med Self Code: Non-excepted Interstate

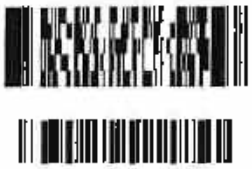
Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

Page: 1



I hereby certify this to be a true and correct copy of the record on file with this department.

Tiffanie Morgan

Financial Responsibility Section
P.O. Box 945
Nashville, TN 37202-0945
Fax: (615) 242-3480
Phone: (866) 903-7357

MVR

February 16, 2024

Letter ID: L1826511952
Account ID: 048851851

RAY AKERS
7513 LANCASHIRE BLVD
POWELL TN 37849-3760

Real ID: Yes

Lic Issue Date: 02/07/2022
Lic Expiration Date: 02/07/2030
Lic Class: B
Prm Issue Date: 00/00/00
Prm Expiration Date: 00/00/00
Permit Class:

Dr Lic No: 048851851
Birthdate: 09/09/1959
Original Issue Date: 08/19/1999
Eye Color: Brown
Hair Color: Black
Sex: Male
Height: 5 FT 10 IN
Weight: 225
Race: White
Non-CDL Status: Valid
CDL Status: Licensed
CDLP Status: Licensed
Non-CDL Eligibility: 00/00/00
CDL Eligibility: 00/00/00
CDLP Eligibility: 00/00/00
Hazmat Expire Date: 00/00/00

Lic Restrictions: No Manual Transmission Equipped CMV, Corrective Lenses, M - Passenger Allowed > 26000 (55)
Lic Endorsements: Passenger, School Bus

Permit Restrictions:
Permit Endorsements:

Med Examiner Name: Lindsey Hatfield, Advance Practice Nurse
Med License State: Tennessee
Med Examiner Registry: 8047785284
Med Examiner Lic: 19880
Med Examiner Phone: (865) 761-7125
Med Expire Date: 11/21/2024
Med Issue Date: 11/21/2023
Med Post Date: 11/28/2023
Med Status: Certified
Med Variance : Corrective Lenses\line
Med Self Code: Non-excepted Interstate

Contains Offense Activity From 02/16/2021
Former State/Lic No: Unknown

Offense Date	Conviction or Action Date	Date Received	ACD Code	Location/Court	Locator Number

No violations for this record.

Last Page

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CLEARINGHOUSE

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Queries Conducted

Displaying 1-25 of 28

Page: 1

Download Query History Conduct Query

Query Type

- Pre-employment (10)
- Annual (18)
  - Limited (18)

Query Status

- Open (1)
  - Specific consent required (1)
- Closed (27)
  - Completed (27)

Query Result

- Driver Not Prohibited (26)
- Records Found (1)
- Driver Prohibited (1)

Conducted By

- Stephen Underwood (36)
- ✓ Knox County Schools - Knoxville (28)

Timeframe

- Last 30 days (1)
- Last Year (28)
- All Time (75)

NANCY CHESSHIRE (US-TN-122628124) Record ID: QUERY.2N74LW.GMNX

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (1/25/2024 16:07:36)

Conducted By: Knox County Schools - Knoxville **Query Type:** Pre-employment
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: NANCY CHESSHIRE **Date of Birth:** 3/11/1963 **CDL/CLP :** US-TN-122628124	**Requested:** 1/25/2024 15:34:44 **Recorded:** 1/25/2024 16:07:36 **Status:** Provided	**Created:** 1/25/2024 15:34:44 **Completed:** 1/25/2024 16:07:36 **Query Result:** Driver Not Prohibited

View Query Details

AUSTIN PHILLIPS (US-TN-117955656) Record ID: QUERY.2M5O0E.GM5K

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (1/5/2024 12:13:16)

Conducted By: Knox County Schools - Knoxville **Query Type:** Pre-employment
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: AUSTIN PHILLIPS **Date of Birth:** 5/9/1996 **CDL/CLP** : US-TN-117955656	**Requested:** 1/5/2024 10:05:02 **Recorded:** 1/5/2024 12:13:16 **Status:** Provided	**Created:** 1/5/2024 10:05:02 **Completed:** 1/5/2024 12:13:16 **Query Result:** Driver Not Prohibited

PATERESA CATALINE (US-TN-067010931) Record ID: QUERY.2LQW7K.BIB1

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 10:38:08)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: PATERESA CATALINE **Date of Birth:** 12/20/1969 **CDL/CLP** : US-TN-067010931	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 10:38:08 **Limited Completed:** 12/28/2023 10:38:08 **Query Result:** Driver Not Prohibited

JOHN WHITE (US-TN-106558868)

Record ID: QUERY.2LQTK6.6T4Q

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 9:40:54)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: JOHN WHITE **Date of Birth:** 9/4/1989 **CDL/CLP :** US-TN-106558868	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 9:40:54 **Limited Completed:** 12/28/2023 9:40:54 **Query Result:** Driver Not Prohibited

JOHN WHITE (US-TN-52762561)

Record ID: QUERY.2LQTIT.HZGV

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 9:40:06)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: JOHN WHITE **Date of Birth:** 2/10/1962 **CDL/CLP :** US-TN-52762561	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 9:40:05 **Limited Completed:** 12/28/2023 9:40:06 **Query Result:** Driver Not Prohibited

STEPHEN UNDERWOOD (US-TN-112358153) Record ID: QUERY.2LQTGY.5UC4

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 9:38:58)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: STEPHEN UNDERWOOD **Date of Birth:** 6/29/1992 **CDL/CLP :** US-TN-112358153	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 9:38:58 **Limited Completed:** 12/28/2023 9:38:58 **Query Result:** Driver Not Prohibited

LISA SINARD (US-TN-053059597) Record ID: QUERY.2LQTFB.5PKU

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 9:37:59)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: LISA SINARD **Date of Birth:** 10/16/1962 **CDL/CLP :** US-TN-053059597	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 9:37:59 **Limited Completed:** 12/28/2023 9:37:59 **Query Result:** Driver Not Prohibited

SARA MOORE (US-TN-116487586)

Record ID: QUERY.2LQTDV.2ZFF

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 9:37:07)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: SARA MOORE **Date of Birth:** 6/21/1994 **CDL/CLP :** US-TN-116487586	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 9:37:07 **Limited Completed:** 12/28/2023 9:37:07 **Query Result:** Driver Not Prohibited

ARAINA HYATT (US-TN-143751244)

Record ID: QUERY.2LQTC4.50IX

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 9:36:04)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: ARAINA HYATT **Date of Birth:** 7/23/1962 **CDL/CLP :** US-TN-143751244	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 9:36:04 **Limited Completed:** 12/28/2023 9:36:04 **Query Result:** Driver Not Prohibited

MARVIN HAWKINS (US-TN-084944980) Record ID: QUERY.2LQTAH.4MMP

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 9:35:05)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: MARVIN HAWKINS **Date of Birth:** 5/30/1981 **CDL/CLP #:** US-TN-084944980	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 9:35:05 **Limited Completed:** 12/28/2023 9:35:05 **Query Result:** Driver Not Prohibited

EDWIN DAVIS (US-TN-037378071) Record ID: QUERY.2LQT8U.RPV5

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 9:34:06)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: EDWIN DAVIS **Date of Birth:** 7/19/1948 **CDL/CLP #:** US-TN-037378071	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 9:34:06 **Limited Completed:** 12/28/2023 9:34:06 **Query Result:** Driver Not Prohibited

ALISON BUTLER (US-TN-073450837)

Record ID: QUERY.2LQT77.9T1D

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 9:33:07)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: ALISON BUTLER **Date of Birth:** 1/21/1975 **CDL/CLP #:** US-TN-073450837	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 9:33:07 **Limited Completed:** 12/28/2023 9:33:07 **Query Result:** Driver Not Prohibited

View Query Details

ERNEST BROWN (US-TN-069331076)

Record ID: QUERY.2LQT5G.2E0J

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 9:32:04)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: ERNEST BROWN **Date of Birth:** 9/3/1970 **CDL/CLP #:** US-TN-069331076	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 9:32:04 **Limited Completed:** 12/28/2023 9:32:04 **Query Result:** Driver Not Prohibited

View Query Details

TAMMY ALVISO (US-TN-056681175)

Record ID: QUERY.2LQT3R.G40S

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 9:31:03)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: TAMMY ALVISO **Date of Birth:** 7/2/1964 **CDL/CLP :** US-TN-056681175	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 9:31:03 **Limited Completed:** 12/28/2023 9:31:03 **Query Result:** Driver Not Prohibited

DENNIS COMER (US-TN-055764310)

Record ID: QUERY.2LQSHB.27QR

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 9:17:35)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: DENNIS COMER **Date of Birth:** 12/15/1959 **CDL/CLP :** US-TN-055764310	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 9:17:35 **Limited Completed:** 12/28/2023 9:17:35 **Query Result:** Driver Not Prohibited

GWENDOLYN LEE (US-TN-060699275) Record ID: QUERY.2LQSEE.8I4W

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (12/28/2023 9:15:50)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: GWENDOLYN LEE **Date of Birth:** 7/26/1966 **CDL/CLP :** US-TN-060699275	General consent provided outside of the Clearinghouse	**Created:** 12/28/2023 9:15:50 **Limited Completed:** 12/28/2023 9:15:50 **Query Result:** Driver Not Prohibited

CHERELLE PERKINS (US-TN-116907739) Record ID: QUERY.2IETME.HGQF

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (10/26/2023 15:36:48)

Conducted By: Knox County Schools - Knoxville **Query Type:** Pre-employment
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: CHERELLE PERKINS **Date of Birth:** 3/12/1993 **CDL/CLP :** US-TN-116907739	**Requested:** 10/24/2023 14:30:14 **Recorded:** 10/26/2023 15:36:48 **Status:** Provided	**Created:** 10/24/2023 14:30:14 **Completed:** 10/26/2023 15:36:48 **Query Result:** Driver Not Prohibited

KEELY LARRISON (US-TN-125764851) Record ID: QUERY.2IETHM.CBQB

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (10/24/2023 14:28:05)

Conducted By: Knox County Schools - Knoxville **Query Type:** Pre-employment
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: KEELY LARRISON **Date of Birth:** 3/22/1998 **CDL/CLP :** US-TN-125764851	**Requested:** 10/24/2023 14:27:22 **Recorded:** 10/24/2023 14:28:05 **Status:** Provided	**Created:** 10/24/2023 14:27:22 **Completed:** 10/24/2023 14:28:05 **Query Result:** Driver Not Prohibited

DANAKA WALLACE (US-TN-147582161) Record ID: QUERY.2HZRT0.NOGU

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Prohibited

Query Status: Completed (10/17/2023 18:22:28)

Conducted By: Knox County Schools - Knoxville **Query Type:** Pre-employment
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: DANAKA WALLACE **Date of Birth:** 8/20/1994 **CDL/CLP :** US-TN-147582161	**Requested:** 10/16/2023 11:27:00 **Recorded:** 10/17/2023 18:22:28 **Status:** Provided	**Created:** 10/16/2023 11:27:00 **Completed:** 10/17/2023 18:22:28 **Query Result:** Driver Prohibited

TOSHA BENJAMIN (US-TN-097738017) Record ID: QUERY.2HZRUO.UVSS

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (10/16/2023 11:32:05)

Conducted By: Knox County Schools - Knoxville . **Query Type:** Pre-employment
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: TOSHA BENJAMIN **Date of Birth:** 7/18/1981 **CDL/CLP** : : US-TN-097738017	**Requested:** 10/16/2023 11:28:00 **Recorded:** 10/16/2023 11:32:05 **Status:** Provided	**Created:** 10/16/2023 11:28:00 **Completed:** 10/16/2023 11:32:05 **Query Result:** Driver Not Prohibited

View Query Details

DANAKA WALLACE (US-TN-147582161) Record ID: QUERY.2HZR0N.JMDU

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Result Not Available

Query Status: Specific consent required (10/16/2023 11:09:59)

Conducted By: Knox County Schools - Knoxville **Query Type:** Limited
Query Submitted: Manually

Information related to drug and alcohol program violations has been found in the Clearinghouse record of the driver you queried. To determine if this driver is prohibited from performing safety-sensitive functions, you will need to conduct a full query.

You must obtain the driver's electronic consent before you can conduct the full query and access the driver's detailed information.

If the full query is not conducted within 24 hours, the driver must be removed from safety-sensitive functions.

Driver Information	Consent Information	Query History
Name: DANAKA WALLACE **Date of Birth:** 8/20/1994 **CDL/CLP :** US-TN-147582161	General consent provided outside of the Clearinghouse	**Created:** 10/16/2023 11:09:59 **Limited Completed:** 10/16/2023 11:09:59 **Query Result:** Records Found

JACKLEN LEWIS (US-TN-152209398) Record ID: QUERY.2DDF4A.JDJA

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (7/28/2023 16:10:19)

Conducted By: Knox County Schools - Knoxville **Query Type:** Pre-employment
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: JACKLEN LEWIS **Date of Birth:** 12/29/1964 **CDL/CLP :** US-TN-152209398	**Requested:** 7/18/2023 15:31:22 **Recorded:** 7/28/2023 16:10:19 **Status:** Provided	**Created:** 7/18/2023 15:31:22 **Completed:** 7/28/2023 16:10:19 **Query Result:** Driver Not Prohibited

CHASZITYX YOUNT (US-TN-124640032) Record ID: QUERY.2DDEY8.FLT7

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (7/19/2023 15:29:39)

Conducted By: Knox County Schools - Knoxville **Query Type:** Pre-employment
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: CHASZITYX YOUNT **Date of Birth:** 6/7/1998 **CDL/CLP :** US-TN-124640032	**Requested:** 7/18/2023 15:27:44 **Recorded:** 7/19/2023 15:29:39 **Status:** Provided	**Created:** 7/18/2023 15:27:44 **Completed:** 7/19/2023 15:29:39 **Query Result:** Driver Not Prohibited

MEGAN REDMAN (US-TN-142829355) Record ID: QUERY.2DDF82.6DWQ

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (7/18/2023 17:30:01)

Conducted By: Knox County Schools - Knoxville **Query Type:** Pre-employment
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: MEGAN REDMAN **Date of Birth:** 10/11/1989 **CDL/CLP** : : US-TN-142829355	**Requested:** 7/18/2023 15:33:38 **Recorded:** 7/18/2023 17:30:01 **Status:** Provided	**Created:** 7/18/2023 15:33:38 **Completed:** 7/18/2023 17:30:01 **Query Result:** Driver Not Prohibited

LAURA NOE (US-TN-093930517) Record ID: QUERY.2A63T5.TZR5

Employer Conducting Query: SCU Bus Lines, LLC

Query Result: Driver Not Prohibited

Query Status: Completed (5/17/2023 12:33:59)

Conducted By: Knox County Schools - Knoxville **Query Type:** Pre-employment
Query Submitted: Manually

Driver Information	Consent Information	Query History
Name: LAURA NOE **Date of Birth:** 4/15/1973 **CDL/CLP** : : US-TN-093930517	**Requested:** 5/17/2023 9:03:28 **Recorded:** 5/17/2023 12:33:59 **Status:** Provided	**Created:** 5/17/2023 9:03:28 **Completed:** 5/17/2023 12:33:59 **Query Result:** Driver Not Prohibited

U.S. DEPARTMENT OF TRANSPORTATION
Federal Motor Carrier Safety Administration
1200 NEW JERSEY AVENUE, SE
WASHINGTON, DC 20590
202-366-4000

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Information Collection #: OMB Control No. 2126-0057

SCHOOL SCHEDULE

SCHOOL NAME	OPEN DOOR TIME	SCHOOL START BELL TIME	REGULAR DISMISSAL BELL TIME
Anderson County High	7:45 AM	8:35 AM	3:45 PM
Andersonville Elementary	7:15 AM	7:50 AM	3:00 PM
Briceville Elementary	7:30 AM	8:00 AM	3:10 PM
Claxton Elementary	7:20 AM	7:50 AM	3:00 PM
Clinton Middle School	7:45 AM	8:30 AM	3:40 PM
Clinton High School	7:55 AM	8:45 AM	3:55 PM
Dutch Valley Elementary	7:20 AM	8:00 AM	3:10 PM
Fairview Elementary	7:20 AM	7:55 AM	3:05 PM
Grand Oaks Elementary	7:30 AM	8:05 AM	3:15 PM
Lake City Elementary	7:35 AM	8:00 AM	3:10 PM
Lake City Middle School	7:20 AM	8:00 AM	3:15 PM
Norris Elementary	7:15 AM	7:50 AM	3:00 PM
Norris Middle School	7:25 AM	8:05 AM	3:15 PM
Norwood Elementary	7:20 AM	7:55 AM	3:05 PM
Norwood Middle	7:15 AM	8:00 AM	3:10 PM
Clinch River Community School	7:55 AM	8:35 AM	3:45 PM
Anderson County Career & Technical Center	7:55 AM	8:36 AM	3:45 PM

Prices over 6.5% of Current Prices will be Rejected.

Exhibit B - RFP #2419 PRICE SHEET

Bus Route #	Bus Capacity	Total Route Miles *	Miles/Year	Cost Per Year	1st Run Schools	2nd Run Schools	Legend	
4	66	33	5805	$	NWES, NWMS		CES	Clinton Elementary School
5	65	52	9152	$	NWES,NWMS,GOES		CMS	Clinton Middle School
8	68	81	14258	$	DVES	CMS, CHS	CRCS	Clinch River Community School
9	72	63	11088	$ 72000	CES	CMS, CHS	DVES	Dutch Valley Elementary School
10	78	48	8448	$ 72000	CES	CMS, CHS	FES	Fairview Elementary School
14	78	50	8800	$ 72000	CES	CMS, CHS	GOES	Grand Oaks Elementary School
20	84	53	9328	$ 72000	DVES	CMS, CHS	LCES	Lake City Elementary School
21	78	29	5104	$ 62000		CMS, CHS	LCMS	Lake City Middle School
23	78	48	8448	$	NEW, NWM, GOES	CMS, CHS	NES	Norris Elementary School
24	72	42	7392	$ 72000	DVES	CMS, CHS	NMS	Norris Middle School
26	78	66	11616	$ 72000	NES, NMS	ACHS	NWME	Norwood Middle School
27	66	18	3168	$ 52000		CMS, CHS		

VENDOR NAME:

Bus Route #	Bus Capacity	Total Route Miles *		Cost Per Year	1st Run Schools	2nd Run Schools	Legend	
29	78	52	9152	$	AES, NMS	ACHS	ACHS	Anderson County High School
30	78	41	7216	$	NWES, NWMS		AES	Andersonville Elementary School
37	66	56	9856	$	AES, NMS	ACHS	CMS	Clinton Middle School
40	78	84	14784	$ 72000	GOES	CMS, CHS	CHS	Clinton High School
42	66	55	9680	$	FES, NMS	ACHS	CRCS	Clinch River Community School
45	78	95	16720	$	AES, NMS	ACHS	GOES	Grand Oaks Elementary School
46	78	78	13728	$ 72000	GOES	CMS, CHS	LCMS	Lake City Middle School
52	66	76	13376	$ 72000	FES, NMS	ACHS	NWME	Norwood Middle School
54	78	70	12320	$	AES, NMS	ACHS		
62	72	30	5280	$	NWES, NWMS			
63	66	33	5808	$	AES, NMS			

VENDOR NAME:

Bus Route #	Bus Capacity	Total Route Miles *		Cost Per Year	1st Run Schools	2nd Run Schools	Legend	
74	72	64	9856	$ 72000	GOES	CMS, CHS	BES	Briceville Elementary School
76	78	34	5984	$ 78000	NWES, NWMS	GOES, CHS	CMS	Clinton Middle School
81	78	56	9856	$ 74000	FES, NMS, ACHS	???	DVES	Dutch Valley Elementary School
82	66	66	11616	$ 74000	FES,NMS	ACHS	FES	Fairview Elementary School
							GOES	Grand Oaks Elementary School
28TOTAL ROUTES							LCES	Lake City Elementary School
							LCMS	Lake City Middle School
							NES	Norris Elementary School
							NMS	Norris Middle School
							NWES	Norwood Elementary School
							NWMS	Norwood Middle School
ANDERSON COUNTY CAREER & TECHNICAL BUS RUNS								
CTE Run	66	12		$ 48675	CRCS/CHS		CTE	Career & Technical Education
CTE Run	78	12		$48675	CHS/ACCTC		**Number of runs depends on student enrollment	

* Total Route Miles Calculated ONLY while students are on the bus

VENDOR NAME: SCU Bus Lines

Attachment 1

Non-Collusion Affidavit

- This Non-Collusion Affidavit is material to any contract awarded pursuant to this bid.
- This Non-Collusion Affidavit must be executed by the member, officer, or employee of the bidder who makes the final decision on prices and the amount quoted in the bid.
- Bid rigging and other efforts to restrain competition and the making of false sworn statements in connection with the submission of bids are unlawful and may be subject to criminal prosecution. The person who signs the affidavit should examine it carefully before signing and assure himself or herself that such statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the bidder with responsibilities for the preparation, approval, or submission of the bid.
- In the case of a bid submitted by a joint venture, each party to the venture must be identified in the bid documents, and an affidavit must be submitted separately on behalf of each party.
- The term "complementary bid" as used in the affidavit has the meaning commonly associated with that term in the bidding process and includes the knowing submission of bids higher than the bid of another firm, an intentionally high or noncompetitive bid, and any other form of bid submitted for the purpose of giving a false appearance of competition.
- Failure to file an affidavit in compliance with these instructions may result in disqualification of the bid.

Non-Collusion Affidavit

STATE OF Tennessee

COUNTY OF Anderson

I state that I am (Title) President of (Name of My Firm) SCU Bus Lines, LLC and that I am authorized to make this affidavit on behalf of my firm and its owners, directors, and officers. I am the person responsible in my firm to the price(s) and the amount of this bid.

I STATE THAT:

- The price(s) and amount of this bid have been arrived at independently and without consultation, communication, or agreement with any other contractor, bidder, or potential bidder.
- Neither the price(s) nor the amount of this bid and neither the approximate price(s) nor approximate amount of this bid, have been disclosed to any other firm or person who is a bidder or potential bidder, and they will not be disclosed before bid opening.
- No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit a bid higher than this bid, or to submit any intentionally high or noncompetitive bid or other form of complementary bid.
- The bid of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive bid.
- (Name of My Firm) SCU Bus Lines, LLC, its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last three years been convicted or found liable for any act prohibited by State of Federal law in any jurisdiction involving conspiracy or collusion with respect to bidding on any public contract, except as follows:

I state that (Name of My Firm) SCU Bus Lines, LLC understands and acknowledges that the above representation are material and important and will be relied on by Anderson County in awarding the contract(s) for which this bid is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from Anderson County of the true facts relating to submission of bids for this contract.

Representative's Signature

Owner
Title

Sworn to and subscribed before me this 21 day of February, 2024

Notary Public

My commission expires 3-5-25

Attachment 2

DIVERSITY BUSINESS INFORMATION

Definitions for Determining Minority, Women And Small-Owned Firms

The guidelines for determining minority, women and small-owned firms are defined as follows:

"**MINORITY**" means a person who is a citizen or lawful permanent resident of the United States and who is:

- Black (a person having origins in any of the black racial groups of Africa);
- Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race);
- Asian American (a person having origins in any of the original peop es of the Far East, Southeast
- Asia, the Indian subcontinent, or the Pacific Islands); or
- American Indian and Alaskan Native (a person having origins in any of the original peoples of North America).

"**MINORITY BUSINESS ENTERPRISE**" shall mean a minority business:
A continuing, independent, for profit business which performs a commercially useful function, and is at least 51 percent owned and controlled by one or more minority individuals; or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned and controlled by one or more minorities. Whose management and daily business operations are controlled by one or more of minority individuals "Control" as used in the above clause, means exercising the power to make policy decision. "Operate," as used in the above clause, means being actively involved in the day-to-day management of the business

"**WOMEN BUSINESS ENTERPRISE**" shall mean women business:
A continuing, independent, for profit business which performs a commercially useful function, and which is at least 51 percent owned and controlled by one or more women; or, in the case of any publicly owned business, at least 51 percent of the stock of which is owned and controlled by one or more women. Whose management and daily business operations are controlled by one or more of such individuals. "Control" as used in the above clause, means exercising the power to make policy decision. "Operate," as used in the above clause, means being actively involved in the day-to-day management of the business.

Attachment 2

DIVERSITY BUSINESS INFORMATION
ANDERSON COUNTY GOVERNMENT

NOTE: This form is to be submitted only by those who qualify. Bidders do not have to be a minority business to be considered.

IMPORTANT! NOTARY AND COPY OF CERTIFICATION REQUIRED

SECTION 6 – DIVERSITY INFORMATION

VENDOR/CONTRACTOR NAME: SCU Bus Lines, LLC

Type of Company: (Check One)

(____) **Corporation** (____) **Partnership** (X) **Limited Liability** (____) **Sole Proprietor**

Is your company 51% Owned or Operated by a Minority Group? Yes ___ No X

If yes, check the ethnic category and indicate % of ownership:

- ☐ American Indian/Alaskan Native ____%
- ☐ African American ____%
- ☐ Hispanic ____%
- ☐ Asian/Pacific Islander ____%
- ☐ Other ____% _____ (please indicate)

Please name the entity of certification: _____

Please provide copy of certification letter or certificate

I, HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: Stephen Underwood **OFFICER OF THE COMPANY**

Name: Stephen Underwood **Title:** President

NOTARY ACKNOWLEDGEMENT:

STATE OF Tennessee)

COUNTY OF Knox)

ON February 21 20 24 BEFORE ME Kendall Bradley

PERSONALLY APPEARED Stephen Underwood PERSONALLY KNOWN TO ME (OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/ THEY EXECUTED THE SAME IN HIS/HER/THEIR AUTHORIZED CAPACITY(IES), AND THAT BY HIS/HER/THEIR SIGNATURE(S) ON THE INSTRUMENT THE PERSON(S), OR THE ENTITY UPON BEHALF OF WHICH THE PERSON(S) ACTED EXECUTED THE INSTRUMENT

WITNESS MY HAND AND OFFICIAL SEAL

SIGNATURE OF NOTARY Kendall Bradley

PRINTED FULL NAME OF NOTARY Kendall Bradley

MY COMMISION EXPIRES 3-5-25

KENDALL BRADLEY STATE OF TENNESSEE NOTARY PUBLIC KNOX COUNTY

24-0114

Attachment 3
BID NUMBER: 2350 – School Bus Contractor Routes

SECTION 1 - BID INFORMATION

Acknowledgment of Addenda:
(Write "Yes" if received)

Addenda 1 yes Addenda 2 yes
Addenda 3 yes Addenda 4 yes

SECTION 2 - VENDOR INFORMATION

SCH Bus Lines, LLC
Vendor Name

2624 Clinton Hwy
Vendor Address

Powell
City

TN 37849
State Zip

Telephone Number 865.556.8509

Stephen Underwood
Contact Person *(Please Print)*

sunderwood532@gmail.com
E-Mail Address

Taxpayer Identification Number, Social Security or Employer Identification Number:
46-2779476

State of Tennessee Business License Number:
License # 0142837

I agree to abide by all Terms and Conditions of this Invitation to Bid and certify that I am authorized to sign this bid for the vendor. Failure to include any information mentioned in the bid or to comply with these bid instructions may result in rejection of your entire bid. Signing this form affirms that the original Invitation for Bid document has not been altered in any way.

Authorizing Signature:

(Please sign original in blue ink)

Attachment 4
Insurance Requirement Acknowledgment

The bidder awarded this bid or contract will maintain, at their expense adequate insurance coverage to protect them from claims arising under the Worker's Compensation Act, any and all claims for bodily injury and property damage to the Bidder and to Anderson County Government while delivery and service are being done. A certificate of insurance *must* be on file in the Purchasing Department before work may begin and must be maintained until work is completed.

Only the items marked with an "X" are applicable to this bid and or contract.

1. ☒ **Workers Compensation**
Employers Liability — Statutory limits 100,000/100,000/500,000

2. ☒ **Commercial General Liability** — $500,000 per occurrance $1,000,000 aggregate

- ☒ Occurrance Form Only
- ☒ Include Premises Liability
- ☒ Include Contractual
- ☒ Include XCU
- ☒ Include Products and Completed Operations
- ☒ Include Personal Injury
- ☒ Include Independent Contractors
- ☒ Include Vendors Liability
- ☒ Include Professional or E&O Liability

3. ☐ **Business Auto**
- ☐ Include Garage Liability
- ☐ Include Garage Keepers Liability
- ☐ Copy of Valid Driver's License
- ☐ Copy of Current Motor Vehicle Record
- ☐ Copy of Current Auto Liability Declarations Page

4. ☐ **Crime Coverages**
- ☐ Employee Dishonesty
- ☐ Employee Dishonesty Bond

5. ☐ **Property Coverages**
- ☐ Builders Risk
- ☐ Inland Marine
- ☐ Transportation

6. ☐ Performance Bond Required – A One Hundred Percent (100%) performance or an irrevocable letter of credit in favor of Anderson County Government at a federally insured financial institution. This ***MUST*** be submitted before purchase order issued.

Certificate Holder Shall Be: Anderson County Government, Clinton, Tennessee, and shall show the bid number and title. Anderson County Government shall be named as an additional insured on all policies except worker's compensation and auto. Insurance carrier ratings shall have a Best's rating of A-VII or better, or its equivalent. Cancellation clause on certificate should strike out "endeavor to" and include a 30-day notice of cancellation where applicable. Any deviations from the above requirements *must* be disclosed to the Anderson County Purchasing Agent. Any liability deductibles or exclusions must also be disclosed. Exceptions can be granted if applicable.

Bidders Statement and Certification

I understand the insurance requirements of these specifications and will comply in full within 21 (twenty-one) calendar days if awarded this bid and or contract. I agree to furnish the county with proof of insurance for the entire term of the bid and or contract.

SCU BUS LINES, LLC
Vendor Name

Stephen Underwood
Bid Representative Name (Please Print)

Authorized Signature

02/21/2024
Date

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 24/01/2024

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 (865)281-7722
BRADLEY INSURANCE AGENCY

PO BOX 12215
5210-B SCHUBERT ROAD
KNOXVILLE, TN 37912

CONTACT NAME:
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : PHILADELPHIA INSURANCE COMPANY	
INSURER B : BENCHMARK INSURANCE COMPANY	
INSURER C : AUTO-OWNERS INSURANCE COMPANY	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
SCU BUS LINES LLC
2628 CLINTON HWY
POWELL, TN 37849

COVERAGES CERTIFICATE NUMBER: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY PROJECT LOC			172319-03651452	06/06/23	06/06/24	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS X SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			16641502	07/18/23	07/18/24	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 5,000,000 $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		WC044-0046847-2017A	04/24/23	04/24/24	X WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

ANDERSON COUNTY SCHOOLS
101 N MAIN ST STE 214

CLINTON TN 37716

CANCELLATION

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

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Attachment 5

Rev. December 6, 2007

BACKGROUND CHECK COMPLIANCE FORM

ANDERSON COUNTY GOVERNMENT
PURCHASING DEPARTMENT
100 N. MAIN STREET, ROOM 214 or 218
CLINTON, TN 37716
(865) 457-6251
(865) 457-6232 (Fax)

BID NUMBER 2419 | **CONTRACT NUMBER**

BACKGROUND CHECKS Contractors shall comply with Public Chapter 587 of 2007, as codified in Tennessee Code Annotated Section 49-5-413, which requires all contractors to facilitate a criminal history records check conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation for each employee prior to permitting the employee to have contact with students or enter school grounds when students are present.

Any person, corporation or other entity who enters or any employee of any person, corporation or entity who enters into or renews a contract with a local board of education or child care program on or after September 1, 2007, must:

(1) Provide a fingerprint sample
(2) Submit to a criminal history records check to be conducted by the Tennessee Bureau of Investigations and the Federal Bureau of Investigations.

Contact the Anderson County School's Human Resources Department at (865) 463-2800 ext. 2811 for fingerprint instructions.

Company or Individuals (Name)	Address
SCU Bus Lines, LLC	2624 Clinton Hwy
City, State, Zip Code	Telephone Number
Powell TN 37849	(865) 556-8509
Contractor License Number (If Applicable)	

I agree to abide by Public Chapter 587 of 2007, as codified in Tennessee Code Annotated Section 49-5-413, and certify that I am authorized to sign. The undersigned further agrees if this bid or contract is accepted, to furnish any and all of the Background Check Information on himself and all of his employees as required by law, at the request of Anderson County Government. I hereby agree to release all criminal history and other required information to Anderson County Government, the Tennessee Bureau of Investigation and the Federal Bureau of Investigation in accordance with Tennessee law and I further certify that all information supplied by me regarding this inquiry is true and accurate. I agree to release and hold harmless the above-mentioned governmental entities for the use of this information related to the purposes mandated under Tennessee law. I further certify that I have obtained acceptable criminal history information on all current employees and will obtain said information on future employees associated with the performance of the work defined in this bid or contract, pursuant to Tennessee Code Annotated 49-5-413 and that neither I nor any employee of mine is prohibited from direct contact with school children for the reasons enumerated in Tennessee Code annotated Section §§ 49-5-401 et seq.

Signature [signature] **Title** President

Printed Name: Stephen Underwood (Please Print Clearly) **Date** 02/21/2024 (Month, Day, Year)

INTERNAL OFFICE USE ONLY

Notes

SCHOOL BUS ROUTES CONTRACT #24-0115

REGULAR TRANSPORTATION PROGRAM

Contractor: Parker Transport Inc

Route Numbers: 4, 5, 8, 20, 23, 24, 27, 30 and 62

Contract Period: July 1, 2024 – June 30, 2030 with six one-year renewal options

THIS AGREEMENT (the "Contract") is made and entered into by and between the Board of Education of Anderson County, Tennessee (hereinafter referred to as "the Board,") and Parker Transport Inc, (hereinafter referred to as "the Contractor").

For and in consideration of the consideration and agreements set forth hereinafter, the sufficiency of which is hereby acknowledged by both parties, the Board and the Contractor hereby recite and agree to the following:

1. The Board is charged with the responsibility of providing education for the children of Anderson County, Tennessee and student transportation to and from Anderson County Schools as required by law, and pursuant to those obligations, the Board desires to make arrangements for the transportation of students to and from school each school day.

2. The Contractor is desirous of entering into an agreement with the Board whereby the Contractor, for agreed compensation, will provide such transportation for the Board and carry out the responsibility of transporting such school students to and from school each day, as the Board through its authorized agents may designate, in accordance with the terms and conditions of this Contract, utilizing appropriate and authorized personnel and equipment to be provided by the Contractor.

3. Both parties to this Contract are aware that various laws, rules, regulations, and Board policies control and govern the operation of school buses within this County, and that it is necessary at all times for both the Board and the Contractor to be in compliance with any such laws, rules, regulations and policies which apply to the services to be provided under this Contract.

4. Both parties to this agreement are aware that such laws, rules, regulations and policies may be changed, amended, deleted or created during the term of this Contract.

In view of the foregoing, and in consideration of the mutual promises and conditions contained herein, the Board and the Contractor have agreed, and by the execution of this Contract do intend to set their agreement down in writing, as hereinafter set out.

A. The Contractor agrees to operate school buses for the purpose of transporting school students to and from school, at the time and along a specified bus route or routes described in Exhibit A hereof. All buses used shall be provided by the Contractor and it shall be the Contractor's responsibility to maintain such buses in good, safe, working order, and in compliance with all laws and regulations applicable thereto. All bus drivers must be appropriately licensed, competent, responsible individuals and shall be employees of the Contractor and must not be considered for any purpose as employees of the Board. The Board assumes no liability for the actions of school bus drivers, trainees, or other employees of the Contractor.

B. The base compensation to be paid to the Contractor (the "Base Contract Price") by the Board for these services shall be calculated on the basis of the Contractor's bid price for the attached route(s). The base contract mileage shall be the mileage from the place where the first student is picked up in route to the school, or other location to where the last student is delivered. Mileage between runs is not to be included in determining mileage. In the event of a change in the base contract mileage, the Base Contract Price shall be calculated according to the following formula:

   40% X Bid Price/ Specified Contract Miles per Day/
   176 X Number of Miles Increased (or Decreased) for the
   year or the amount of days remaining on the contract.

   The Bid is incorporated as Exhibit 1.

C. For the purpose of calculating mileage under this Contract, the miles identified in the attached route description shall be controlling unless mileage is increased or decreased by Board action subsequent to the execution of contracts. In the event of such increase or decrease, a written amendment to this Contract shall be entered into by the parties, and the mileage shown in said amendment shall be controlling

D. For the purpose of determining the Base Contract Price, it shall be assumed that the school year lasts for a period of no less than 180 days, but should the school year be less than 180 days, then the contractor shall still receive guaranteed payment for 176 days. The Base Contract Price for the 176 guaranteed days shall be calculated at the daily rate set forth in Item B, above. The Board shall pay to the Contractor ten (10) equal monthly

installments of the Base Contract Price to be paid on or before the 25th day of each month beginning in August and ending in May of the following year.

E. The Base Contract Price (excluding fuel) shall be adjusted annually as of the commencement of each school year. The Board shall calculate the adjustment for each school year based upon the "Revised Consumer Price Index" (referred to herein as the "CPI") set forth by the United State Department of Labor. The date of the CPI for Base Contract Price adjustments shall be January 12 of the previous school year, and the corresponding index for the successive January 12th shall be the current index. The percentage of increase as bid in the base contract shall be the adjustment required over the Base Contract Price. At no time shall a decrease in the CPI operate to decrease the original Contractor's bid. The increased adjustment of the Base Contract Price shall not be less than 2% or greater than 4% even if the CPI change is less or more than these amounts.

F. In addition to the Base Contract Price, as adjusted from year to year, the Board will pay the Contractor for increases in diesel fuel costs ("Fuel Increase Compensation") as provided herein. The base price will be based on the lowest price of diesel at I-75, exit 122 on July 1, and will be calculated daily. The Fuel Increase Adjustment shall be based on the difference between the average price of diesel fuel on July 1 and the daily price. For each $0.15 increase in cost, the Board will pay the Contractor an additional $0.05 cents per mile, with the mileage calculated as provided in Section C above.

G. All buses must be Type I, and all replacement buses must be no older than five (5) years, unless such requirements are waived by the Board in its sole and absolute discretion, for good cause shown. Said bus chassis and body must conform to the rules and regulations of the State Board of Education and comply with all laws and regulations of the State of Tennessee. All buses used in the performance of this Contract must comply with all regulations, guidelines and requirements of the State of Tennessee and any other state in which the bus is operated. The Contractor may use no buses in the performance of this Contract that are older than eighteen (18) years from the build date not the put-into-service date.

H. All buses used to transport Anderson County School students will be equipped with a minimum of one (1) video/audio surveillance camera located at the front of the bus. The camera will cover both the driver and students on the bus and shall record video and audio at all times during bus operations. Said video will be available upon request by school administrators but will never be shown by the Contractor or its agent to any other person, including parents, without advance written permission from the Board.

I. Liability insurance coverage on each bus shall be no less than the minimum required by state law, and shall be provided by and at the expense of the Contractor. If the Contractor transports students across state lines, the Contractor must also carry the minimum insurance required by the adjacent state. Failure to carry appropriate insurance as contained herein shall be cause for immediate termination of this Contract. The Board shall be named as an additional insured on all such policies, and shall be provided with copies on such policies and a certificate of insurance indicating that such insurance is in full force and effect at all times material hereto. The insurer shall be required to give sixty (60) days written notice to the Board prior to cancellation of the contract of liability insurance required herein. Said mandatory notice of cancellation obligation of the insurer **shall** be evidenced by written amendment or endorsement or other provision in insurance contract.

J. The Contractor acknowledges and agrees that officials of the State of Tennessee shall conduct one or more bus inspections each year, that buses shall meet all state guidelines and that no bus shall ever be used by the Contractor which fails the state bus inspection. This inspection clause is meant to include both used and new buses. All buses must display a current state inspection sticker before transporting students.

K. All drivers used by Contractor in carrying out this contract shall be required to take a driver training program under the supervision of the State Department of Safety, or an equivalent course of training as may from time to time be prescribed by the State of Tennessee Department of Education and approved by the Board. All drivers shall have a current school bus endorsed Commercial Driver License ("CDL"). The Contractor shall provide the Board each year with driver information packets that include the front and back photograph of the CDL, a driver information sheet, a copy of the TN Official Driving Record report, current medical clearance for the driver, and a background check for the driver. The driver information packet for each driver shall be filed with, and maintained by the Anderson County Human Resources department.. If at any time the Anderson County Director of Transportation determines, in his or her sole and absolute discretion, that a driver is disqualified from performing services under this Contract, then said driver will immediately be removed from such duties and will not transport Anderson County stuoents.

L. The Contractor shall bear the cost of all maintenance, repair or replacement of any equipment or any school buses used by the Contractor in the carrying out of the Contract, and it shall be the responsibility of the Contractor to provide a location for the maintenance, off season storage and after hours parking of school buses. If a bus or buses are allowed to be parked on a

school campus by the principal the Contractor will assume all liability for such buses and any equipment or property so stored.

M. The Contractor shall be responsible for all licenses, fees and permits required for performance of the Contract. All work to be performed under this Contract shall be provided at times directed by the Board or the Director of Transportation, or their employees or agents. Maintenance may only be performed at times which do not interfere with the daily operations of the performance of this Contract and Anderson County Schools. Should a bus fail to operate a route as scheduled, payment will be adjusted accordingly.

N. The Contractor will provide parking and maintenance facilities within Anderson County and will continue to maintain such facilities throughout the term of the Contract. All buses, parking, and maintenance facilities will be available for inspection by the Director of Transportation thirty (30) days prior to the first day of school.

O. The Contractor understands and agrees that it must and shall abide by any and all federal, state, or local laws, rules and regulations, including such policies as may be enacted from time to time by the Board. Such laws, rules and regulations of the federal government, the State of Tennessee, and the Board are incorporated herein by reference as if the same is set out verbatim, and if the laws, rules and regulations should conflict with these terms, then it is understood that this Contract shall be deemed modified to conform to such laws, rules and regulations. The Contractor shall strictly comply with this Contract and the Board's policies and procedures, including, but not limited to, starting points, destinations and times of departure and arrival, as necessary to adequately fulfill the performance of services hereunder. The Board may terminate this Contract for any violations of or failure to adequately fulfill its terms or the Board's policies and procedures. The Board's election not to terminate this Contract shall not constitute a waiver of the Board's right to terminate for subsequent violations of or for failure to adequately fulfill the terms hereof..

P. This Contract shall be effective as of the date estaolished by the Board and shall remain in effect for six (6) years from said date. After the expiration of the six-year term, the Board, in its sole and absolute discretion, may exercise its option to extend the term of this Contract each year for one (1) additional year not to exceed six (6) one-year extensions. If the Contractor cannot fulfill the terms of the Contract, the Contractor may assign, sell, sublet or otherwise transfer any rights and obligations hereunder, with the Board prior written consent in its sole and absolute discretion; provided, the Contractor notifies the Board of such intent on or before March 31 of any year of the term of this Contract. Any attempted transfer without the Board's prior written consent is void ab initio. The Board may impose reasonable conditions on its approval of the transfer of the Contractor's rights and duties

hereunder, including but not limited to the new contractor signing such agreements and understandings necessary to obligate it to this Contract and the current Contractor remaining liable as guarantor. Any transfer duly made and approved pursuant to the provisions of this Section P shall not take effect until the next school year.

Q. This Contract constitutes the entire agreement of the parties. This Contract shall be binding upon the Contractor, any approved sub-contractors, employees and their respective heirs, executor's, administrators, successors and assigns.

R. In the event of a violation of the terms and intentions of this Contract, or the Board's policies and procedures, the Board, in addition to any and all remedies available at law or in equity, may impose disciplinary actions or measures upon the Contractor, or any of its approved sub-contractors, employees or agents, including but not limited to: written reprimand, written suspension, written discharge or temporary oral or written suspension. The Board shall not suspend or discharge Contractor, sub-contractor, employee or agent without good cause. The Board, acting by or through the Director of Transportation, may orally suspend a Contractor, sub-contractor, employee or agent temporarily for a period up to seventy-two (72) hours without notice of the cause substantiating the suspension; provided, the Board furnishes written notice of the good cause substantiating the suspension within that period of time. The Board may withhold any Base Contract Price or other payments otherwise due under this Contract during any period of suspension or discharge. Cell phone usage during the operation of a school bus, unless deemed an emergency, is a class C misdemeanor pursuant to Tenn. Code Ann. section 55-8-192 and will result in immediate dismissal.

S. Upon any suspension or discharge as provided in Section R above, the Contractor shall have the right to appear before the Board at its next regularly scheduled meeting to discuss or refute the basis for suspension or discharge. In all cases of discharge or suspension, written details of the charges will be furnished to the Contractor at least fifteen (15) days prior to the hearing. If the Board decides in its sole and absolute discretion that good cause does not exist for the suspension or discharge, any withheld Base Contract Price or other compensation for the suspension or discharge period shall be paid to the Contractor.

T. It is understood and expressly agreed by the parties to this contract that the Contractor shall be an independent contractor for all purposes, and the Contractor assumes all liability related to the operation of school buses, transportation of students and performance under this Contract. In no event shall the Contractor or the Contractor's employees be deemed an agent, servant, or employee of the Board or Anderson County.

U. If during the term of this Contract, as a result of inclement weather or for any other reason, the Director of Schools should cancel school for a particular day or a particular period of time, every effort will be made to notify the Contractor as soon as possible.

V. Only students currently enrolled in Anderson County Schools, school system employees or Contractor staff will be transported by buses operating under the terms of this Contract, unless otherwise approved in advance by the Board.

W. The Contractor agrees to indemnify and hold harmless the Board, Anderson County, and their employees, agents and representatives (the "Indemnified Parties"), from all lawsuits, claims, actions, causes of action, demands, or liabilities of any nature, resulting from any and all loss, harm, death, damage, personal injuries, property damage or otherwise (including to but not limited to attorneys' and expert witness or consulting fees and medical expenses) that may be asserted at any time against the Indemnified Parties and caused in whole or in part by the Contractor or its subcontractors, employees or agents. .

X. In the event of default of this Contract by the Contractor, the Board may avail itself of any and all remedies provided herein or provided by law or in equity, including but not limited to injunctive relief and specific performance, all at the option of the Board in its sole and absolute discretion. In the event the Board pursues any relief as a result of the Contractor's default hereunder, the Contractor agrees to pay the Board all resulting reasonable attorneys' fees and expenses incurred by the Board.

Y. No modifications, amendments, supplements to or waiver of this Contract or any of its provisions shall be binding upon the parties hereto unless made in writing and duly signed by all the parties.

Z. A failure of any party to exercise any right provided for herein, shall not be deemed to be a waiver of any right hereunder.

AA. In the event any one or more of the provisions of this Contract is invalid or otherwise unenforceable, the enforceability of the remaining provisions shall be unimpaired.

BB. Notwithstanding other provisions of this Contract, in the event any party materially breaches, defaults or fails to perform hereunder, this Contract may be terminated by the other party with cause on thirty (30) days written notice to the other, if the event constituting the breach, default, or failure is not cured during that time.

CC. Any Exhibits attached hereto or incorporated herein are made a part of this Contract for all purposes. The expression "this Contract" means the body of this Contract and the Exhibits.

DD. This Contract may be executed in multiple counterparts, each of which shall be deemed an original for all purposes and all of which shall be deemed, collectively, one Contract. This Contract shall become effective when executed and delivered by all the parties.

EE. Each party hereby irrevocably consents to the jurisdiction of all state courts sitting in Anderson County, Tennessee or all federal courts sitting in Knoxville, Tennessee and agrees that venue for any legal action brought in connection with this Contract shall lie exclusively in such courts.

FF. This Contract shall be binding upon and inure to the benefit of the parties and upon their respective successors, heirs, or assigns.

GG. This Contract shall be governed and construed in accordance with the laws of the State of Tennessee.

HH. Any notice required or provided pursuant to this Contract shall be in writing and sent or delivered to the parties at their respective addresses shown on the first page of this Contract.

II. Titles of paragraphs and subparagraphs are for convenient reference only and shall not have the effect of modifying, amending, or changing the express terms of this Contract.

JJ. In the event of assignment or succession as provided herein, the terms and conditions of this Contract shall be binding upon the parties and their successors, assigns, heirs, executors, and/or administrators.

KK. The parties agree for themselves and their successors and assigns to execute any and all instruments in writing which are or may become necessary or proper to carry out the purpose and intent of this Contract.

LL. The Board's obligation to pay the Base Contract Price or any other compensation under this Contract is contingent upon funds appropriated in the current fiscal year's budget as approved by the Anderson County Board of Commissioners. Any contract, including this Contract, requiring appropriated funds beyond the current fiscal year may be canceled without notice in the event that funding to support the Contract is unavailable in the subsequent fiscal year.

MM. The Contractor shall comply with the Tennessee Human Rights Act, T.C A. §4-21-101 et. seq , as amended and any rules and regulations promulgated in accordance therewith.

NN. It shall also be an unlawful employment practice for the Contractor: (1) to fail or refuse to hire or to discharge any individual or otherwise to discriminate against any individual with respect to their compensation, or the terms, conditions, or privileges of their employment, because of such individual's race, color, religion, sex, age, handicap or national origin; or (2) to limit, segregate, or classify their employees or applicants for employment in any way which would deprive or tend to deprive any individual of employment opportunities or otherwise adversely affect their status as an employee, because of such individual's race, color, religion, sex, age, handicap or national origin. Contractor shall comply with The Civil Rights Act of 1964, 42 U.S.C. sec. 2000 et seq. (2000), as amended.

IN WITNESS WHEREOF THE PARTIES DO HEREUNTO SET THEIR HANDS
on this the _____ day of _____, 20___.

CONTRACTOR:

Kristi Ilar 3-12-24
Signature Date

Kristi ILAR
Printed Name

Owner/President
Title

Parker Transport Inc.
Name of Company

1350 Clinch Ave
Address

Clinton, TN 37716
City, State, Zip

ANDERSON COUNTY BOARD OF EDUCATION:

Dr. L. Paul
Director of Schools

_____
Board of Education Chairman

ANDERSON COUNTY GOVERNMENT:

_____
Finance Director

Approved as to Legal Form

Jay Yeager by PSW
N. Jay Yeager
Anderson County Law Director

PARKER TRANSPORT, INC.

RFP No: 2419

Original Copy

Anderson County Government

Request for Proposals

100 North Main Street, Suite 214
Courthouse
Clinton, Tennessee 37716
(865) 457-6218 Office
(865) 457-6252 Fax

RFP No.: 2419

Date Issued: February 2, 2024

Proposals will be received until
2:30 p.m. Eastern Time on February 22, 2024

Sealed solicitations are subject to the ***General Terms and Conditions*** and any other data attached or incorporated by reference. Responses will be received in the Anderson County Purchasing Office until the date and time specified above, and at that time publicly opened and read aloud.

ANDERSON COUNTY RESERVES THE RIGHT TO WAIVE ANY INFORMALITIES IN OR TO REJECT ANY OR ALL PROPOSALS AND TO ACCEPT THE PROPOSAL DEEMED FAVORABLE AND IN THE BEST INTEREST OF ANDERSON COUNTY.

Robert J. Holbrook 2/1/24
Robert J. Holbrook, Director of Finance

BID DESCRIPTION
Request for School Bus Contractor Routes. **Proposals must be submitted in a sealed envelope/box with the RFP # clearly labeled.** Questions are to be emailed to purchasing@andersoncountytn.gov and kkleehammer@andersoncountytn.gov

RFP # 2419
School Bus Contractor Routes
Specifications

Anderson County (herein after "The County") is seeking proposals for School Bus Contractor Routes. By submitting proposals the Contractor agrees that their prices will remain as quoted (or less) until at least July 1, 2024. The County anticipates issuing a six-year contract with six one-year renewal options. By submitting proposals the Contractor agrees to comply with all the terms in Exhibit A, the standard School Bus Routes Contract template. Exhibit A serves as the Scope of Work for this RFP.

Proposal Requirements

Proposals must be submitted in the format listed in this section. Proposals shall be prepared simply and economically and provide a straightforward, concise description of the Proposer's capabilities to satisfy the requirements of this RFP. The evaluation points assigned to each section are indicated in parentheses.

Tab 1. Fleet and Maintenance (25 Points)

Proposals shall list the Contractor's fleet to include the year, make and model of all buses. Proposals shall describe the Contractor's scheduled maintenance plans and list the address of the Maintenance/Storage facility. The County reserves the right to make site visits to inspect the facility and fleet.

Tab 2. Vendor History/Experience (25 points)

Proposals must provide the following:

- Number of years Contractor has been in operation
- Number of current customers
- References. References must include the name of the Customer, a contact name, email address, phone number and a description of the bus services provided.
- Proof of current state bus inspections and any other Certifications/licensures applicable to the proposed work.

Tab 3. Location of Facility (20 Points)

Proposals shall list the address of the main facility and any satellite locations the Contractor uses or will use to ensure optimum proximity to routes.

Tab 4 – Vendor Team (20 Points)

Proposals shall list the Contractor's Management Team and provide a main point of contact(s) that will be available during needed times to communicate immediate

adjustments in bus schedules in case of inclement weather or other reasons. Proposals shall describe the vetting the Contractor employs during the hiring process. Proposals shall provide the Contractor's retention rate.

Tab 5 - Cost (30 Points)

Vendors may bid on individual routes or multiple routes as outlined on the routing bid sheet. Vendors are to price out the routes as listed on Exhibit B and may make alternate cost-saving proposals for combined routes.

Tab 6 – Additional Required Forms (pass/fail)

- Attachment 1, Non-Collusion Affidavit
- Attachment 2, Diversity Business Information Sheet (If applicable)
- Attachment 3, Vendor Information Sheet
- Attachment 4, Certificate of Liability Form
- Attachment 5, Background Check Form

CONTRACTOR CONSTRAINTS

The vendor shall be responsible for all licenses, fees and permits required for performance of the contract resulting from this Request for Proposal. All work to be performed under this contract shall be provided at times convenient to Anderson County. Maintenance may only be performed at times which do not interfere with the daily operations of Anderson County Schools. Should a bus fail to operate a route as scheduled, payment will be adjusted accordingly.

SCHOOL SCHEDULE

SCHOOL NAME	OPEN DOOR TIME	SCHOOL START BELL TIME	REGULAR DISMISSAL BELL TIME
Anderson County High	7:45 AM	8:35 AM	3:45 PM
Andersonville Elementary	7:15 AM	7:50 AM	3:00 PM
Briceville Elementary	7:30 AM	8:00 AM	3:10 PM
Claxton Elementary	7:20 AM	7:50 AM	3:00 PM
Clinton Middle School	7:45 AM	8:30 AM	3:40 PM
Clinton High School	7:55 AM	8:45 AM	3:55 PM
Dutch Valley Elementary	7:20 AM	8:00 AM	3:10 PM
Fairview Elementary	7:20 AM	7:55 AM	3:05 PM
Grand Oaks Elementary	7:30 AM	8:05 AM	3:15 PM
Lake City Elementary	7:35 AM	8:00 AM	3:10 PM
Lake City Middle School	7:20 AM	8:00 AM	3:15 PM
Norris Elementary	7:15 AM	7:50 AM	3:00 PM
Norris Middle School	7:25 AM	8:05 AM	3:15 PM
Norwood Elementary	7:20 AM	7:55 AM	3:05 PM
Norwood Middle	7:15 AM	8:00 AM	3:10 PM
Clinch River Community School	7:55 AM	8:35 AM	3:45 PM
Anderson County Career & Technical Center	7:55 AM	8:36 AM	3:45 PM

Tab 1. Fleet and Maintenance

PARKER TRANSPORT FLEET LIST

		Bus #	Vin #
1	2022 THOMAS FE	E-T	1T88Y9D25N1191362
2	2018 BLUEBIRD VISION	30	1BAKGCSA4JF342393
3	2018 BLUEBIRD VISION	76	1BAKGCSA8JF342378
4	2018 BLUEBIRD ALL AMERICAN	20	1BABLCPA1JF336894
5	2018 BLUEBIRD VISION	8	1BAKFCPAXJF337405
6	2018 BLUEBIRD VISION	5	1BAKGCSA8JF342395
7	2017 BLUEBIRD VISION	27	1BAKGCPA4HF325225
8	2015 BLUEBIRD VISION	E	1BAKGCPA1FF309884
9	2015 BLUEBIRD VISION	24	1BAKGCPA3FF309899
10	2015 BLUEBIRD VISION	21	1BABNCPA6GF315106
11	2015 BLUEBIRD T3	62	1BABNCPA4FF311375
12	2015 BLUEBIRD VISION	4	1BAKGCPA6FF309864
13	2014 BLUEBIRD VISION	23	1BABLCPA9EF301784
14	2010 BLUEBIRD VISION	21 E	1BABNCPA2AF270219

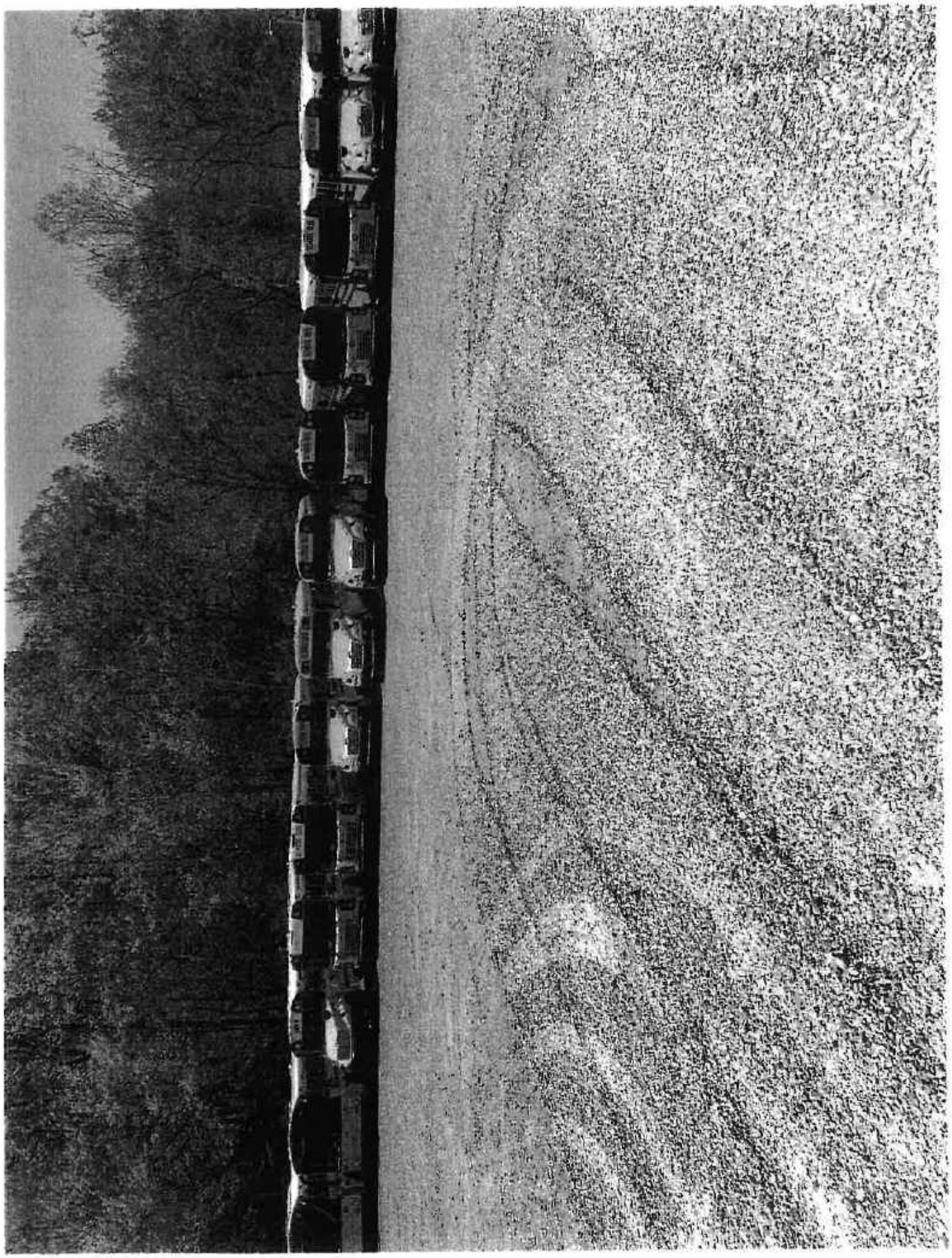
*In 2022 Parker Transport added radios to every bus, including spares, for extended safety measures and to allow all drivers the ability to communicate with home base.

*In 2022, Parker Transport equipped all buses in it's fleet with no less than 4 cameras allowing for enhanced monitoring of students, quick access to video requests, & the capability of accessing live video with audio.

Tab 1. Fleet and Maintenance

Maintenance/Storage Facility

Parker Transport, Inc.
1350 Clinch Avenue
Clinton, TN 37716



Tab 1. Fleet and Maintenance

On-Duty Mechanic

Matthew Bunch is employed by Parker Transport, Inc. as the company's head mechanic. Matthew is certified with the Department of Transportation and an ASE Certified Master Mechanic on medium to heavy duty equipment certified to repair and maintain the following:

- Gasoline engines
- Diesel engines
- Transmission
- Drive train
- Suspension & Steering
- Angle degrees
- Electrical & Electronic Systems
- Fuel system
- Coolant
- Preventative Maintenance
- Air conditioning refrigerant recovery & repair
- Heating, Ventilation, and Air Conditioning (HVAC) systems
- Hydraulic system rebuilds & repair
- Alison Transmission
- Thermal King Refrigerant units
- Freightliner advanced electrical systems, from battery draw to wiring multiple circuits.
- Detroit engines

PARKER TRANSPORT, INC.

VEHICLE FLEET MAINTENANCE PLAN

1350 CLINCH AVENUE CLINTON, TN 37716
(865) 518-3415

VEHICLE FLEET MAINTENANCE PLAN

INTRODUCTION

PARKER TRANSPORT, INC in its continuous development and concern for the safety of its staff and community members has developed this maintenance plan. This is a living document that will be updated on an "as needed" basis and reviewed annually for compliance to new rules, regulations, and laws.

This plan is designed to keep all vehicles and related equipment in safe, reliable, and operational condition. It requires management, drivers, and related staff to be well trained and accountable for specific roles.

Specific roles

MANAGEMENT

Kristi Ilar will make sure that all staff is properly trained and certified as deemed appropriate to perform preventive maintenance on the vehicles and will document all maintenance related activities.

DRIVERS

The drivers must be certified according to State laws. Driver must know the proper starting, shifting, and braking procedures to extend the life of the vehicle and must be vigilant in reporting his/her observations. No vehicle should be sent into service low on oil, antifreeze, automatic transmission, or power steering fluid. Unsealed batteries and windshield washer fluid must also be checked and filled. Drivers should be alert for unusual noises, bad tires, noisy or poor brakes, and clutch adjustments.

All drivers should be completely familiarized with the vehicles including engine compartment, driver controls, and passenger safety devices. Drivers should be trained to recognize unusual noises and describe basic mechanical problems to the supervisor and/or mechanic.

VEHICLE FLEET MAINTENANCE
GOALS AND OBJECTIVES

Parker Transport, Inc. will use the maintenance plan to obtain the goals listed below:

1) To keep all buses up to safety specifications with zero break downs.

2) To provide our services in a timely and professional manner.

Our objectives to complete the goals listed above include:

1) Keep all buses well maintained

2) To follow all federal guidelines set forth by the Department of Transportation

3) Ensure the safety of our buses, drivers, and passengers

4) Follow protocol in maintenance plan on time, every time

GENERAL AGENCY AND VEHICLE FLEET INFORMATION

Parker Transport Inc. is comprised of a fleet of school buses used to transport K-12 students to and from school and extra-curricular activities within the state of Tennessee. The fleet is parked and maintained at:
1350 Clinch Avenue in Clinton, TN 37716

PREVENTIVE MAINTENANCE INSPECTIONS & SERVICES

INTRODUCTION

Vehicle and component manufacturers manuals are an important part of the vehicle maintenance plan as they define specific maintenance intervals and provide critical information when the maintenance work is actually to be performed.

Preventive maintenance (PM) Inspections and Scheduled services should follow the recommended intervals by the manufacturer. If preventive maintenance services are not being done according to the guidelines of the manufacturer, the agency may jeopardize any claim to a warranty.

DOCUMENTATION

Preventive maintenance (PM) inspections and Scheduled services should be performed, and documented according to a proper schedule. All documentation including maintenance forms, logs, receipts, inspections, and trip logs should be kept through the life of the vehicle plus 3 years. Whenever a mechanic or tow truck is dispatched to a vehicle in service, documentation should be submitted and placed in the vehicle file. **Parker Transport, Inc.** is responsible for maintaining the vehicle documentation.

PM INSPECTIONS

Preventive maintenance (PM) inspections are basic inspections to help provide an opportunity to detect and repair damage or wear conditions before major components need repairs.

(Appendix A)

These inspections generally cover:

- A list of specific items to be checked
- Record repairs and the routine application of fluids
- Indicate inspection interval (i.e., daily or weekly); and mileage
- Indicate if repair/replacement needed for an item.

IDENTIFIED DEFECTS

Identified defects should be reported to **Kristi Ilar**. Defects must be reviewed and repaired based on the categories listed:

- SAFETY DEFECT

  The vehicle cannot be released until the repairs are completed, except in case of an emergency. Safety cannot be compromised.

- MECHANICAL DEFECT

  A defect that will worsen and increase cost. The vehicle cannot be released until the repairs are completed, except in case of an emergency.

- ELECTIVE MECHANICAL DEFECT

  A defect that does not compromise safety will not cause further damage if operated but needs to be corrected prior to the next PM cycle. Repair should be scheduled. Due to transportation costs and disruption to operations, this decision should not be made lightly.

- ELECTIVE OR COSMETIC DEFECT

  The defect will not compromise safety and will not cause further damage or cost as it is an aesthetic defect. The vehicle should be scheduled for an off-peak time in the future, as determined by management, or at the next scheduled PM Service.

TYPES AND DESCRIBTIONS OF PM INSPECTIONS

The manufacturer's recommended service schedule should be adhered to by either mileage or months. Basic PM Services are 4 levels that are listed below:

Level A – Conducted every 7,500 Miles: Change oil and filter, inspect tires, electrical system, service all fluid levels, lubricate chassis and doors, check A/C, hoses, fire extinguishers, belts, brakes, lights, test drive, body damage, etc. Inspect and test vehicle lift.

Level B – Conducted Every 3 months: Includes all items in level A: (except change oil) Check coolant, specific gravity, and ph.

PRE/POST TRIP INSPECTIONS

An important aspect of preventive maintenance is the establishment of strong communication between drivers and management. An easy way to ensure and document this communication link is through the use of the driver's daily vehicle inspection checklist that is either a pre-trip or post-trip inspection.

The driver should identify any defects and report them to **Kristi Ilar**. All checklists are to be maintained in the vehicle's permanent file.

The pre- and post-trip inspection forms shall be legibly completed and signed by the vehicle driver. A pre-trip inspection should include as a minimum:

(Appendix B)

- Cleanliness – Properly maintained and free of loose articles.
- Lights and reflectors – High/low beams, tail lights, turn signals,
- 4-way hazard flashers, marker lights, license plate light and reflectors should be cleaned as needed
- Brakes – Both foot and emergency brakes should be capable of effectively stopping or restraining the vehicle. Brake pedal should be firm after 1-2 inch free-play on a single down stroke. No noises, vibration or steering changes should result from applying the brakes while moving.
- Horn – Gives an adequate and reliable warning signal.
- Windshield, washer, wipers and defroster – Surfaces must be clean and unobstructed, inside and outside. Washer reservoirs are to be filled as needed.
- Mirrors – All rear vision mirrors must be clean, properly adjusted and unobstructed. Outside mirrors must be mounted on both sides.
- Tires – Must be of adequate load capacity when vehicle is fully loaded. Tires shall be inflated to recommended pressures and compatible with each set (i.e., all radials or all bias ply; no mixed sets.) Tire wear surfaces and sidewalls shall be inspected daily for debris, damage, and wear. Tires shall be replaced prior to revealing the "wear bars" between the treads at the contact surface.
- Speedometer – Shall be operational and accurately record speed.

- *Seat Belts – If the vehicle has seat belts, they must be in good operating condition and used by all passengers and drivers. Wheelchair passenger restraints and securement systems shall be fully operational.*
- Doors – Capable of being opened, shut, and locked as required.
- Fluids – All fluid levels must be checked each time the vehicle is fueled and maintained at the manufacturers recommended operating levels. This includes engine coolant, oil, brake fluid, power steering fluid, transmission fluid and washer solvent.
- Emergency Equipment – Should be present and operational:

  - First Aid Kits
  - Blood Borne Pathogens Clean-Up Kit
  - Fire Extinguishers
  - Clean-Up Kit for Cleaning & Sanitizing the Vehicle

A post-trip checklist should include as a minimum:

- Service brakes including trailer brake connections
- Parking (hand) brake
- Steering mechanism
- Lighting devices and reflectors
- Tires
- Horn
- Windshield wipers
- Rear vision mirrors
- Emergency equipment

The inspection shall identify the vehicle and list any defect or deficiency discovered by or reported to the driver which would affect the safety of operation of the vehicle or result in its mechanical breakdown. If no defect or deficiency is discovered by or reported to the driver, the report shall so indicate. In all instances, the driver shall sign the report. Driver needs to sign the driver vehicle inspection report.

A minimum of the following information will be maintained in the records:

- Identification of the vehicle
  - Serial/VIN Number
  - Year
  - Make
  - Model Type
  - License Plate Number
- Date
- Mileage
- Description of each inspection, maintenance, repair, lubrication performed
- The name of the business/shop performing an inspection, maintenance, lubrication, or repair to the vehicle or lift.

Parker Transport will use on staff mechanics for vehicle maintenance all of which are certified and qualified to perform maintenance work on a vehicle.

Appendix A

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PM INSPECTION REPORT

DATE:

(Heavy Duty) Preventative Maintenance-C

CUSTOMER INFORMATION:

Customer Name:

Location Code:

Repair Order #:

Unit #:

Trailer Unit #:

Odometer:

Refer Due?:

VIN:

Vehicle Make:

Model:

Series:

Model Year:

List Campaigns:

COMMENTS:

Print Inspector's Name:

Inspector's Signature:

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PM INSPECTION REPORT

DATE:

(Heavy Duty) Preventative Maintenance-C

FN	RE	OK	✔	✖	N/A
Follow-up Needed	Re-Inspected/Repaired	Re-Inspected: No Issues	Adjusted /Serviced	Needs Service	Not Applicable

Inspection Items

#	INSPECTION FN RE OK	INSPECTION ITEM	SERVICE ✔ ✖ N/A	INITIAL
Administration Prep				
1		Check for Driver Inspection Report		
2		Photograph physical damage		
3		Check DOT Date		
4		Record odometer reading/engine hours		
5		Record all fault codes (active and inactive)		
In Cab Inspection				
6		Check operation of windshield wipers, washers and condition of windshield and visors		
7		Check operation of parking brake. Check for air leaks. Service brakes, applied and released		
8		Check operation of all warning lamps and alarms		
9		Check and record cut in and cut out pressure of air system		
10		Check operation of tractor protection valve		
11		Check operation of air horn and electric horn		
12		Check operation of clutch, clutch brake, free travel and pedal pad. Inspect mirror mountings, brackets and all glass		
13		Check for Fully Charged Fire Extinguisher and Safety Triangles Kit		
Outside Cab				
14		Check headlamps, turn signals, fog, clearance, and brake lights		
15		Check mirror, mountings, brackets, and glass		
16		Check trailer cord operation and condition Check trailer air lines and glad hand seals		
17		Check condition of mud flaps, hangers and fender mounting		
18		Check muffler/DPF-SCR system and exhaust stack mounting. Check for leaks		
19		Check cab suspension components		

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PM INSPECTION REPORT

DATE:

(Heavy Duty) Preventative Maintenance-C

Inspection Items				
#	INSPECTION FN RE OK	INSPECTION ITEM	SERVICE ✓ X N/A	INITIAL
20		Check fifth wheel adjustment, mounting and slide operation		
21		Check condition and mounting of rear shocks and air bags for any defects		
22		Check fuel and DEF tanks, mountings, lines and caps		
23		Check Batteries and Terminals, Load test Batteries		
Engine Compartment				
24		Check air filter restriction and record. Advise on condition of element		
25		Inspect intake piping for sealing, integrity (cracks, splitting and/or holes), alignment and clamp tightness		
26		Check cab filters. Report on condition		
27		Check all belts, pulleys and tensioners for wear and adjustment		
28		Check radiator, CAC and AC condenser condition, mounting, obstructions, dirt and debris, etc.		
29		Test and record coolant protection level and SCA level.		
30		Pressure test cooling system and radiator cap		
31		Check fan and shroud for damage		
32		Check engine fan drive mounting and for any leaks		
33		Visually inspect engine compartment for fluid leaks (fuel, oil and water)		
34		Check power steering level. Inspect system for leaks		
35		Check opening operation of hood shocks and mounting		
36		Check condition and adjustment of hood release cables		
37		Check clutch fluid level. If low, inspect for leaks and fill as necessary		
38		Check turbo, exhaust manifold and exhaust pipes for mounting and leaks		
Under Vehicle Inspection				
39		Check starter mounting, cable connections for corrosion and tightness		
40		Check driveline for excessive movement. U-joint caps must all purge grease		
41		Check hanger bearing. Jack up front end and check kingpins		
42		Check front wheel bearing end play Check oil level of front hubs		
43		Check all wheel seals for signs of leakage		

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PM INSPECTION REPORT

DATE:

(Heavy Duty) Preventative Maintenance-C

Inspection Items				
#	INSPECTION FN RE OK	INSPECTION ITEM	SERVICE ✓ ✗ N/A	INITIAL
44		Check transmission and differential oil levels. Inspect and clean breathers Check for leaks		
45		Check clutch slave cylinder for leaks. Check condition of boot. Check yoke for wear.		
46		Check transmission cooler mounting. Inspect cooler hose condition		
47		Inspect transmission mounts for wear or cracking		
48		Check suspension U-bolts and saddles. Look for any shift in components		
49		Check suspension torque rods for bushing wear		
50		Check air ride height on rear suspension		
51		Check all wheels and fasteners for cracks. Inspect tire condition for lugs missing or irregular wear		
52		Verify lug nut torque with torque wrench		
53		Check drag link, tie rod ends and steering shaft for wear or looseness		
54		Check brake chambers for broken springs, rubbing lines		
Lubrication				
55		Drain engine oil. Torque drain plug to spec.		
56		Replace engine oil filter(s)		
57		Replace fuel filter(s)		
58		Drain and clean fuel/water separator as necessary		
59		Lubricate all grease fittings per manufacture specification		
60		With engine running, check for leaks and unusual noise		
61		Install "Next Service Due" decal		
62		Change external automatic transmission fluid filter (If applicable)		
63		Top off washer fluid		
64		Lubricate 5th wheel		
Tire Tread Depth (Note Wear)				
65		Front Axle Right (Tread Depth)		
66		Front Axle Left (Tread Depth)		
67		Front Rear Right (Tread Depth)		

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PM INSPECTION REPORT

DATE:

(Heavy Duty) Preventative Maintenance-C

Inspection Items				
#	INSPECTION FN RE OK	INSPECTION ITEM	SERVICE ✓ ✗ N/A	INITIAL
68		Front Rear Right Inner (Tread Depth)		
69		Rear-Rear Right (Tread Depth)		
70		Rear-Rear Right Inner (Tread Depth)		
71		Rear-Rear Left (Tread Depth)		
72		Rear-Rear Left Inner (Tread Depth)		
73		Front Rear Left (Tread Depth)		
74		Front Rear Left Inner (Tread Depth)		
Tire Pressure				
75		Front Left		
76		Front Right		
77		Front Rear Right		
78		Rear Rear Right		
79		Rear Rear Left		
80		Front Rear Left		
Brake (Linings)				
81		Inspect and record drum/ rotor condition		
82		Front Steer Right (Notate Actual Measurement)		
83		Front Steer Left (Notate Actual Measurement)		
84		Front Drive Right (Notate Actual Measurement)		
85		Front Drive Left (Notate Actual Measurement)		
86		Rear Drive Right (Notate Actual Measurement)		
87		Rear Drive Left (Notate Actual Measurement)		
Administrative Wrap-Up				
88		Attach completed Preventative Maintenance (PM) reminder decal.		
89		Place driver survey in vehicle cab.		
90		Return completed Driver Vehicle Inspection Report to customer or place in vehicle cab.		
91		Install completed annual vehicle inspection label. Remove old label first if needed.		

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PM INSPECTION REPORT

DATE:

(Heavy Duty) Preventative Maintenance-C

Inspection Items

#	INSPECTION FN RE OK	INSPECTION ITEM	SERVICE ✔ ✘ N/A	INITIAL
92		Mark vehicle for washing and move to wash line.		

Tractor			Trailer 1		
Axle 1	Axle 2	Axle 3		Axle 2	Axle 3
/32 32nds	/32 32nds	/32 32nds		/32 32nds	/32 32nds
Drum Rotor - No	Drum Rotor - No	Drum Rotor - No		Drum Rotor - No	Drum Rotor - No
/32 32nds	/32 32nds	/32 32nds		/32 32nds	/32 32nds
Drum Rotor - No	Drum Rotor - No	Drum Rotor - No		Drum Rotor - No	Drum Rotor - No

JPRO®

PM INSPECTION REPORT

DATE:

(Heavy Duty) Preventative Maintenance-C

Tractor			Trailer 1		
Axle 1	Axle 2	Axle 3		Axle 2	Axle 3
/32	/32	/32		/32	/32
32nds PSI	32nds PSI	32nds PSI		32nds PSI	32nds PSI
	/32	/32		/32	/32
	/32	/32		/32	/32
32nds PSI	32nds PSI	32nds PSI		32nds PSI	32nds PSI
/32	/32	/32		/32	/32

APPENDIX B: DAILY PRE-TRIP INSPECTION

Drivers Name:_____ Bus #:_____ Date:_____

Start Mileage:_____ End Mileage:_____

FRONT OF VEHICLE

AM	PM	
		WINDSHIELD
		LIGHTS
		ENGINE COMPARTMENT
		FLUIDS
		BELTS & HOSES
		COMPONENTS

RIGHT FRONT CORNER/SIDE

AM	PM	
		GENERAL CONDITION
		LIGHTS
		EXIT DOORS CLEAR
		FUEL CAP
		EXTERIOR BODY
		RIGHT FRONT WHEEL
		RIGHT REAR WHEELS
		RIGHT OUTSIDE MIRROR
		FRONT PASSENGER DOOR

LEFT FRONT CORNER/SIDE

AM	PM	
		GENERAL CONDITION
		LIGHTS
		EXTERIOR BODY
		LEFT FRONT WHEEL
		BATTERY BOX CLOSED
		LEFT REAR WHEEL
		LEFT OUTSIDE MIRROR

REAR OF VEHICLE

AM	PM	
		GENERAL CONDITION
		LIGHTS
		ENGINE COVER/INSPECTION DOORS
		ENGINE COMPARTMENT
		FLUIDS
		BELTS & HOSES
		FLUID LEAKS
		EXHAUST

REGISTRATION, INSURANCE, INSPECTION

AM _____

PM _____

D.O.T SIGNS SECURED

AM _____

PM _____

BRAKE CHECK

AM _____

PM _____

COMMENTS: _____

INSIDE OF VEHICLE

AM	PM	
		FIRE EXTINGUISHER DATE
		EMERGENCY EXITS CLOSED
		INTERIOR LIGHTS
		REAR DOOR INTERLOCK
		SEATS
		HANDRAILS

DRIVER'S CAB

AM	PM	
		SERVICE BRAKE CHECK
		PARKING BRAKE CHECK
		STEERING MECHANISM
		GUAGES
		WINDSHIELD WIPERS
		MIRRORS
		TURN SIGNALS
		LIGHTS

Tab 2. Vendor History/Experience

- Parker Transport has been in operation since 1995, 29 years
- Parker Transport has 16 current customers, some of which encompass multiple facilities
- References:

Anderson County Schools
Kelly Myers, Transportation
kmyers@acs.ac
865.463.2800, ext. 2812
Parker Transport currently provides transportation for school bus routes as well as field trips

Clinton City School District
Lori Patterson/Kelly Johnson, NCES Administrative Assistant & Director of Schools
pattersonl@clintonschools.org / johnsonk@clintonschools.org
865.457.2784 / 865.457.0225
Parker Transport provides transportation for Clinton City Schools field trips

FM Sylvan
Nate Wilson, Project management
nwilson@sylvan-inc.com
865.685.0862, ext. 417
Parker Transport is a sub-contractor to FM Sylvan for transportation at the Y-12 National Security Complex in Oak Ridge, TN

City of Oak Ridge Parks & Recreation
Cameron Taylor, recreation assistant
ctaylor@oakridgetn.gov
865.425.3450
Parker Transport provides transportation for the summer camps hosted by The City of Oak Ridge

Clinton Community Center
Matthew Queener, Club Director
msqueener@bgctnv.org
865.850.3084
Parker Transport provides transportation for field trips for the Clinton Community Center

Anderson County Bus Lines
David Landreth, Owner
ablincintn@gmail.com
865.455.7973
Parker Transport aids Anderson County Bus Lines in transporting students to & from ACCTC.

Saint Mary's School
Megan Kupfer, Office Manager
smsoffice@stmarysoakridge.org
865.483.9700
Parker Transport provides transportation for St. Mary's school field trips and sporting events

Oak Ridge City Schools
Tom Gorman, Head Soccer Coach
ladysoccercats@gmail.com
865.806.2358
Parker Transport provides transportation for the boys and girls soccer teams for ORHS

Beech Park Baptist Church
Chad Broscious
chadbro32@gmail.com
865.435.0045
Parker Transport provides transportation for Beech Park for their monthly bible release program from Norwood Middle School.

Black Oak Baptist Church
Judy Partin, Administrative Director
office@blackoak.comcastbiz.net
865.457.9064
Parker Transport provides transportation for Black Oak Baptist Church for their monthly bible release program from Dutch Valley Elementary School

Diocese of Knoxville
Donna Jones, Coordinator of Middle School Ministry
djones@dioknox.org
423.622.7232
Parker Transport provides transportation for field trips for The Diocese of Knoxville

Ridgeview Behavioral Health
Danyel Smith, TPN Prevention Specialist
smithdl@ridgeview.com
865.481.6170
Parker Transport provides transportation for school field trips on behalf of Ridgeview Behavioral Health

Tennessee Valley Authority
Mary Nolan, Senior Secretary
mrnolan@tva.gov
865.632.2101
Parker Transport has provided transportation on behalf of TVA for local schools

Southern Bank
Jan Waldrop
865.457.3433
Parker Transport has worked with Southern Bank in providing transportation to their location for local schools

Oak Ridge Bowling Center
Ashley Kitts, Vice President
Ashleykitts2021@gmail.com
865.220.8500
Parker Transport works with Oak Ridge Bowling Center in providing field trips to local schools with transportation donated on behalf of Parker Transport

1044 Old Dutch Valley Road
Clinton, TN 37716

24-04-15 Exhibit 1

Anderson County School District
Dutch Valley Elementary School
Stephanie Sherwood, Principal

Phone (865) 457-2599
Fax (865) 457-0152

February 8, 2024

RE: Parker Transport

To Whom It May Concern,

During the 2023 – 2024 school year bus services for Dutch Valley Elementary School has continued to be provided by Parker Transport, Inc. The owner, Kristi Ilar remains to be a pleasure to work with and has done a great managing her bus contract and putting forth a great image for her company. Ms. Ilar also continues to put the safety of all our students at the top of her priorities. She communicates regularly when there is safety concern with a student or when a child could not get off the bus at home for various reasons. Ms. Ilar has done a top-notch job of providing timely and affordable transportation quotes for school trips and often attempts to ensure we get to go on the trip, even if cost is a concern. Additionally, she has been easy to get ahold of whenever we have questions or concerns about a student or bus route, which helps us put parents at ease more quickly.

I continued to be extremely pleased with the service Parker Transport has provided our school over the past two years. I would recommend their services to other schools as well. Feel free to contact me with any questions you may have.

Sincerely,

Stephanie Sherwood

Stephanie Sherwood, Principal

sylvan

Knoxville Tennessee
2719 Byington Solway Road
Knoxville, TN 37931
865-686-0862

Letter of Recommendation

From:
Nathan Wilson
Project Manager, Sylvan, Inc.
2719 Byington Solway Road, Knoxville, TN 37931
nwilson@sylvan-inc.com
Phone & Text: 828-230-9017

To whom it may concern,

This letter is intended to share our experience and recommendation of Parker Transport. Parker Transport has been a subcontractor to Sylvan for multiple years on a project requiring bus transportation from remote parking lots to the Uranium Processing Facility at the Y-12 National Security Complex. Kristi Ilar of Parker Transport established regular communication through email, phone calls, and face to face. I have come to value our relationship and respect her abilities to setup an operation, hold her people accountable to process, assess changes in condition, and work through challenges. She is forthright, sincere, and motivated to the success of not only her concerns but the larger success of the project and her partners.

We have been able to work through challenges with personnel, union halls, difficult customers, and equipment failures to fair and amicable resolution. Kristi is easy to get along with and is able to disagree without being disagreeable. She understands deadlines and goes above and beyond whenever called upon.

Should you want to discuss the matter further, feel free to reach out to the contact information above.

Sincerely,

Nate Wilson

Nathan Wilson

Date: 02-08-2024

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax 615-253-2280

Bus Inspection Report

Inspection Date: 10/25/2023 | Inspection Type: Annual | Sticker No: TN131414

In Service Date: 09/01/2022 | VIN: 1T88Y9D25N1191362 | Body Build Date: 08/01/2021

Childcare Facility:

Childcare Facility License #:

School System: ANDERSON COUNTY [illegible]

Bus Owner: PARKER TRANSPORT INC.

Vehicle Type: D

Mileage: 25892

Brake System: Air

Body Make: Thomas Built Bus

Registration #: CB70985

Bus Status: In Service

Bus Status Comments:

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: KRISTY LIAR

Certification Date: 10/25/2023

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/11/2023 | Inspection Type: Annual | Sticker No: TN123675

In Service Date: 08/01/2022 | VIN: 1BAKGCSA4JF342393 | Body Build Date: 04/01/2017

Childcare Facility: | Childcare Facility License #:

School System: ANDERSON COUNTY

Bus Owner: PARKER TRANSPORT INC.

Vehicle Type: C | Body Make: Blue Bird

Mileage: 44344 | Registration #: CB62882

Brake System: Air | Bus Status: In Service

Bus Status Comments:

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: KRISTY LIAR | Certification Date: 08/11/2023

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/16/2023 | Inspection Type: Annual | Sticker No. TN123589

In Service Date: 12/01/2016 | VIN: 1BABLCPA1JF336894 | Body Build Date: 11/01/2016

Childcare Facility:

School System: ANDERSON COUNTY

Bus Owner: PARKER TRANSPORT INC.

Childcare Facility License #:

Vehicle Type: D

Mileage: 101199

Brake System: Air

Body Make: Blue Bird

Registration #: CB60759

Bus Status: In Service

Bus Status Comments:

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT OF SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: KRISTY LIAR

Certification Date: 03/16/2023

24-0115 Exhibit 1

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 01/29/2024 | Inspection Type: Spot Checks | Sticker No: TN131452

In Service Date: 08/01/2022 | VIN: 1BAKGCSA8JF342378 | Body Build Date: 04/01/2017

Childcare Facility:

Childcare Facility License #:

School System: ANDERSON COUNTY

Bus Owner: PARKER TRANSPORT INC.

Vehicle Type: C

Mileage: 75431

Brake System: Air

Body Make: Blue Bird

Registration #: CB63133

Bus Status: In Service

Bus Status Comments:

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: KRISTY LIAR

Certification Date: 01/29/2024

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 05/03/2023 | Inspection Type: Spot Checks | Sticker No. TN123592

In Service Date: 12/01/2016 | VIN: 1BAKFCPAXJF337405 | Body Build Date: 12/01/2016

Childcare Facility:

Childcare Facility License #:

School System: ANDERSON COUNTY

Bus Owner: PARKER TRANSPORT INC.

Vehicle Type: C

Mileage: 87843

Brake System: Air

Body Make: Blue Bird

Registration #: CB50842

Bus Status: In Service

Bus Status Comments:

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. All unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: KRISTY LIAR

Certification Date: 05/03/2023

24-0115 Exhibit 1

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/11/2023 | Inspection Type: Annual | Sticker No: TN-23676
In Service Date: 08/01/2022 | VIN: 1BAKGCSA8JF342395 | Body Build Date: 04/01/2017

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: PARKER TRANSPORT INC.

Vehicle Type: C
Mileage: 60147
Brake System: Air
Body Make: Blue Bird
Registration #: CB62883
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Electrical: Pass
Engine: Pass
Suspension - Left Axle 1: Pass
Suspension - Left Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Safety/Gauges: Pass
Body Exterior: Pass
Chassis: Pass
Suspension - Right Axle 1: Pass
Suspension - Right Axle 2: Pass
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: KRISTY LIAR
Certification Date: 08/11/2023

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/16/2023 | Inspection Type: Annual | Sticker No: TN123593
In Service Date: 10/01/2015 | VIN: 1BAKGCPA4HF325225 | Body Build Date: 09/01/2015

Childcare Facility:
Childcare Facility License #:
School System: ANDERSON COUNTY
Bus Owner: PARKER TRANSPORT INC.

Vehicle Type: C
Body Make: Blue Bird
Mileage: 56613
Registration #: CB50838
Brake System: Air
Bus Status: In Service
Bus Status Comments:

Body Interior: Pass
Safety/Gauges: Pass
Electrical: Pass
Body Exterior: Pass
Engine: Pass
Chassis: Pass
Suspension - Left Axle 1: Pass
Suspension - Right Axle 1: Pass
Suspension - Left Axle 2: Pass
Suspension - Right Axle 2: Pass
Brakes - Left Axle 1: Pass
Measurements: 1
Brakes - Right Axle 1: Pass
Measurements: 1
Brakes - Left Axle 2: Pass
Measurements: 1
Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole
Inspection Certified By: KRISTY LIAR
Certification Date: 03/16/2023

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 08/11/2023 | Inspection Type: Reinspection | Sticker No: TN123678

In Service Date: 08/01/2021 | VIN: 1BAKGCPA1FF309884 | Body Build Date: 04/01/2014

Childcare Facility:

Childcare Facility License #:

School System: ANDERSON COUNTY

Bus Owner: PARKER TRANSPORT INC.

Vehicle Type: C

Body Make: Blue Bird

Mileage: 94508

Registration #: CB53161

Brake System: Air

Bus Status: In Service

Bus Status Comments: REPLACED EXHAUST BAND

Body Interior: Pass

Safety/Gauges: Pass

Electrical: Pass

Body Exterior: Pass

Engine: Pass

Chassis: Pass

Suspension - Left Axle 1: Pass

Suspension - Right Axle 1: Pass

Suspension - Left Axle 2: Pass

Suspension - Right Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: KRISTY LIAR

Certification Date: 08/11/2023

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4900, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 05/03/2023 | Inspection Type: Spot Checks | Sticker No: TN123618

In Service Date: 04/01/2014 | VIN: 1BAKGCPA3FF309899 | Body Build Date: 04/01/2014

Childcare Facility:

Childcare Facility License #:

School System: ANDERSON COUNTY

Bus Owner: PARKER TRANSPORT INC.

Vehicle Type: C

Mileage: 104423

Brake System: Air

Body Make: Blue Bird

Registration #: CB53163

Bus Status: In Service

Bus Status Comments:

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: KRISTY LIAR

Certification Date: 05/03/2023

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/16/2023 | Inspection Type: Annual | Sticker No: TN123588

In Service Date: 11/01/2014 | VIN: 1BABNCPA6GF315106 | Body Build Date: 10/01/2014

Childcare Facility: | Childcare Facility License #:

School System: ANDERSON COUNTY

Bus Owner: PARKER TRANSPORT INC.

Vehicle Type: D | Body Make: Blue Bird

Mileage: 118640 | Registration #: CB60753

Brake System: Air | Bus Status: In Service

Bus Status Comments:

Body Interior: Pass | **Safety/Gauges:** Pass

Electrical: Pass | **Body Exterior:** Pass

Engine: Pass | **Chassis:** Pass

Suspension - Left Axle 1: Pass | **Suspension - Right Axle 1:** Pass

Suspension - Left Axle 2: Pass | **Suspension - Right Axle 2:** Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: KRISTY LIAR | Certification Date: 03/16/2023

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 01/29/2024 | Inspection Type: Reinspection | Sticker No: TN131451

In Service Date: 12/01/2014 | VIN: 1BABNCPA4FF311375 | Body Build Date: 06/01/2014

Childcare Facility:

Childcare Facility License #:

School System: ANDERSON COUNTY

Bus Owner: PARKER TRANSPORT INC.

Vehicle Type: D

Mileage: 72934

Brake System: Air

Body Make: Blue Bird

Registration #: CB62885

Bus Status: In Service

Bus Status Comments: REPAIRED CROSS ARM

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: KRISTY LIAR

Certification Date: 01/29/2024

24-0115 Exhibit 1

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/29/2023 | Inspection Type: Annual | Sticker No: TN131216

In Service Date: 04/01/2014 | VIN: 1BAKGCPA6FF309864 | Body Build Date: 04/01/2014

Childcare Facility:

Childcare Facility License #:

School System: ANDERSON COUNTY

Bus Owner: PARKER TRANSPORT INC.

Vehicle Type: C

Mileage: 73669

Brake System: Air

Body Make: Blue Bird

Registration #: CB53162

Bus Status: In Service

Bus Status Comments:

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Chris Jarnigan

Inspection Certified By: OWNER

Certification Date: 03/29/2023

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/16/2023 | Inspection Type: Annual | Sticker No: TN123590

In Service Date: 08/01/2013 | VIN: 1BABLCPA9EF301784 | Body Build Date: 06/01/2013

Childcare Facility:

Childcare Facility License #:

School System: ANDERSON COUNTY

Bus Owner: PARKER TRANSPORT INC.

Vehicle Type: D

Mileage: 154086

Brake System: Air

Body Make: Blue Bird

Registration #: CB60752

Bus Status: In Service

Bus Status Comments:

Body Interior: Pass

Electrical: Pass

Engine: Pass

Suspension - Left Axle 1: Pass

Suspension - Left Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Safety/Gauges: Pass

Body Exterior: Pass

Chassis: Pass

Suspension - Right Axle 1: Pass

Suspension - Right Axle 2: Pass

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks

SCHOOL BUS NOTE: All OUT OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Dale Cole

Inspection Certified By: KRISTY LIAR

Certification Date: 03/16/2023

TENNESSEE DEPARTMENT OF SAFETY & HOMELAND SECURITY
Tennessee Highway Patrol – Pupil Transportation Division
Davis Quad 3, 1228 Foster Avenue
Nashville, Tennessee 37243
Phone: 615-743-4990, option 3
Fax: 615-253-2280

Bus Inspection Report

Inspection Date: 03/29/2023 | Inspection Type: Annual | Sticker No: TN131215

In Service Date: 07/01/2009 | VIN: 1BABNCPA2AF270219 | Body Build Date: 07/01/2009

Childcare Facility:

Childcare Facility License #:

School System: ANDERSON COUNTY

Bus Owner: PARKER TRANSPORT INC.

Vehicle Type: D

Body Make: Blue Bird

Mileage: 93821

Registration #: CB60743

Brake System: Air

Bus Status: In Service

Bus Status Comments:

Body Interior: Pass

Safety/Gauges: Pass

Electrical: Pass

Body Exterior: Pass

Engine: Pass

Chassis: Pass

Suspension - Left Axle 1: Pass

Suspension - Right Axle 1: Pass

Suspension - Left Axle 2: Pass

Suspension - Right Axle 2: Pass

Brakes - Left Axle 1: Pass
Measurements: 1

Brakes - Right Axle 1: Pass
Measurements: 1

Brakes - Left Axle 2: Pass
Measurements: 1

Brakes - Right Axle 2: Pass
Measurements: 1

General Remarks:

SCHOOL BUS NOTE: All OUT-OF-SERVICE deficiencies must be corrected before the vehicle can continue in service. All other deficiencies must be repaired within 30 days or earlier. I have no additional knowledge about the mechanical condition of this bus that would result in an unsafe declaration by the inspector.

CHILDCARE FACILITY NOTE: This original inspection MUST be on file at your Child Care Center. A copy MUST be placed in the vehicle. ALL unsatisfactory items must be corrected prior to transporting children.

Inspector: Chris Jarnigan

Inspection Certified By: OWNER

Certification Date: 03/29/2023

Tab 3. Location of Facility

Primary Location:

Parker Transport, Inc.
1350 Clinch Avenue
Clinton, TN 37716

Satellite Location:

*This location serves as a storage facility for 5 buses

Norwood Middle School
803 East Tri-County Blvd.
Oliver Springs, TN 37840

Tab 4. Vendor Team

Parker Transport Management Team

- Main point of contact:
  Kristi Ilar, Owner/Operator
  865.518.3415
  Kristi.ilar@aol.com

- Emmalee Hart, Administrative Assistant
  865.804.9201
  Ehart26@outlook.com

- Jim Ilar, Officer
  865.963.8393
  jimilar@aol.com

Parker Transport Vetting Process

**Parker Transport follows all State & Federal Guidelines during the vetting process*

1. Application (addendum 4a) with resume & copy of CDL
2. Pre-employment drug and alcohol questionnaire (addendum 4b)
3. Review of Application for initiation of interview process
   - Qualification of applicant, (i.e. CDL endorsements, experience, accident records)
   - In-house search of sex offender registry
4. Interview process to further qualify applicant for employment
5. Pull a Motor Vehicle Report on applicant to validate status of license, medical certification & any reported/non-reported accidents listed on their application/MVR
6. Retain a copy of current, up-to-date Dept. of Transportation Medical Certification
7. Retain a copy of the Driver's Road Test certificate (if applicable)
8. Check references listed on employment application
9. Pre-employment drug screening at Netgain, in Oak Ridge, TN.
10. Background check/Fingerprinting at Identogo
11. Safety Performance History Records request (addendum 4c)
    - Sent within 30 days to previous employers 3-years prior to date of application
12. Internal skills evaluation
    - Pre-trip/post-trip check-list evaluation
    - Supervisor ride-along to evaluate driving skills
    - Backing & Parking evaluation
13. Two weeks of supervised driving to ensure knowledge & retention of roads on assigned route

Parker Transport Retention Rate *Retention rate is evaluated on an annual basis for each fiscal year
2022: 20 employees (December 31,2022)/21 employees (January 1, 2022) = 0.95x100= 95% Retention Rate
2023: 20 employees (December 31, 2023)/20 employees (January 1, 2023)= 1x100= 100% Retention Rate
2024: 21 employees (January 31, 2024)/21 employees (January 1, 2024) = 1x100= 100% Retention Rate
**The 2024 retention rate reflects only the month of January*

24-0115 Exhibit 1

ADDENDUM 4A

DRIVER EMPLOYMENT APPLICATION

Parker Transport, Inc.
1350 Clinch Avenue Clinton, TN 37716
865.518.3415 kristi.ilar@aol.com

COMPLETE IN FULL OR IT WILL NOT BE CONSIDERED.

An Equal Opportunity Employer

APPLICANT INFORMATION					
FIRST NAME		MIDDLE NAME		LAST NAME	
PHONE		EMAIL			
DATE OF BIRTH		SOCIAL SECURITY #			
DATE OF APPLICATION		POSITION APPLIED FOR		DATE AVAILABLE FOR WORK	

Do you have legal right to work in the United States? ☐ YES ☐ NO

PREVIOUS THREE YEARS RESIDENCY					
Attach additional sheet if more space is needed					
	STREET	CITY	STATE	ZIP CODE	# OF YEARS AT ADDRESS
CURRENT					
MAILING					
PREVIOUS					
PREVIOUS					
PREVIOUS					

LICENSE INFORMATION				
No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional sheets if needed.				
STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE
PREVIOUSLY HELD LICENSES				

DRIVING EXPERIENCE				
CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATE FROM	DATE TO	APPROX # OF MILES (TOTAL)
PASSENGER VEHICLE				
TRACTOR & SEMI-TRAILER				
TRACTOR & 2 TRAILERS				
STRAIGHT TRUCK				
OTHER				

ACCIDENT RECORD FOR THE PAST 3 YEARS

Attach additional sheet if more space is needed. Check this box if none ☐

DATES (List most recent first)	NATURE OF ACCIDENT (Head-on, rear-end, upset, etc.)	# FATALITIES	# INJURIES	CHEMICAL SPILLS (Y/N)

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

Attach additional sheet if more space is needed. Check this box if none ☐

DATE CONVICTED (Month/Year)	VIOLATION	STATE OF VIOLATION	PENALTY (Forfeited bond, collateral and/or points)

Have you ever been denied a license, permit, or privilege to operate a motor vehicle? ☐ YES ☐ NO

If yes, explain

Has any license, permit, or privilege ever been suspended or revoked? ☐ YES ☐ NO

If yes, explain

EMPLOYMENT HISTORY

The Federal Motor Carrier Safety Regulations (49 CFR 391.21) require that all applicants wishing to drive a commercial vehicle list all employment for the last three (3) years.

Start with the last or current position, including any military experience, and work backwards (attach separate sheets if necessary). You are required to list the complete mailing address, including street number, city, state, zip; and complete all other information.

CURRENT (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	☐ YES ☐ NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	☐ YES ☐ NO

SECOND (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	☐ YES ☐ NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	☐ YES ☐ NO

THIRD (MOST RECENT) EMPLOYER					
NAME		PHONE			
ADDRESS					
POSITION HELD		FROM MO/YR		TO MO/YR	
REASON FOR LEAVING				SALARY	
EXPLAIN ANY GAPS IN EMPLOYMENT (Include month/year & reason)					

While employed here, were you subject to the Federal Motor Carrier Safety Regulations?	☐ YES ☐ NO
Was the job designated as a safety-sensitive function in any Department of Transportation-regulated mode subject to alcohol and controlled substances testing as required by 49 CFR, part 40?	☐ YES ☐ NO

EDUCATION						
SCHOOL	NAME & LOCATION	COURSE OF STUDY	YEARS COMPLETED	GRADUATE Y	GRADUATE N	DETAILS
High School				☐	☐	
College				☐	☐	
Other				☐	☐	

OTHER QUALIFICATIONS
Please list any other qualifications that you have and which you believe should be considered.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the Company.

I understand that the information I provide regarding my current and/or prior employers may be used, and those employer(s) will be contacted for the purpose of investigating my safety performance history as required by 49 CFR 391.23. I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers, and for those previous employers to resend the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge. Note: A motor carrier may require an applicant to provide more information than that required by the Federal Motor Carrier Safety Regulations.

Applicant Signature		Date	
Applicant Name (printed)			

PARKER TRANSPORT, INC.

PRE-EMPLOYMENT DRUG AND ALCOHOL QUESTIONNAIRE

-Applicant Name _____

Yes	No	
☐	☐	Within the last two (2) years, have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work?
☐	☐	If yes, have you successfully completed the return-to-duty process?

ADDENDUM 4C

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE

I, (Print Name) _____ _____
First M.I. Last Social Security Number

Hereby authorize: _____
Date of Birth

Previous Employer: _____ Email: _____

Street: _____ Telephone: _____

City, State, Zip: _____ Fax No.: _____

To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____.
(employment application date)

To: Prospective Employer: _____

Attention: _____ Telephone: _____

Street: _____

City, State, Zip: _____

In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter.

Prospective employer's fax number: _____

Prospective employer's email address: _____

_____ _____
Applicant's Signature Date

This information is being requested in compliance with §40.25(g) and 391.23.

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER

ACCIDENT HISTORY

The applicant named above was employed by us. Yes ☐ No ☐

Employed as _____ from (m/y) _____ to (m/y) _____

1. Did he/she drive motor vehicle for you? Yes ☐ No ☐ If yes, what type? Straight Truck ☐ Tractor-Semitrailer ☐ Bus ☐ Cargo Tank ☐ Doubles/Triples ☐ Other (Specify) _____

2. Reason for leaving your employ: Discharged ☐ Resignation ☐ Lay Off ☐ Military Duty ☐
If there is no safety performance history to report, check here ☐, sign below and return.

ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check ☐ here if there is no accident register data for this driver.

	Date	Location	# Injuries	# Fatalities	Hazmat Spill
1.					
2.					
3.					

Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____

Any other remarks: _____

Signature: _____

Title: _____ Date: _____

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3: TO BE COMPLETED BY PREVIOUS EMPLOYER

DRUG AND ALCOHOL HISTORY

If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here ☐, fill in the dates of employment from _____ to _____, complete bottom of Part 3 sign, and return.

Driver was subject to Department of Transportation testing requirements from _____ to _____.

1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration?
   YES ☐ NO ☐
2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances?
   YES ☐ NO ☐
3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test?
   YES ☐ NO ☐
4. Has this person committed other violations of Subpart B of Part 382, or Part 40?
   YES ☐ NO ☐
5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form.
   YES ☐ NO ☐
6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested?
   YES ☐ NO ☐

In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.

Name: _____

Company: _____

Street: _____

City, State, Zip: _____ Telephone: _____

Part 3 Completed by (Signature): _____ Date: _____

PART 4a: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

This form was (check one) ☐ Faxed to previous employer ☐ Mailed ☐ Emailed ☐ Other _____

By: _____ Date: _____

PART 4b: TO BE COMPLETED BY PROSPECTIVE EMPLOYER

Complete below when information is obtained.

Information received from: _____

Recorded by: _____ Method: ☐ Fax ☐ Mail ☐ Email ☐ Telephone

Date: _____ ☐ Other _____

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PAGE 1 PART 1: Prospective Employee
- Complete the information required in this section
- Sign and date
- Submit to the Prospective Employer

PAGE 2 PART 4a: Prospective Employer
- Complete the information
- Send to Previous Employer

PAGE 1 PART 2: Previous Employer
- Complete the information required in this section
- Sign and date
- Turn form over to complete SIDE 2 SECTION 3

PAGE 2 PART 3: Previous Employer
- Complete the information required in this section
- Sign and date
- Return to Prospective Employer

PAGE 2 PART 4b: Prospective Employer
- Record receipt of the information
- Retain the form

24-0115 Exhibit 1

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers 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 any time, 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-business-days deadline 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 his/her request to review the records.

PART 1: COMPLETED BY THE DRIVER/APPLICANT

TO:

Prospective Employer: _____

Street/P.O. Box: _____

City, State, Zip: _____ Telephone # _____

FROM:

Driver/Applicant: _____ Social Security/I.D. # _____

Street: _____

City, State, Zip: _____ Telephone # _____

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be: ☐ sent to me at the above address.
☐ I will arrange to pick up.

Driver/Applicant Signature: _____ Date: ____/____/____ (M D Y)

PART 2: COMPLETED BY THE PROSPECTIVE EMPLOYER

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information form the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:

Name: _____

Street: _____

City, State, Zip: _____

Comments: _____

_____

By:

_____ _____ Release Date: ____/____/____

Signature/person providing information Telephone # (M D Y)

COPY 1 PROSPECTIVE EMPLOYER

Prices over 6.5% of Current Prices will be Rejected.

Exhibit B - RFP #2419 PRICE SHEET

Bus Route #	Bus Capacity	Total Route Miles *	Miles/Year	Cost Per Year	1st Run Schools	2nd Run Schools	Legend	
4	66	33	8808	$ 66,194.17	NWES, NWMS		CES	Clinton Elementary School
5	66	52	9152	$ 78,266.92	NWES,NWMS,GOES		CMS	Clinton Middle School
8	66	81	14256	$ 78,850.59	DVES	CMS, CHS	CRCS	Clinch River Community School
9	72	63	11088	$	CES	CMS, CHS	DVES	Dutch Valley Elementary School
10	78	48	8448	$	CES	CMS, CHS	FES	Fairview Elementary School
14	78	50	8800	$	CES	CMS, CHS	GOES	Grand Oaks Elementary School
20	84	53	9328	$ 79,288.34	DVES	CMS, CHS	LCES	Lake City Elementary School
21	78	29	5104	$ 68,378.81		CMS, CHS	LCMS	Lake City Middle School
23	78	45	8448	$ 90,165.17	NEW, NWM, GOES	CMS, CHS	NES	Norris Elementary School
24	72	42	7392	$ 76,711.85	DVES	CMS, CHS	NMS	Norris Middle School
26	78	88	17816	$	NES, NMS	ACHS	NWMS	Norwood Middle School
27	66	18	3168	$ 55,627.96		CMS, CHS		

VENDOR NAME: Parker Transport, Inc.

Bus Route #	Bus Capacity	Total Route Miles *		Cost Per Year	1st Run Schools	2nd Run Schools	Legend	
29	78	52	9152	$	AES, NMS	ACHS	ACHS	Anderson County High School
30	78	41	7216	$ 92,037.70	NWES, NWMS		AES	Andersonville Elementary School
37	66	58	9856	$	AES, NMS	ACHS	CMS	Clinton Middle School
40	78	84	14784	$	GOES	CMS, CHS	CHS	Clinton High School
42	66	56	9680	$	FES, NMS	ACHS	CRCS	Clinch River Community School
45	78	95	16720	$	AES, NMS	ACHS	GOES	Grand Oaks Elementary School
48	78	78	13728	$	GOES	CMS, CHS	LCMS	Lake City Middle School
52	66	76	13376	$	FES, NMS	ACHS	NWMS	Norwood Middle School
54	78	70	12320	$	AES, NMS	ACHS		
62	72	30	5280	$ 69,786.93	NWES, NWMS			
63	66	33	5808	$	AES, NMS			

VENDOR NAME: Parker Transport, Inc.

Bus Route #	Bus Capacity	Total Route Miles *		Cost Per Year	1st Run Schools	2nd Run Schools	Legend	
74	72	64	9856	$	GOES	CMS, CHS	BES	Briceville Elementary School
75	78	34	5984	$ 94,007.65	NWES, NWMS	GOES, CHS	CMS	Clinton Middle School
81	78	56	9856	$	FES, NMS, ACHS	???	DVES	Dutch Valley Elementary School
82	66	65	11816	$	FES,NMS	ACHS	FES	Fairview Elementary School
							GOES	Grand Oaks Elementary School
28 TOTAL ROUTES							LCES	Lake City Elementary School
							LCMS	Lake City Middle School
							NES	Norris Elementary School
							NMS	Norris Middle School
							NWES	Norwood Elementary School
							NWMS	Norwood Middle School
ANDERSON COUNTY CAREER & TECHNICAL BUS RUNS								
CTE Run	66	12		$	CRCS/CHS		CTE	Career & Technical Education
CTE Run	78	12		$	CHS/ACCTC		**Number of runs depends on student	
* Total Route Miles Calculated ONLY while students are on the Bus							enrollment	

VENDOR NAME: Parker Transport, Inc.

Attachment 1

Non-Collusion Affidavit

- This Non-Collusion Affidavit is material to any contract awarded pursuant to this bid.
- This Non-Collusion Affidavit must be executed by the member, officer, or employee of the bidder who makes the final decision on prices and the amount quoted in the bid
- Bid rigging and other efforts to restrain competition and the making of false sworn statements in connection with the submission of bids are unlawful and may be subject to criminal prosecution. The person who signs the affidavit should examine it carefully before signing and assure himself or herself that such statement is true and accurate, making diligent inquiry, as necessary, of all other persons employed by or associated with the bidder with responsibilities for the preparation, approval, or submission of the bid.
- In the case of a bid submitted by a joint venture, each party to the venture must be identified in the bid documents, and an affidavit must be submitted separately on behalf of each party.
- The term "complementary bid" as used in the affidavit has the meaning commonly associated with that term in the bidding process and includes the knowing submission of bids higher than the bid of another firm, an intentionally high or noncompetitive bid, and any other form of bid submitted for the purpose of giving a false appearance of competition.
- Failure to file an affidavit in compliance with these instructions may result in disqualification of the bid.

Non-Collusion Affidavit

STATE OF Tennessee

COUNTY OF Anderson

I state that I am (Title) Owner of (Name of My Firm) Parker Transport, Inc. and that I am authorized to make this affidavit on behalf of my firm and its owners, directors, and officers. I am the person responsible in my firm to the price(s) and the amount of this bid.

I STATE THAT

- The price(s) and amount of this bid have been arrived at independently and without consultation, communication, or agreement with any other contractor, bidder, or potential bidder.
- Neither the price(s) nor the amount of this bid and neither the approximate price(s) nor approximate amount of this bid, have been disclosed to any other firm or person who is a bidder or potential bidder, and they will not be disclosed before bid opening.
- No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit a bid higher than this bid, or to submit any intentionally high or noncompetitive bid or other form of complementary bid.
- The bid of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive bid.
- (Name of My Firm) Parker Transport, Inc., its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last three years been convicted or found liable for any act prohibited by State of Federal law in any jurisdiction involving conspiracy or collusion with respect to bidding on any public contract, except as follows:

I state that (Name of My Firm) Parker Transport, Inc. understands and acknowledges that the above representation are material and important and will be relied on by Anderson County in awarding the contract(s) for which this bid is submitted. I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from Anderson County of the true facts relating to submission of bids for this contract.

Representative's Signature

Owner
Title

Sworn to and subscribed before me this 16th day of February 2024

Notary Public

My commission expires 01/24/27

EMMALEE ILAR HART
STATE OF TENNESSEE NOTARY PUBLIC
ANDERSON COUNTY
My Commission Expires

Attachment 3
BID NUMBER: 2419 – School Bus Contractor Routes

SECTION 1 - BID INFORMATION

Acknowledgment of Addenda:
(Write "Yes" if received)

Addenda 1 Yes Addenda 2 Yes
Addenda 3 Yes Addenda 4 Yes

SECTION 2 - VENDOR INFORMATION

Parker Transpor t, Inc.
Vendor Name

1350 Clinch Avenue
Vendor Address

Clinton
City

Tennessee 37716
State Zip

Telephone Number 865-457-4259

Kristi Ilar
Contact Person *(Please Print)*

kristi.ilar@ aol.com
E-Mail Address

Taxpayer Identification Number, Social Security or Employer Identification Number:

62-1610709

State of Tennessee Business License Number:
License #

I agree to abide by all Terms and Conditions of this Invitation to Bid and certify that I am authorized to sign this bid for the vendor. Failure to include any information mentioned in the bid or to comply with these bid instructions may result in rejection of your entire bid. Signing this form affirms that the original Invitation for Bid document has not been altered in any way.

Authorizing Signature:

Kristi Ilar

(Please sign original in blue ink)

Attachment 4
Insurance Requirement Acknowledgment

The bidder awarded this bid or contract will maintain, at their expense adequate insurance coverage to protect them from claims arising under the Worker's Compensation Act, any and all claims for bodily injury and property damage to the Bidder and to Anderson County Government while delivery and service are being done. A certificate of insurance *must* be on file in the Purchasing Department before work may begin and must be maintained until work is completed.

Only the items marked with an "X" are applicable to this bid and or contract.

1. ☒ **Workers Compensation** — Statutory limits
   Employers Liability — 100,000/100,000/500,000

2. ☒ **Commercial General Liability** — $500,000 per occurrence, $1,000,000 aggregate
   - ☒ Occurrence Form Only
   - ☒ Include Premises Liability
   - ☒ Include Contractual
   - ☒ Include XCU
   - ☒ Include Products and Completed Operations
   - ☒ Include Personal Injury
   - ☒ Include Independent Contractors
   - ☒ Include Vendors Liability
   - ☒ Include Professional or E&O Liability

3. ☐ **Business Auto**
   - ☐ Include Garage Liability
   - ☐ Include Garage Keepers Liability
   - ☐ Copy of Valid Driver's License
   - ☐ Copy of Current Motor Vehicle Record
   - ☐ Copy of Current Auto Liability Declarations Page

4. ☐ **Crime Coverages**
   - ☐ Employee Dishonesty
   - ☐ Employee Dishonesty Bond

5. ☐ **Property Coverages**
   - ☐ Builders Risk
   - ☐ Inland Marine
   - ☐ Transportation

6. ☐ **Performance Bond Required** - A One Hundred Percent (100%) performance or an irrevocable letter of credit in favor of Anderson County Government at a federally insured financial institution. This ***MUST*** be submitted before purchase order issued.

Certificate Holder Shall Be: Anderson County Government, Clinton, Tennessee, and shall show the bid number and title. Anderson County Government shall be named as an additional insured on all policies except worker's compensation and auto. Insurance carrier ratings shall have a Best's rating of A-VII or better, or its equivalent. Cancellation clause on certificate should strike out "endeavor to" and include a 30-day notice of cancellation where applicable. Any deviations from the above requirements ***must*** be disclosed to the Anderson County Purchasing Agent. Any liability deductibles or exclusions must also be disclosed. Exceptions can be granted if applicable.

Bidders Statement and Certification

I understand the insurance requirements of these specifications and will comply in full within **21 (twenty-one) calendar days** if awarded this bid and or contract. I agree to furnish the county with proof of insurance for the entire term of the bid and or contract.

Parker Transport, Inc.
Vendor Name

Kristi Ilar
Bid Representative Name (Please Print)

Kristi Ilar
Authorized Signature

02/1/2024
Date

24-0115 Exhibit 1

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/07/2024

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 have ADDITIONAL INSURED provisions or 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
TIS Insurance Services, Inc
1900 N. Winston Rd
Suite 100
Knoxville TN 37919

CONTACT NAME: Gina Sims
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS: gsims@tisins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Auto Owners Insurance Company	18988
INSURER B: Owners Insurance Company	32700
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Parker Transport, Inc
1350 Clinch Ave
Clinton TN 37716

COVERAGES CERTIFICATE NUMBER: CL2312569578 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	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER			0321220023	12/01/2023	12/01/2024	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
							Employee Benefits	$ Excluded
B	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			430276450-1	09/15/2023	09/15/2024	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Uninsured motorist	$ 1,000,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N/A					PER STATUTE OTHER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Anderson County Government
100 North Main Street
Clinton TN 37716

CANCELLATION

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

Carter P. Thomas

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24-0115 Exhibit 1

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/28/2023

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 have ADDITIONAL INSURED provisions or 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
BNA Insurance Group LLC
9045 Carothers Pkwy
Ste 301
Franklin TN 37067

CONTACT NAME: Tim Thompson
PHONE (A/C, No, Ext): (615) 431-1262 FAX (A/C, No): (931) 347-6827
E-MAIL ADDRESS: processing@bnainsurancegroup.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: SUMMIT POINT INS CO	15136
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
PARKER TRANSPORT INC
1350 CLINCH AVE
CLINTON TN 37716-6192

COVERAGES CERTIFICATE NUMBER: 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						EACH OCCURRENCE	$
	CLAIMS-MADE / OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY / PRO-JECT / LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCS3010780	07/01/2023	07/01/2024	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Anderson County Schools
101 S. Main Street
Clinton TN 37716

CANCELLATION

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
Timothy W. Thompson

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Attachment 5

BACKGROUND CHECK COMPLIANCE FORM

ANDERSON COUNTY GOVERNMENT
PURCHASING DEPARTMENT
100 N. MAIN STREET, ROOM 214 or 218
CLINTON, TN 37716
(865) 457-6250
(865) 457-6232 (Fax)

BID NUMBER 2419 CONTRACT NUMBER

BACKGROUND CHECKS Contractors shall comply with Public Chapter 587 of 2007, as codified in Tennessee Code Annotated Section 49-5-413, which requires all contractors to facilitate a criminal history records check conducted by the Tennessee Bureau of Investigation and the Federal Bureau of Investigation for each employee prior to permitting the employee to have contact with students on or in school grounds when students are present.

Any person, corporation or other entity who enters into any employee of any person, corporation or entity who enters into or renews a contract with a local board of education or child care program on or after September 1, 2007, must:

(1) Provide a fingerprint sample
(2) Submit to a criminal history record check to be conducted by the Tennessee Bureau of Investigations and the Federal Bureau of Investigations.

Contact the Anderson County School's Human Resources Department at (865) 463-2800 ext. 2811 for fingerprint instructions.

Company or Individuals (Name)	Address
Kristi Ilar (Parker Transport, Inc.)	1350 Clinch Avenue
City, State, Zip Code	**Telephone Number**
Clinton, TN 37716	(865) 457-4259

I agree to comply with Public Chapter 587 of 2007, as codified in Tennessee Code Annotated Section 49-5-413, and verify that I am authorized to sign. The undersigned further agrees, if his bid or contract is accepted, to furnish any and all of the Background Check information on himself and all of his employees as required by law, at the request of Anderson County Government. I hereby agree to release all criminal history and other required information to Anderson County Government, the Tennessee Bureau of Investigation and the Federal Bureau of Investigation in accordance with Tennessee law and I further certify that all information supplied by me regarding this inquiry is true and accurate. I agree to release and hold harmless the above-mentioned governmental entities for the use of this information related to the purposes mandated under Tennessee law. I further certify that I have obtained acceptable criminal history information on all current employees and will obtain said information on future employees associated with the performance of the work defined in this bid or contract, pursuant to Tennessee Code Annotated 49-5-413 and that neither I nor any employee of mine is prohibited from direct contact with school children for the reasons enumerated in Tennessee Code Annotated Section §§ 49-5-40[illegible]

Signature Kristi Ilar Title Owner

Printed Name: Kristi Ilar Date 02/16/2024

INTERNAL OFFICE USE ONLY

GOVERNMENTAL GRANT CONTRACT

(cost reimbursement grant contract with a federal or Tennessee local governmental entity or their agents and instrumentalities)

Begin Date	End Date	Agency Tracking #	Edison ID
June 30, 2023	March 7, 2028	33501-2325394	Non-Edison Contract 77833-11

Grantee Legal Entity Name	Edison Vendor ID
Anderson County Government	0000004147

Subrecipient or Recipient

☐ Subrecipient

☒ Recipient

Assistance Listing Number

Grantee's fiscal year end

Service Caption (one line only)

Grant funds for Tennessee Law Enforcement Hiring, Training, and Recruitment Program

Funding —

FY	State	Federal	Interdepartmental	Other	TOTAL Grant Contract Amount
2024	$40 000.00				$40,000 00
2025	$40,000.00				$40,000.00
2026	$40,000.00				$40,000.00
2027	$40,000.00				$40,000.00
2028	$40,000.00				$40,000.00
TOTAL:	$200,000.00				$200,000.00

Grantee Selection Process Summary

☒ Competitive Selection

This contract resulted from a competitive procurement pursuant to authority delegated by the Central Procurement Office in accordance with Tenn. Comp. R. & Regs. 0690-03-01-.04.

☐ Non-competitive Selection

Budget Officer Confirmation: There is a balance in the appropriation from which obligations hereunder are required to be paid that is not already encumbered to pay other obligations.

CPO USE - GG

Speed Chart (optional)

Account Code (optional)

GRANT CONTRACT
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF COMMERCE AND INSURANCE
AND
ANDERSON COUNTY GOVERNMENT

This grant contract ("Grant Contract"), by and between the State of Tennessee, Department of Commerce and Insurance, hereinafter referred to as the "State" or the "Grantor State Agency" and Anderson County Government, hereinafter referred to as the "Grantee," is for the provision of grant funds for Tennessee Law Enforcement Hiring, Training and Recruitment Program to Tennessee law enforcement agencies to award hiring and retention bonuses, as further defined in the "SCOPE OF SERVICES AND DELIVERABLES."

Grantee Edison Vendor ID # 0000004147

A. SCOPE OF SERVICES AND DELIVERABLES:

A.1. The Grantee shall provide the scope of services and deliverables ("Scope") as required, described, and detailed in this Grant Contract.

A.2. The Grantee shall remain in compliance with Peace Officer Standards and Training (POST) Commission rules for local law enforcement agencies throughout the duration of this contract found at https://publications.tnsosfiles.com/rules/1110/1110.htm.

A.3. Definitions. For purposes of this Grant Contract, definitions shall be as follows and as set forth in the Contract:

a. "Eligible Officer" means an Experienced Officer or a No Previous Certified Experience Officer hired by a local law enforcement agency in Tennessee after May 1, 2023. An Eligible Officer cannot have previously surrendered a certification in any state, have been decertified by the POST Commission or equivalent in any state in the United States, or have been decertified as a result of a court order by any state or federal court.

b. "Experienced Officer" means:

i. a law enforcement officer who has held the equivalent of a POST certification from any state in the United States other than Tennessee with a break in service of less than seven (7) years; or

ii. a law enforcement officer who has not been POST certified in Tennessee in the previous seven (7) years and who has held the equivalent of a POST certification from any state in the United States other than Tennessee with a break in service of less than seven (7) years.

c. "Longevity Milestone" means, for an Experienced Officer, the time periods of six (6) months, twelve (12) months, twenty-four (24) months, or thirty-six (36) months the Eligible Officer serves on the Grantee's active roster. "Longevity Milestone" shall have the same definition for a No Previous Experience Officer except that it does not include six (6) months.

d. "No Previous Certified Experience Officer" means a law enforcement officer who has never been certified in Tennessee, or the equivalent in any state in the United States, or a previously certified officer with a break in law enforcement service of seven (7) years or more.

A.4. The Grantee shall submit appropriate documentation to claim funds, subject to availability, pursuant to paragraph C.5. to the State to request the bonus payment amount corresponding to an Eligible Officer's status as either an Experienced Officer or a No Experience Officer and the applicable Longevity Period as set out in paragraph C.3. for any Eligible Officer hired by Grantee on or after May 1, 2023. The Grantee must send the request for payment within sixty (60) days, or a longer

time as approved in writing by the State, of the Eligible Officer reaching a Longevity Milestone. Longevity Milestones will be calculated from the date on which the Eligible Officer was added to the Grantee's active roster after becoming an Eligible Officer and, as such, will vary by Eligible Officer. The Grantee may request funds under this Grant Contract to make one (1) payment to each Eligible Officer for each of the Longevity Milestones that the Eligible Officer reaches.

A.4.a. The Grantee shall distribute the funds remitted by the State pursuant to paragraph A.4, without reduction, as a bonus payment to the Eligible Officer for whom the funds were requested within thirty (30) days of the Grantee's receipt of the funds.

A.4.b. The Grantee shall verify at the time of submitting a claim and certify to the State that the Eligible Officer has, as required by POST rules, completed basic training, transition school or its approved equivalent, in-service training, or a combination.

A.4.c. The Grantee shall submit a claim form for a bonus payment only for an Eligible Officer who is an Experienced Officer or a No Previous Certified Experience Officer at the time of hire by the Grantee on or after May 1, 2023.

B. TERM OF CONTRACT:

This Grant Contract shall be effective for the period beginning on June 30, 2023 ("Effective Date") and ending on March 7, 2028, ("Term"). The State shall have no obligation to the Grantee for fulfillment of the Scope outside the Term.

C. PAYMENT TERMS AND CONDITIONS:

C.1. Maximum Liability. In no event shall the maximum liability of the State under this Grant Contract exceed two hundred thousand dollars ($200,000) ("Maximum Liability"). The Grant Budget, attached and incorporated as Attachment A is the maximum amount due the Grantee under this Grant Contract. The Grant Budget line-items include, but are not limited to, all applicable taxes, fees, overhead, and all other direct and indirect costs incurred or to be incurred by the Grantee.

C.2. Compensation Firm. The Maximum Liability of the State is not subject to escalation for any reason unless amended. The Grant Budget amounts are firm for the duration of the Grant Contract and are not subject to escalation for any reason unless amended, except as provided in Section C.6.

C.3. Periodic Advance Payment. The Grantee shall be reimbursed for actual, reasonable, and necessary costs based upon the Grant Budget, not to exceed the maximum liability established in Section C.1. The amount set out in the Recruitment/Retention Payout Schedule, below, for each Eligible Officer who has reached a Longevity Milestone shall be paid to the Grantee in advance upon approval by the State of a request received pursuant to paragraph A.3. The total of said payments shall not exceed the maximum liability of this Grant Contract.

Recruitment/Retention Payout Schedule					
Recruitment/Retention Category	Payment Upon Completion of Longevity Period/Anniversary Below				
	6 Months	12 Months	24 Months	36 Months	Total Bonus
Category 1 Officers – Experienced	$1,000	$3,000	$3,000	$3,000	$10,000

Category 2 Officers – **No Previous Certified Experience**		**$3,000**	**$2,500**	**$2,500**	**$8,000**

C.4. Travel Compensation. The Grantee shall not be compensated or reimbursed for travel time, travel expenses, meals, or lodging.

C.5. Invoice Requirements. The Grantee shall submit a Cost Sharing- Recruitment Grant Invoice, attached and incorporated as Attachment B, to the State no more often than monthly but at least once a quarter, with all necessary supporting documentation, and present such to:

William "Chip" Kain, Executive Secretary
POST Commission
3025 Lebanon Pike
TN Law Enforcement Training Academy
Nashville, TN 37214
William.kain@tn.gov

a. Each Cost Sharing- Recruitment Grant Invoice shall clearly and accurately detail all of the following required information (calculations must be extended and totaled correctly).

(1) Grantee Name.
(2) Name and Signature of the Grantee's Chief.
(3) The Invoice Date.
(4) The following for each Eligible Officer for whom a claim is being made under this Grant Contract:
i. Officer Name;
ii. Officer PSID;
iii. If the officer is an Experienced Officer or No Previous Experience Officer;
iv. The officer's start date with Grantee on Grantee's active roster;
v. The date on which the officer met a Longevity Milestone; and
vi. The Longevity Milestone that the officer has met.

b. The Grantee understands and agrees to all of the following:

(1) Any claim under this Grant Contract shall include only reimbursement requests for actual, reasonable, and necessary expenditures required in the delivery of service described by this Grant Contract and shall be subject to the Grant Budget and any other provision of this Grant Contract relating to allowable reimbursements.
(2) An invoice under this Grant Contract shall initiate the timeframe for reimbursement only when the State is in receipt of the invoice, and the invoice meets the minimum requirements of this section C.5.

c. Upon receipt of the completed Cost Sharing- Recruitment Grant Invoice from the Grantee, the State will complete the following information on the invoice:

(1) Grantee's Edison ID;
(2) Contract Number (assigned by the State);
(3) Invoice Number (assigned by the State);
(4) The number of Eligible Officers approved as meeting each Longevity Milestone by category (Experienced Officer or No Experience Officer); and
(5) Grantee's mailing address as set out in paragraph D.8. or as otherwise agreed in writing by the parties.

C.6. Disbursement Reconciliation and Close Out. The Grantee shall submit any final invoice and a grant disbursement reconciliation report within sixty (60) days of the Grant Contract end date, in form and substance acceptable to the State.

a. If total disbursements by the State pursuant to this Grant Contract exceed the amounts permitted by the section C, payment terms and conditions of this Grant Contract, the Grantee shall refund the difference to the State. The Grantee shall submit the refund with the final grant disbursement reconciliation report.

b. The State shall not be responsible for the payment of any invoice submitted to the State after the grant disbursement reconciliation report. The State will not deem any Grantee costs submitted for reimbursement after the grant disbursement reconciliation report to be allowable and reimbursable by the State, and such invoices will NOT be paid.

c. The Grantee's failure to provide a final grant disbursement reconciliation report to the State as required by this Grant Contract shall result in the Grantee being deemed ineligible for reimbursement under this Grant Contract, and the Grantee shall be required to refund any and all payments by the State pursuant to this Grant Contract.

d. The Grantee must close out its accounting records at the end of the Term in such a way that reimbursable expenditures and revenue collections are NOT carried forward.

C.7. Indirect Cost. Should the Grantee request reimbursement for indirect costs, the Grantee must submit to the State a copy of the indirect cost rate approved by the cognizant federal agency or the cognizant state agency, as applicable. The Grantee will be reimbursed for indirect costs in accordance with the approved indirect cost rate and amounts and limitations specified in the attached Grant Budget. Once the Grantee makes an election and treats a given cost as direct or indirect, it must apply that treatment consistently and may not change during the Term. Any changes in the approved indirect cost rate must have prior approval of the cognizant federal agency or the cognizant state agency, as applicable. If the indirect cost rate is provisional during the Term, once the rate becomes final, the Grantee agrees to remit any overpayment of funds to the State, and subject to the availability of funds the State agrees to remit any underpayment to the Grantee.

C.8. Cost Allocation. If any part of the costs to be reimbursed under this Grant Contract are joint costs involving allocation to more than one program or activity, such costs shall be allocated and reported in accordance with the provisions of Department of Finance and Administration Policy Statement 03 or any amendments or revisions made to this policy statement during the Term.

C.9. Payment of Invoice. A payment by the State shall not prejudice the State's right to object to or question any reimbursement, invoice, or related matter. A payment by the State shall not be construed as acceptance of any part of the work or service provided or as approval of any amount as an allowable cost.

C.10. Non-allowable Costs. Any amounts payable to the Grantee shall be subject to reduction for amounts included in any invoice or payment that are determined by the State, on the basis of audits or monitoring conducted in accordance with the terms of this Grant Contract, to constitute unallowable costs

C.11. State's Right to Set Off. The State reserves the right to set off or deduct from amounts that are or shall become due and payable to the Grantee under this Grant Contract or under any other agreement between the Grantee and the State of Tennessee under which the Grantee has a right to receive payment from the State.

C.12. Prerequisite Documentation. The Grantee shall not invoice the State under this Grant Contract until the State has received the following, properly completed documentation.

a. The Grantee shall complete, sign, and return to the State an "Authorization Agreement for Automatic Deposit (ACH Credits) Form" provided by the State. By doing so, the Grantee acknowledges and agrees that, once this form is received by the State, all payments to the Grantee under this or any other grant contract will be made by automated clearing house ("ACH").

b. The Grantee shall be responsible for maintaining and submitting the State-provided W-9 form. The taxpayer identification number on the W-9 form must be the same as the Grantee's Federal Employer Identification Number or Social Security Number referenced in the Grantee's Edison registration information.

D. STANDARD TERMS AND CONDITIONS:

D.1. Required Approvals. The State is not bound by this Grant Contract until it is signed by the parties and approved by appropriate officials in accordance with applicable Tennessee laws and regulations (depending upon the specifics of this Grant Contract, the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

D.2. Modification and Amendment. This Grant Contract may be modified only by a written amendment signed by all parties and approved by the officials who approved the Grant Contract and, depending upon the specifics of the Grant Contract as amended, any additional officials required by Tennessee laws and regulations (the officials may include, but are not limited to, the Commissioner of Finance and Administration, the Commissioner of Human Resources, and the Comptroller of the Treasury).

D.3. Termination for Convenience. The State may terminate this Grant Contract without cause for any reason. A termination for convenience shall not be a breach of this Grant Contract by the State. The State shall give the Grantee at least thirty (30) days written notice before the effective termination date. The Grantee shall be entitled to compensation for authorized expenditures and satisfactory services completed as of the termination date, but in no event shall the State be liable to the Grantee for compensation for any service that has not been rendered. The final decision as to the amount for which the State is liable shall be determined by the State. The Grantee shall not have any right to any actual general, special, incidental, consequential, or any other damages whatsoever of any description or amount for the State's exercise of its right to terminate for convenience.

D.4. Termination for Cause. If the Grantee fails to properly perform its obligations under this Grant Contract, or if the Grantee violates any terms of this Grant Contract, the State shall have the right to immediately terminate this Grant Contract and withhold payments in excess of fair compensation for completed services. Notwithstanding the exercise of the State's right to terminate this Grant Contract for cause, the Grantee shall not be relieved of liability to the State for damages sustained by virtue of any breach of this Grant Contract by the Grantee.

D.5. Subcontracting. The Grantee shall not assign this Grant Contract or enter into a subcontract for any of the services performed under this Grant Contract without obtaining the prior written approval of the State. If such subcontracts are approved by the State, each shall contain, at a minimum, sections of this Grant Contract pertaining to "Conflicts of Interest," "Lobbying," "Nondiscrimination," "Public Accountability," "Public Notice," and "Records" (as identified by the section headings). Notwithstanding any use of approved subcontractors, the Grantee shall remain responsible for all work performed.

D.6. Conflicts of Interest. The Grantee warrants that no part of the total Grant Contract Amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Grantee in connection with any work contemplated or performed relative to this Grant Contract.

D.7. Lobbying. The Grantee certifies, to the best of its knowledge and belief, that:

a. No federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

b. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

c. The Grantee shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into and is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. § 1352.

D.8. Communications and Contacts. All instructions, notices, consents, demands, or other communications required or contemplated by this Grant Contract shall be in writing and shall be made by certified, first-class mail, return receipt requested and postage prepaid, by overnight courier service with an asset tracking system, or by email or facsimile transmission with recipient confirmation. All communications, regardless of method of transmission, shall be addressed to the respective party as set out below:

The State:

William "Chip" Kain, Executive Secretary
POST Commission
3025 Lebanon Pike
TN Law Enforcement Training Academy
Nashville, TN 37214
William.kain@tn.gov
Telephone # (615) 741-2980

The Grantee:

Lt. Steve Owens
Anderson County Government/Anderson County Sheriff's Office
101 S. Main Street, Suite 400
Clinton, TN 37716
sowens@tnacso.net
Telephone # (865) 457-6255, Ext. 2

A change to the above contact information requires written notice to the person designated by the other party to receive notice.

All instructions, notices, consents, demands, or other communications shall be considered effectively given upon receipt or recipient confirmation as may be required.

D.9. Subject to Funds Availability. This Grant Contract is subject to the appropriation and availability of State or Federal funds. In the event that the funds are not appropriated or are otherwise unavailable, the State reserves the right to terminate this Grant Contract upon written notice to the Grantee. The State's right to terminate this Grant Contract due to lack of funds is not a breach of this Grant Contract by the State. Upon receipt of the written notice, the Grantee shall cease all work associated with the Grant Contract. Should such an event occur, the Grantee shall be entitled to compensation for all satisfactory and authorized services completed as of the termination date. Upon such termination, the Grantee shall have no right to recover from the State any actual, general, special, incidental, consequential, or any other damages whatsoever of any description or amount.

D.10. Nondiscrimination. The Grantee hereby agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of this Grant Contract or in the employment practices of the Grantee on the grounds of handicap or disability, age, race, color, religion, sex, national origin, or any other classification protected by federal, Tennessee state constitutional, or statutory law. The Grantee shall, upon request, show proof of nondiscrimination and shall post in conspicuous places, available to all employees and applicants, notices of nondiscrimination.

D.11. HIPAA Compliance. The State and the Grantee shall comply with obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH) and any other relevant laws and regulations regarding privacy (collectively the "Privacy Rules"). The obligations set forth in this Section shall survive the termination of this Grant Contract.

a. The Grantee warrants to the State that it is familiar with the requirements of the Privacy Rules and will comply with all applicable HIPAA requirements in the course of this Grant Contract.

b. The Grantee warrants that it will cooperate with the State, including cooperation and coordination with State privacy officials and other compliance officers required by the Privacy Rules, in the course of performance of this Grant Contract so that both parties will be in compliance with the Privacy Rules.

c. The State and the Grantee will sign documents, including but not limited to business associate agreements, as required by the Privacy Rules and that are reasonably necessary to keep the State and the Grantee in compliance with the Privacy Rules. This provision shall not apply if information received by the State under this Grant Contract is NOT "protected health information" as defined by the Privacy Rules, or if the Privacy Rules permit the State to receive such information without entering into a business associate agreement or signing another such document.

D.12. Public Accountability. If the Grantee is subject to Tenn. Code Ann. § 8-4-401 *et seq.*, or if this Grant Contract involves the provision of services to citizens by the Grantee on behalf of the State, the Grantee agrees to establish a system through which recipients of services may present grievances about the operation of the service program. The Grantee shall also display in a prominent place, located near the passageway through which the public enters in order to receive Grant supported services, a sign at least eleven inches (11") in height and seventeen inches (17") in width stating:

NOTICE: THIS AGENCY IS A RECIPIENT OF TAXPAYER FUNDING. IF YOU OBSERVE AN AGENCY DIRECTOR OR EMPLOYEE ENGAGING IN ANY ACTIVITY WHICH YOU CONSIDER TO BE ILLEGAL, IMPROPER, OR WASTEFUL, PLEASE CALL THE STATE COMPTROLLER'S TOLL-FREE HOTLINE: 1-800-232-5454.

The sign shall be on the form prescribed by the Comptroller of the Treasury. The Grantor State Agency shall obtain copies of the sign from the Comptroller of the Treasury, and upon request from the Grantee, provide Grantee with any necessary signs.

D.13. Public Notice. All notices, informational pamphlets, press releases, research reports, signs, and similar public notices prepared and released by the Grantee in relation to this Grant Contract shall include the statement, "This project is funded under a grant contract with the State of Tennessee." All notices by the Grantee in relation to this Grant Contract shall be approved by the State.

D.14. Licensure. The Grantee, its employees, and any approved subcontractor shall be licensed pursuant to all applicable federal, state, and local laws, ordinances, rules, and regulations and shall upon request provide proof of all licenses.

D.15. Records. The Grantee and any approved subcontractor shall maintain documentation for all charges under this Grant Contract. The books, records, and documents of the Grantee and any approved subcontractor, insofar as they relate to work performed or money received under this Grant Contract, shall be maintained in accordance with applicable Tennessee law. In no case shall the records be maintained for a period of less than five (5) full years from the date of the final payment. The Grantee's records shall be subject to audit at any reasonable time and upon reasonable notice by the Grantor State Agency, the Comptroller of the Treasury, or their duly appointed representatives.

The records shall be maintained in accordance with Governmental Accounting Standards Board (GASB) Accounting Standards or the Financial Accounting Standards Board (FASB) Accounting Standards Codification, as applicable, and any related AICPA Industry Audit and Accounting guides.

In addition, documentation of grant applications, budgets, reports, awards, and expenditures will be maintained in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.*

Grant expenditures shall be made in accordance with local government purchasing policies and procedures and purchasing procedures for local governments authorized under state law.

The Grantee shall also comply with any recordkeeping and reporting requirements prescribed by the Tennessee Comptroller of the Treasury.

The Grantee shall establish a system of internal controls that utilize the COSO Internal Control - Integrated Framework model as the basic foundation for the internal control system. The Grantee shall incorporate any additional Comptroller of the Treasury directives into its internal control system.

Any other required records or reports which are not contemplated in the above standards shall follow the format designated by the head of the Grantor State Agency, the Central Procurement Office, or the Commissioner of Finance and Administration of the State of Tennessee.

D.16. Monitoring. The Grantee's activities conducted and records maintained pursuant to this Grant Contract shall be subject to monitoring and evaluation by the State, the Comptroller of the Treasury, or their duly appointed representatives.

D.17. Progress Reports. The Grantee shall submit brief, periodic, progress reports to the State as requested.

D.18. Annual and Final Reports. The Grantee shall submit, within three (3) months of the conclusion of each year of the Term, an annual report. For grant contracts with a term of less than one (1) year, the Grantee shall submit a final report within three (3) months of the conclusion of the Term. For

grant contracts with multiyear terms, the final report will take the place of the annual report for the final year of the Term. The Grantee shall submit annual and final reports to the Grantor State Agency. At minimum, annual and final reports shall include: (a) the Grantee's name; (b) the Grant Contract's Edison identification number, Term, and total amount; (c) a narrative section that describes the program's goals, outcomes, successes and setbacks, whether the Grantee used benchmarks or indicators to determine progress, and whether any proposed activities were not completed; and (d) other relevant details requested by the Grantor State Agency. Annual and final report documents to be completed by the Grantee shall appear on the Grantor State Agency's website or as an attachment to the Grant Contract.

D.19. Audit Report. The Grantee shall be audited in accordance with applicable Tennessee law. If the Grantee is subject to an audit under this provision, then the Grantee shall complete Attachment C Notice of Audit.

When a federal single audit is required, the audit shall be performed in accordance with U.S. Office of Management and Budget's *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*.

A copy of the audit report shall be provided to the Comptroller by the licensed, independent public accountant. Audit reports shall be made available to the public.

D.20. Procurement. If other terms of this Grant Contract allow reimbursement for the cost of goods, materials, supplies, equipment, or contracted services, such procurement shall be made on a competitive basis, including the use of competitive bidding procedures, where practical. The Grantee shall maintain documentation for the basis of each procurement for which reimbursement is paid pursuant to this Grant Contract. In each instance where it is determined that use of a competitive procurement method is not practical, supporting documentation shall include a written justification for the decision and for use of a non-competitive procurement. If the Grantee is a subrecipient, the Grantee shall comply with 2 C.F.R. §§ 200.317—200.326 when procuring property and services under a federal award.

The Grantee shall obtain prior approval from the State before purchasing any equipment under this Grant Contract.

For purposes of this Grant Contract, the term "equipment" shall include any article of nonexpendable, tangible, personal property having a useful life of more than one year and an acquisition cost which equals or exceeds five thousand dollars ($5,000.00).

D.21. Strict Performance. Failure by any party to this Grant Contract to insist in any one or more cases upon the strict performance of any of the terms, covenants, conditions, or provisions of this Grant Contract is not a waiver or relinquishment of any term, covenant, condition, or provision. No term or condition of this Grant Contract shall be held to be waived, modified, or deleted except by a written amendment signed by the parties.

D.22 Independent Contractor. The parties shall not act as employees, partners, joint venturers, or associates of one another in the performance of this Grant Contract. The parties acknowledge that they are independent contracting entities and that nothing in this Grant Contract shall be construed to create a principal/agent relationship or to allow either to exercise control or direction over the manner or method by which the other transacts its business affairs or provides its usual services. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.

D.23. Limitation of State's Liability. The State shall have no liability except as specifically provided in this Grant Contract. In no event will the State be liable to the Grantee or any other party for any lost revenues, lost profits, loss of business, loss of grant funding, decrease in the value of any securities or cash position, time, money, goodwill, or any indirect, special, incidental, punitive, exemplary or consequential damages of any nature, whether based on warranty, contract, statute, regulation, tort (including but not limited to negligence), or any other legal theory that may arise under this

Grant Contract or otherwise. The State's total liability under this Grant Contract (including any exhibits, schedules, amendments or other attachments to the Contract) or otherwise shall under no circumstances exceed the Maximum Liability originally established in Section C.1 of this Grant Contract. This limitation of liability is cumulative and not per incident.

D.24. Force Majeure. "Force Majeure Event" means fire, flood, earthquake, elements of nature or acts of God, wars, riots, civil disorders, rebellions or revolutions, acts of terrorism or any other similar cause beyond the reasonable control of the party except to the extent that the non-performing party is at fault in failing to prevent or causing the default or delay, and provided that the default or delay cannot reasonably be circumvented by the non-performing party through the use of alternate sources, workaround plans or other means. A strike, lockout or labor dispute shall not excuse either party from its obligations under this Grant Contract. Except as set forth in this Section, any failure or delay by a party in the performance of its obligations under this Grant Contract arising from a Force Majeure Event is not a default under this Grant Contract or grounds for termination. The non-performing party will be excused from performing those obligations directly affected by the Force Majeure Event, and only for as long as the Force Majeure Event continues, provided that the party continues to use diligent, good faith efforts to resume performance without delay. The occurrence of a Force Majeure Event affecting Grantee's representatives, suppliers, subcontractors, customers or business apart from this Grant Contract is not a Force Majeure Event under this Grant Contract. Grantee will promptly notify the State of any delay caused by a Force Majeure Event (to be confirmed in a written notice to the State within one (1) day of the inception of the delay) that a Force Majeure Event has occurred and will describe in reasonable detail the nature of the Force Majeure Event. If any Force Majeure Event results in a delay in Grantee's performance longer than forty-eight (48) hours, the State may, upon notice to Grantee: (a) cease payment of the fees until Grantee resumes performance of the affected obligations; or (b) immediately terminate this Grant Contract or any purchase order, in whole or in part, without further payment except for fees then due and payable. Grantee will not increase its charges under this Grant Contract or charge the State any fees other than those provided for in this Grant Contract as the result of a Force Majeure Event.

D.25. Tennessee Department of Revenue Registration. The Grantee shall comply with all applicable registration requirements contained in Tenn. Code Ann. §§ 67-6-601 – 608. Compliance with applicable registration requirements is a material requirement of this Grant Contract.

D.26. Charges to Service Recipients Prohibited. The Grantee shall not collect any amount in the form of fees or reimbursements from the recipients of any service provided pursuant to this Grant Contract.

D.27. No Acquisition of Equipment or Motor Vehicles. This Grant Contract does not involve the acquisition and disposition of equipment or motor vehicles acquired with funds provided under this Grant Contract.

D.28. State and Federal Compliance. The Grantee shall comply with all applicable state and federal laws and regulations in the performance of this Grant Contract. The U.S. Office of Management and Budget's Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards is available here: http://www.ecfr.gov/cgi-bin/text-idx?SID=c6b2f053952359ba94470ad3a7c1a975&tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl

D.29. Governing Law. This Grant Contract shall be governed by and construed in accordance with the laws of the State of Tennessee, without regard to its conflict or choice of law rules. The Grantee agrees that it will be subject to the exclusive jurisdiction of the courts of the State of Tennessee in actions that may arise under this Grant Contract. The Grantee acknowledges and agrees that any rights or claims against the State of Tennessee or its employees hereunder, and any remedies arising there from, shall be subject to and limited to those rights and remedies, if any, available under Tenn. Code Ann. §§ 9-8-101 through 9-8-408.

D.30. Completeness. This Grant Contract is complete and contains the entire understanding between the parties relating to the subject matter contained herein, including all the terms and conditions agreed to by the parties. This Grant Contract supersedes any and all prior understandings, representations, negotiations, or agreements between the parties, whether written or oral.

D.31. Severability. If any terms and conditions of this Grant Contract are held to be invalid or unenforceable as a matter of law, the other terms and conditions shall not be affected and shall remain in full force and effect. To this end, the terms and conditions of this Grant Contract are declared severable.

D.32. Headings. Section headings are for reference purposes only and shall not be construed as part of this Grant Contract.

D.33. Iran Divestment Act. The requirements of Tenn. Code Ann. § 12-12-101. *et seq.*, addressing contracting with persons as defined at Tenn. Code Ann. §12-12-103(5) that engage in investment activities in Iran, shall be a material provision of this Grant Contract. The Grantee certifies, under penalty of perjury, that to the best of its knowledge and belief that it is not on the list created pursuant to Tenn. Code Ann. § 12-12-106.

D.34. Debarment and Suspension. The Grantee certifies, to the best of its knowledge and belief, that it, its current and future principals, its current and future subcontractors and their principals:

a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency;

b. have not within a three (3) year period preceding this Grant Contract been convicted of, or had a civil judgment rendered against them from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property;

c. are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed in section b of this certification; and

d. have not within a three (3) year period preceding this Grant Contract had one or more public transactions (federal, state, or local) terminated for cause or default.

The Grantee shall provide immediate written notice to the State if at any time it learns that there was an earlier failure to disclose information or that due to changed circumstances, its principals or the principals of its subcontractors are excluded or disqualified, or presently fall under any of the prohibitions of sections a-d.

D.35. Confidentiality of Records. Strict standards of confidentiality of records and information shall be maintained in accordance with applicable state and federal law. All material and information, regardless of form, medium or method of communication, provided to the Grantee by the State or acquired by the Grantee on behalf of the State that is regarded as confidential under state or federal law shall be regarded as "Confidential Information." Nothing in this Section shall permit Grantee to disclose any Confidential Information, regardless of whether it has been disclosed or made available to the Grantee due to intentional or negligent actions or inactions of agents of the State or third parties. Confidential Information shall not be disclosed except as required or permitted under state or federal law. Grantee shall take all necessary steps to safeguard the confidentiality of such material or information in conformance with applicable state and federal law.

The obligations set forth in this Section shall survive the termination of this Grant Contract.

E. SPECIAL TERMS AND CONDITIONS:

E.1. Conflicting Terms and Conditions. Should any of these special terms and conditions conflict with any other terms and conditions of this Grant Contract, the special terms and conditions shall be subordinate to the Grant Contract's other terms and conditions.

IN WITNESS WHEREOF,

ANDERSON COUNTY GOVERNMENT:

06-15-23

GRANTEE SIGNATURE **DATE**

Russell S. Barker - Sheriff

PRINTED NAME AND TITLE OF GRANTEE SIGNATORY (above)

DEPARTMENT OF COMMERCE AND INSURANCE:

CARTER LAWRENCE, COMMISSIONER **DATE**

APPROVED AS TO LEGAL FORM

N. Jay Yeager
Anderson County Law Director

ATTACHMENT A

GRANT BUDGET				
The Grant Budget line-item amounts below shall be applicable only to expense incurred during the following Applicable Period: BEGIN: June 30, 2023 END: March 7, 2028				
POLICY 03 Object Line-Item Reference	EXPENSE OBJECT LINE-ITEM CATEGORY [1]	GRANT CONTRACT	GRANTEE PARTICIPATION	TOTAL PROJECT
4, 15	Professional Fee, Grant & Award [2]	$200,000.00	0.00	$200,000.00
25	**GRAND TOTAL**	**$200,000.00**	**0.00**	**$200,000.00**

[1] Each expense object line-item shall be defined by the Department of Finance and Administration Policy 03, *Uniform Reporting Requirements and Cost Allocation Plans for Subrecipients of Federal and State Grant Monies, Appendix A*, (posted on the Internet at: https://www.tn.gov/finance/looking-for/policies.html).

[2] Applicable detail follows this page if line-item is funded

GRANT BUDGET LINE-ITEM DETAIL:

PROFESSIONAL FEE, GRANT & AWARD	AMOUNT
Grant payments to Grantee to make bonus payments to Eligible Officers	$200,000.00
TOTAL	$200,000.00

24-0121
01 19 23 GG

ATTACHMENT B

Tennessee Law Enforcement Hiring, Training, and Recruitment Program
Cost Sharing- Recruitment Grant Invoice

Complete for each officer who met the designated benchmarks and anniversary dates.
Attach additional copies or a spreadsheet if necessary.

Officer Name	Officer PSID	Category (Experienced or No Previous Experience)	Start Date	Anniversary Date	Anniversary Period (6,12,24 or 36)

Name of Law Enforcement Agency: _____
Print Name of Chief: _____ Date: _____
Signature of Chief: _____

For Internal Use Only:

Grantee Edison ID:	Contract No.:					Invoice No.:
Recruitment/Retention Category	Payment Upon Completion of Longevity Period/Anniversary Below					Date sent to Fiscal:
	6 Months	12 Months	24 Months	36 Months	Total Bonus	
Category 1 Officers – Experienced	_____ $1,000	_____ $3,000	_____ $3,000	_____ $3,000		Grantee Mailing Address:
Category 2 Officers – No Previous Certified Experience		_____ $3,000	_____ $2,500	_____ $2,500		Total Amount to be Paid:

24-0121
01-19-23 GG

ATTACHMENT C

Notice of Audit Report

Check one of the two boxes below and complete the remainder of this document as instructed. Send completed documents as a PDF file to cpo.auditnotice@tn.gov. ***The Grantee should submit only one, completed "Notice of Audit Report" document to the State ninety (90) days prior to the Grantee's fiscal year.***

☐ Anderson County Government is subject to an audit for fiscal year #.

☐ Anderson County Government is not subject to an audit for fiscal year #.

Grantee's Edison Vendor ID Number: 0000004147

Grantee's fiscal year end:

Any Grantee that is subject to an audit must complete the information below.

Type of funds expended	Estimated amount of funds expended by end of Grantee's fiscal year
Federal pass-through funds a. Funds passed through the State of Tennessee b. Funds passed through any other entity	a. b.
Funds received directly from the federal government	
Non-federal funds received directly from the State of Tennessee	

24-0121
10-21-21 DG

APPLICATION FOR TENNESSEE LAW ENFORCEMENT HIRING, TRAINING AND RECRUITMENT PROGRAM RECRUITMENT BONUSES

Participation in this Tennessee Law Enforcement Hiring, Training, and Recruitment Program is voluntary. By signing this document, you are agreeing to abide by the terms of the executed Contract and to submit information requested by the Tennessee Peace Officer and Standards Training (POST) Commission as requested. By signing this agreement, you also understand you are responsible for requesting funds and maintaining compliance with all POST Commission rules and other state and federal laws. Failure to maintain compliance with the Contract may result in contract termination.

Agency/Department Name Anderson County Sheriff's Office

Name of Agency/Department Head Sheriff Russell S. Barker

Mailing Address 101 S. Main Street, Suite 400 City Clinton

Zip Code 37716 County Anderson Phone 865-457-6210 (include area code)

Chief/Sheriff E-Mail rbarker@tnacso.net

Agency/Department FEIN 62-6000477 Edison Supplier ID 51818

Estimated Number of officers the Agency/Department plans to recruit over five (5) years: 15

Please include a copy of the Department's W-9 (https://www.irs.gov/pub/irs-pdf/fw9.pdf) with this application.

Authorized Representative of Agency/Department Lt. Steve Owens

Email of Authorized Representative sowens@tnacso.net

Telephone of Authorized Representative 865-457-6255, x2

I, under the penalty of perjury (T.C.A. § 39-16-701), certify that the information provided in this application is correct and complete.

I certify that the information given in this application is correct and complete to the best of my knowledge, and if the Agency/Department am approved, the Agency/Department will abide by the rules and regulations of the Program.

Head of Agency/Department

06/13/2023
Date

24-0123

wcctv
WIRELESS CCTV

WIRELESS CCTV

Proposal for:
Anderson County Sheriff's Department

Private and Confidential

Prepared for:
Nathan Murray

Date: Wednesday, 06 March 2024

Prepared by:
Jonathan Johnson

Wireless CCTV LLC
851 International Pkwy
Suite 140
Richardson, Texas
75081

Tel: + 1 877 805-9475

GSA Advantage!™

SIA SECURITY INDUSTRY ASSOCIATION

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1. Wireless CCTV – Experts in LTE Video Surveillance

Wireless CCTV LLC (WCCTV) is the market leader for wireless surveillance systems and is the first to have a video surveillance product available in US which is Verizon certified.

Every WCCTV product is truly portable and easy to install. Images can be viewed from a CCTV control room, or on the move from a laptop, iPhone, iPad or Android device.

Why WCCTV?

Benefits of working with WCCTV include:

- Products specifically engineered for cell networks
- 20 years' experience in mobile video surveillance
- Verizon LTE certified
- Plug and play out of the box
- Full network and hardware support
- One point of contact for support service
- Dedicated support functions: reducing customer costs

All WCCTV units have the following standard features

- Verizon 4G Certified
- 4G LTE Capable
- Wi-Fi Capable
- Environmentally tested
- 110v or 12v Power Options (Shore Power or Solar)
- Edge Recording (up to 8Tbyte)
- Video Analytics*
- HeartBeat Diagnostics*

Wireless CCTV's Mini Dome systems provide the user with complete flexibility and portability. The WCCTV Mini Dome is available with a range of different cameras designed to suit all deployment and budgetary requirements The systems can be deployed in any location and are ideal for rapid installation and temporary surveillance applications.

2: Solutions and Systems Overview

WCCTV Pole Camera Range:

Wireless CCTV's Pole Camera Range provides the user with complete flexibility. The Range takes the standard WCCTV feature set and integrates a selection of industry leading PTZ camera options designed to suit all deployment and budgetary requirements.

The system can be deployed in any location and is ideal for rapid installation and temporary surveillance applications.

WCCTV 4G IR Mini Dome

WCCTV's 4G IR Mini Dome is a rapid deployment pole camera specifically designed for mobile video surveillance applications. The system delivers live and recorded high definition images via 4G LTE networks.

Standard Features
4G LTE
Range 300ft Illumination
4TB HDD
Video Analytics
Universal Mount
Smart Switch
15ft Power Cord
Options
Up to 8TB HDD SSD
Up to 3 Additional Cameras
4G LTE Data-plans 50GB & 300GB
Up to 3 Additional Cameras
Solar Trailer

WCCTV 4G Covert Mini Dome

The WCCTV 4G Covert Mini Dome is a mobile video surveillance product specifically designed to discreetly blend into its environment and deliver live and recorded video via 4G LTE networks.

Standard Features
4G LTE
Covert PTZ Camera
Long Distance zoom
Rapid Installation Bracket
15ft Power Cord
Video Analytics
Options
Up to 8TB HDD SSD

WCCTV Secondary Cameras:

The WCCTV Pole Camera range offers the ability to add a secondary camera, whether this be a WCCTV 4G IR Mini Dome, 4G IR Mini Dome + or Multi Sensor Dome.

4G IR Mini Dome

4G IR Mini Dome +

Multi Sensor Dome

3. WCCTV Service

Base Services

Every WCCTV Product comes complete with a Service Package.

The suggested solution includes a 36-month service plan that includes services below for 3 years.

Standard Features
Camera Warranty
Trailer Maintenance**
Video Analytics License
Onsite Install (Surveillance Trailers)*
Remote Install (Pole Cameras)*
Remote Training**
Heartbeat Diagnostics***
Smart Switch Management
Remote Tech Support
Remote Footage Retrieval****

Options
Data Plan options: 50GB, 300GB, or COA Options 3 years, 4 years, and 5 years
Data Plan length: 3 year, 4 years, and 5 years
Renewal options length: 3 – 5 years

*Must be prebooked with WCCTV Service team minimum 48 hours' notice
**Must be prebooked with WCCTV Service team minimum 5 days' notice
***Client must request upgrade of devices onto WCCTV Heartbeat System. Must have 5G device in quality
**** Maximum 1 hour of footage download per month

Extended Service Plans

You may choose an extended service plan in addition to the Limited Warranty, which is subject to the ESA Terms (defined below):

Options
WCCTV Primary MiniDome ESA (With or Without Airtime): 1 year, 3 years, and 5 years
WCCTV Solar Trailer ESA: 1 year, 3 years and 5 years

*Pricing excludes sales tax at the prevailing rate.

4. Price

IR Mini Dome Covert MD (110v):

GSA Items	QTY	Item Price
500-0023 - Covert Dome, Bracket, Cable, Flight Case **101-0238** - 4 TBYTE Hard Disk Drive compatible with any WCCTV Minidome	3	$6,682.73
OLM Items	**QTY**	**Item Price**
500-0078 - 3 Year WCCTV Support, Warranty, Training, Analytics License, SSOperation, Heartbeat (OLM) X 3	3	$3,100.00
Shipping		$651.81
TOTAL		**$30,000.00**

Pricing based on GSA schedule 84 price list (contract number GS-07F-0310A)
*pricing excludes sales tax at the prevailing rate

5. WCCTV Heartbeat - Proactive Diagnostics

What does WCCTV Heartbeat detect?

Connection Issues: We will report if the connection to your WCCTV system fails or the system goes offline

Camera Failures: We can detect if a camera has developed a fault or has been tampered with.

Hard Disk Failures: We can detect any hard disk failures or if the system stops recording.

Recording Issues: Reports if the system records for less time than expected.

Time & Date Inaccuracy: Reports when the time is incorrect or tampered with

6. Conditions of Business

BY ORDERING THE EQUIPMENT AND/OR USING THE SERVICE, YOU ACKNOWLEDGE AND AGREE THAT:

1. If you order any of the Equipment described above, you agree to purchase it at the prices set out above. If airtime is included with the Equipment, airtime in excess of the airtime set forth above shall be billed to you at standard rates in place at the time incurred, unless otherwise agreed to in a subsequent writing. If airtime is provided it shall be provided for a fixed term of 12, 24, 36, 48, or 60 months (the "**Fixed Term**"). Unless otherwise stated, if airtime is included, the pricing for airtime shall expire at the end of the Fixed Term of each piece of Equipment ordered. If airtime is included, the Fixed Term begins upon delivery of the Equipment and ends at the expiration of 12, 24, 36, 48 or 60 months after it begins, depending on which Fixed Term is agreed upon and ordered.

2. If airtime for the Equipment is purchased, the amount of monthly gigabytes specified above (the "**Included Gigabytes**") are included in the price of the Equipment during the Fixed Term, which, as stated above, begins on the date the Equipment is delivered. You will receive monthly invoices indicating your gigabyte usage during the prior period only if you exceed the amount of your Included Gigabytes. After the Included Gigabytes are used, gigabytes will be billed at WCCTV's standard rates at the time the airtime is incurred (except as provided in Paragraph 4 below).

3. If airtime for the Equipment is initially purchased, after expiration of the Fixed Term, upon written request you may elect a rate plan for airtime that is available at that time for a new Fixed Term, at which time you will be provided with a new proposal. After the expiration of the Fixed Term(s) of the Equipment, WCCTV's standard rates shall apply until you properly cancel your service as provided in the Terms or until a new rate plan is agreed upon.

4. If airtime is purchased, the service and usage rates listed above shall only apply during the Fixed Term of the Equipment ordered. Such pricing cannot be guaranteed by WCCTV due to possible fluctuations in costs imposed on WCCTV by its service providers. However, if you have exceeded your Included Gigabytes and if WCCTV increases any overage usage rates that are specifically set out herein during the Fixed Term, you may cancel the service without incurring any additional Usage Charges (as defined in the Terms) by providing written notice within 30 days following notice of any increase and otherwise complying with the Terms.

5. All terms not defined herein shall have the same meaning as set forth in the Terms.

6. You are bound by and subject to Terms. The pricing information is provided to you herein. You acknowledge that you have received and read this proposal (including the pricing terms) and the terms and conditions herein and that you are bound by them even if you have not read them or signed a written agreement.

7. You acknowledge that the price you pay for the Equipment is not refundable and if service/airtime is provided, you may cancel only in accordance with the Terms. If airtime is provided you may only terminate your obligations hereunder upon full compliance with the Terms. If airtime is provided, you acknowledge that you will remain liable for any outstanding charges for equipment usage activity not yet billed at the time of termination.

8. Pricing set out in the Proposal shall be valid for 30 days from the date of the Proposal. After that time, please contact WCCTV for current Pricing Detail

APPROVED AS TO LEGAL FORM

N. Jay Yeager by [illegible]

N. Jay Yeager
Anderson County Law Director

7. Terms and Conditions

Wireless CCTV, LLC ("WCCTV") and you, as the person or entity placing an order ("You") with WCCTV, hereby agree to the following terms and conditions ("Terms") with respect to the sale of certain equipment identified in the Proposal or in a purchase order issued by you and confirmed by WCCTV (collectively, the "Equipment") and related airtime and other services identified in the Proposal (excluding services under any ESA) (the "Service"). At WCCTV's option the Equipment may be offered without airtime. These Terms are delivered in the proposal from WCCTV (the "Proposal") and are accepted by You upon placement of an order for Equipment, whether directly from WCCTV, from a third-party supplier/distributor/re-seller or any other source and constitute a binding and enforceable legal agreement between the parties. If there is a conflict between the terms of the Proposal and these Terms, the Terms shall control. These Terms prevail over any general terms and conditions that may be affixed to your order regardless of whether or when You have submitted any purchase order or such terms. Fulfilment of Your order does not constitute acceptance of any of your terms and conditions and does not serve to modify or amend these Terms.

Authorization

2.1 If You are an entity and not an individual, then the person accepting these Terms represents and warrants that he/she has been properly authorized and empowered to do so on behalf of such entity.

2.2 If You are an individual, You represent You are of legal age and have capacity to enter into these Terms.

2.3 You authorize WCCTV and its assigns to verify Your credit worthiness with a credit reporting agency at any time and to share information about Your performance hereunder with third parties.

Order, Delivery and Equipment

2.1 WCCTV shall supply the Equipment to You at the prices specified herein or otherwise agreed in writing by WCCTV.

2.2 WCCTV shall deliver the Equipment at its own risk to the Point of Delivery specified in the Proposal, or otherwise agreed in writing by You and WCCTV.

2.3 WCCTV shall use reasonable efforts to deliver the Equipment within a reasonable time. You shall not incur any liability in the event of any delay.

2.4 Placement of Your order constitutes acceptance of these Terms and Your agreement to pay the prices set forth herein for the Equipment/Service ordered. If You issue an order for the Equipment, You acknowledge that such order constitutes Your acceptance of the Proposal and Terms and Your firm commitment to purchase the Equipment/Service ordered at the prices set forth in the Proposal (or as otherwise specified in writing by WCCTV). You may not modify these Terms or any pricing in any purchase order. If Your order is placed via telephone, through a third party supplier/distributor or any other method, acceptance and use of the Equipment constitutes Your acceptance of these Terms.

2.5 You shall inspect the Equipment within such time as necessary to make a valid claim against the carrier for any damage incurred during transit and in no event no more than three (3) days of receipt of the Equipment ("Inspection Period"). All Equipment shall be in good order upon release to the carrier. ALL CLAIMS FOR DAMAGE AND LOSS IN TRANSIT MUST BE FILED BY YOU AGAINST THE CARRIER CONSISTENT WITH THE SHIPPING POLICY.

2.6 You shall examine the Equipment within the Inspection Period and notify WCCTV if the Equipment is not in good working order at the time of receipt or is Nonconforming Equipment. You will be deemed to have accepted the Equipment unless You notify WCCTV in writing of any Nonconforming Equipment during the Inspection Period and furnish such written evidence or other documentation as reasonably required by WCCTV. "Nonconforming Equipment" means only the following: (i) product shipped is different than identified in Your purchase order, or (ii) product's label, or packaging incorrectly identifies its contents.

2.7 If You timely notify WCCTV of any Nonconforming Equipment, WCCTV shall, in its sole discretion, (i) replace such Nonconforming Equipment with conforming Equipment, or (ii) credit or refund the Price for such Nonconforming Equipment, together with any reasonable shipping and handling expenses incurred by You in connection therewith. You shall ship, per WCCTV's instructions and WCCTV's expense and risk of loss, the Nonconforming Equipment to WCCTV's facility located at 851 International Pkwy, Suite 140, Richardson, Texas 75081. If WCCTV exercises its option to replace Nonconforming Equipment, WCCTV shall, after receiving Your shipment of Nonconforming Equipment, ship to You, at WCCTV's expense and risk of loss, the replaced Equipment. YOU ACKNOWLEDGE AND AGREE THAT THE REMEDIES SET FORTH IN THIS CLAUSE 2.7 ARE YOUR EXCLUSIVE REMEDIES FOR THE DELIVERY OF NONCONFORMING EQUIPMENT EXCEPT AS PROVIDED UNDER THIS CLAUSE 2.7. ALL SALES OF EQUIPMENT TO YOU ARE FINAL AND YOU HAVE NO RIGHT TO RETURN PURCHASED EQUIPMENT TO WCCTV.

Term, Cancellation of Service

3.1 If You purchase Equipment which includes airtime, You agree to the Fixed Term set forth in the Proposal as invoiced by WCCTV. The Fixed Term and any subsequent term are collectively referred to as the "Term". You are bound by these Terms for the full Term. You may cancel the Service for any reason by providing WCCTV with 30 days' notice, which cancellation will take effect on or before the beginning of the next billing cycle after the expiration of the notice period. IF YOU CANCEL SERVICE OR BREACH THE TERMS AND CONDITIONS BEFORE THE END OF THE FIXED TERM, YOU ACKNOWLEDGE THAT THE RESULTING HARM TO WCCTV IS EXTREMELY DIFFICULT TO MEASURE AND AGREE THAT WCCTV MAY RETAIN ALL FUNDS PAID FOR THE EQUIPMENT AND SERVICE, AS A REASONABLE ESTIMATE OF ITS DAMAGES. WCCTV's cost of providing the Service and Equipment is not incurred evenly over the Term. If You purchase Equipment which includes airtime, the pricing of the Equipment is based on the assumption that You will remain a customer for the Fixed Term and any subsequent Fixed Term that is later agreed upon. You agree that if You cancel during a Fixed Term, retention of charges paid is reasonable. If You purchase Equipment which includes airtime, after the expiration of a Fixed Term: (a) Your obligations will continue on a month-to-month basis; and (b) 30 days' written notice of termination is still required.

3.2 If WCCTV increases rates specifically set out in the Proposal during a Fixed Term, You may cancel the Service if You do so in writing within 30 days of the date of notice of a rate increase.

3.3 If You are a reseller of the Equipment, WCCTV may terminate its relationship with You immediately upon breach of any of these Terms (including but not limited to failure to pay) or upon thirty (30) days written notice for any reason whatsoever. Your obligation to pay for Equipment and Service already purchased shall continue regardless of termination.

Charges

4.1 You will pay all the charges for all usage of the Equipment, including, but not limited to, charges for data used in connection with the Equipment after delivery and any other charges for Service ("Usage Charges") as provided in Section 4.3 below. Certain usage charges may be included in the price of the Equipment, if stated in the Proposal, and certain Usage Charges are not included in the price of the Equipment. Rates specified shall apply only during the Fixed Term, unless notified in writing by WCCTV of an increase. WCCTV may increase the usage rates at any time, as and when it deems appropriate, subject to Your rights to cancel as provided in Clause 3.2.

4.2 You will pay for all additional gigabytes in full gigabyte increments, with partial gigabytes rounded to the next full gigabyte.

4.3 You are responsible for Equipment charges (reflected in the Proposal, or otherwise provided by WCCTV in writing), Usage Charges, all applicable taxes, cancellation fees, late payment fees, shipping charges and other charges and fees (collectively, the "Charges") through the last day of the billing cycle following receipt of the required 30 days' notice of termination set out in Clause 3.1 above, whether or not You personally use the Equipment or gigabytes for which the Charges are imposed.

4.4 You shall pay all Charges invoiced by WCCTV within thirty (30) calendar days from receipt (the "Due Date") of an invoice from WCCTV at the address identified on the invoice. Invoices that remain unpaid after the Due Date of the invoice are delinquent, and Service is subject to immediate suspension or termination. A late payment fee of $5.00 or 1.5%, whichever is greater, may be charged on all delinquent accounts. In no event will any late payment fee exceed the highest lawful rate.

4.5 WCCTV may, at its option, issue invoices prior to the end of a billing period if Charges exceed $500.00.

4.6 If You ask WCCTV for support, service, repair or training, we will be entitled to charge You for such support, service or training in accordance with our then current price list.

4.7 YOU MUST NOTIFY WCCTV IN WRITING OF ANY DISPUTES REGARDING CHARGES WITHIN 15 CALENDAR DAYS OF RECEIPT OF THE FIRST INVOICE CONTAINING THE DISPUTED CHARGE OR THE RIGHT TO DISPUTE THE CHARGE WILL BE WAIVED.

4.8 After cancellation or termination of Service, You shall pay invoices issued to You for any and all Usage Charges incurred prior to cancellation or termination, whether or not WCCTV is aware of such charges at the time of cancellation or termination.

4.9 If You claim any exemption from any applicable taxes, You will only be entitled to such exemption after WCCTV receives acceptable documentation of entitlement to such exemption from You.

Forms of Payment, Credit Card Charges and Authorization

5.1 You may use the following forms of payment unless otherwise informed in writing by WCCTV: wire transfer, business check, money order, cashiers or certified check or credit card. If a credit card is used, the credit card may be charged the amount invoiced by WCCTV automatically upon generation of an invoice. You authorize WCCTV to charge the credit card for all charges incurred hereunder. Additionally, WCCTV may charge the credit card for Charges incurred prior to an invoice date if Charges exceed $500.00 or any established credit limit, whichever is greater, during a billing period.

5.2 If a credit card is used, upon placement of the order and prior to incurring any Usage Charges, You authorize WCCTV to immediately submit a charge on the credit card in an amount to be determined by WCCTV (the "Authorization Amount"). Determination of the Authorization Amount is in WCCTV's sole discretion, but is anticipated to be $1,500.00. The Authorization Amount is considered temporary and is used to confirm validity of and availability of credit on the credit card in the estimated amount of future Charges.

5.3 In providing WCCTV with a credit card for payment, You represent that You are authorized to make charges on such account.

5.4 DEBIT CARDS ARE NOT AN ACCEPTABLE FORM OF PAYMENT. WCCTV disclaims any and all liability for any damages incurred by You as a result of using a debit card, including, but not limited to, NSF charges.

Equipment Use, Loss and Damage

6.1 Upon delivery to You, WCCTV will provide an onboarding session and instructional video links on the use of the Equipment (the "Video Links").

6.2 You will use the Equipment in accordance with the onboarding session, video links and any manufacturer's instructions and/or specifications (collectively, the "Manufacturer's Instructions") and in no other manner. The Manufacturer's Instructions are incorporated in these Terms by reference. The Equipment shall be used only with the modem included with Equipment when delivered. You shall not remove or replace any modem contained in the Equipment, unless specifically authorized to do so in writing by WCCTV.

6.3 Unless otherwise agreed, ownership of the Equipment will transfer to You upon WCCTV's receipt of payment of the full price of the Equipment. Until ownership of the Equipment transfers to You, You agree that You will not:

6.3.1 Effect any repairs or modifications to the Equipment;

6.3.2 Remove or interfere with any certification markers affixed to the Equipment;

6.3.3 Deface or add to the Equipment;

6.3.4 Allow any third-party to use of the Equipment;

6.3.5 Attempt to dispose of the Equipment or to grant any interest in the Equipment to any third party; or

6.3.6 Sell the Equipment to a third-party.

6.4 You grant WCCTV, our agents and employees, an irrevocable licence at any time to enter into or onto any premises or land where the Equipment is or may be stored in order to repossess it or where Your right to possession has terminated, to recover it.

6.5 We shall be entitled to charge You the costs we incur in recovering the Equipment in accordance with this Clause.

6.6 In the event the Equipment is lost or stolen, You must notify WCCTV immediately and provide WCCTV with the internet protocol address ("IP Address") of the Equipment lost or stolen. You are responsible for all Charges incurred on the Equipment up to the time that the provider/carrier contracted by WCCTV to provide the Service disables the Equipment. If You do not or cannot provide the IP Address of the lost or stolen Equipment, Service cannot be cancelled, and You will continue to be responsible for all charges incurred on such Equipment.

6.7 If You purchased the Equipment and Service from anyone other than WCCTV, that company is obligated to provide You customer service and WCCTV is not.

Software

7.1 If the Equipment incorporates software owned by WCCTV, we grant You a non-exclusive, non-transferable licence to use that software as part of the Equipment and You must:

7.1.1 not copy, distribute, transmit, transcribe, translate, adapt, vary, modify, disassemble, decompile or reverse engineer our software or our software manuals without our express written permission; and

7.1.2 obey any additional license terms, if any, provided by us in Your licence to the software including as part of the operating manuals (relating to the Equipment).

7.2 If the Equipment incorporates third-party software licensed to us You must:

7.2.1 (subject to Clause 7.2.2) not copy, distribute, transmit, transcribe, translate, adapt, vary, modify, disassemble, decompile or reverse engineer that software or the software manuals; and

7.2.2 obey that third-party's license terms as shown in the third-party software and third-party software manuals.

7.3 You agree to indemnify WCCTV and hold WCCTV harmless against any liabilities WCCTV incurs whatsoever as a consequence of a breach by You of this Clause.

Limited Warranty, Disclaimer of Warranty, Limitation of Liability, Indemnity

Limited Warranty and Exclusions

8.1 WCCTV warrants to the original purchaser that the Equipment is free from material defects in material and workmanship for a period of 12 months following the date of delivery under normal use, subject to the requirements, exclusions and limitations stated herein (the "Limited Warranty"), which will be strictly applied.

8.1.1 **Timing.** WCCTV shall not be liable for a breach of this Limited Warranty unless: (a) You give written notice of the defective Equipment, reasonably described, to WCCTV within fifteen (15) days of the time when You discover or ought to have discovered the defect; (b) You include proof of purchase and proof of date of purchase (c) if applicable, WCCTV is given a reasonable opportunity after receiving the notice of breach of this Limited Warranty to examine such Equipment and You return such Equipment to WCCTV's place of business; and (d) WCCTV reasonably verifies Your claim that the Equipment is defective.

8.1.2 **Normal Use, No Repairs or Alterations.** This Limited Warranty covers only defects in the original components, and does not apply if the Equipment is modified, repaired or altered in any fashion or has been subjected to neglect, abuse, misuse, accident, overload or other unreasonable use, including failure to exercise reasonable care or perform necessary maintenance in the operation, transport and storage of the Equipment.

8.1.2 Manufacturer's Instructions: Failure to use Equipment in accordance with Manufacturer's Instructions.

8.1.3 **Exclusion of Components Warranted by other Manufacturers.** Components manufactured by a third-party ("**Third Party Product**") may constitute, contain, be contained in, incorporated into, attached to or packaged together with the Equipment. WCCTV MAKES NO REPRESENTATIONS OR WARRANTIES WITH RESPECT TO ANY THIRD-PARTY PRODUCT, INCLUDING ANY WARRANTY OF MERCHANTABILITY OR WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE, WARRANTY OF TITLE OR WARRANTY AGAINST INFRINGEMENT OF INTELLECTUAL PROPERTY RIGHTS OF A THIRD-PARTY, WHETHER EXPRESS OR IMPLIED BY LAW, COURSE OF DEALING, COURSE OF PERFORMANCE, USAGE OF TRADE OR OTHERWISE.

8.1.4 Compliance with Terms. Charges being current and there being no breach of these Terms.

8.1.5 Consumables. The Limited Warranty does not cover any parts that require replacement or maintenance in the ordinary use due to normal wear and tear such as bake components, seals, bearings, etc.

8.1.6 Rust, Scratches and Dents. This Limited Warranty does not cover rust or scratches and dents at the time of purchase.

8.1.7 **Connectivity.** WCCTV is not liable for the performance of the Equipment (except as otherwise specifically provided in this Clause) or the operation of the network to which it is connected. You acknowledge that Service may be temporarily interrupted, delayed or otherwise limited due to a variety of causes, including without limitation transmission limitations and by atmospheric and other conditions, system capacity limitations and system and equipment failure.

Disclaimer

8.2 WCCTV DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, WITH REGARD TO ANY SERVICE.

Limitations

8.3 SUBJECT TO THE TERMS HEREOF, THE SOLE RESPONSIBILITY OF WCCTV UNDER THE LIMITED WARRANTY SHALL BE, IN WCCTV'S SOLE DISCRETION, TO EITHER (A) REPAIR OR REPLACE THE EQUIPMENT OR (B) CREDIT OR REFUND THE PRICE OF THE EQUIPMENT AT THE PRO RATA CONTRACT RATE PROVIDED THAT, IF WCCTV SO REQUESTS, YOU SHALL RETURN THE EQUIPMENT TO WCCTV CONSISTENT WITH CLAUSE 2.7.

8.4 THE LIMITED WARRANTY ON EQUIPMENT PROVIDED HEREIN IS LIMITED TO THE TERMS OF THIS CLAUSE AND IS IN LIEU OF ANY AND ALL OTHER WARRANTIES, EXPRESSED OR IMPLIED. EXCEPT AS PROVIDED IN THIS CLAUSE, WCCTV DISCLAIMS ALL WARRANTIES AND CONDITIONS WHETHER EXPRESS OR IMPLIED, REGARDING ANY MATTER INCLUDING WITHOUT LIMITATION THE WARRANTIES AND CONDITIONS OF MERCHANTABILITY, TITLE, FITNESS FOR A PARTICULAR PURPOSE, COURSE OF DEALING, COURSE OF PERFORMANCE, USAGE IN TRADE, NONINFRINGEMENT AND THAT THE EQUIPMENT AND SERVICE WILL BE ERROR FREE. IF APPLICABLE STATE LAW DOES NOT ALLOW THE DISCLAIMER OF CERTAIN IMPLIED WARRANTIES, THE RELEVANT PORTIONS OF THE ABOVE EXCLUSIONS MAY NOT APPLY.

8.5 IN NO EVENT SHALL WCCTV BE LIABLE TO YOU OR ANY THIRD PARTY FOR ANY LOSS OF USE, REVENUE OR PROFIT OR DIMINUTION IN VALUE, OR FOR ANY CONSEQUENTIAL, INDIRECT, INCIDENTAL, SPECIAL, EXEMPLARY, OR PUNITIVE DAMAGES WHETHER ARISING OUT OF BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE) OR OTHERWISE, REGARDLESS OF WHETHER SUCH DAMAGES WERE FORESEEABLE AND WHETHER OR NOT WCCTV HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES, AND NOTWITHSTANDING THE FAILURE OF ANY AGREED OR OTHER REMEDY OF ITS ESSENTIAL PURPOSE.

8.6 WCCTV WILL IN NO EVENT BE RESPONSIBLE, NOR SHALL YOU MAKE ANY CLAIM AGAINST WCCTV, FOR ANY LIABILITY, CLAIM, LOSS, INJURY, DAMAGE OR EXPENSE OF ANY KIND (INCLUDING LOST PROFITS) WHETHER DIRECT, INDIRECT OR CONSEQUENTIAL CAUSED BY THE EQUIPMENT OR THE FAILURE OF THE EQUIPMENT TO OPERATE CORRECTLY, OR AT ALL, OR DELAY, FAULTINESS (SUCH AS DEGRADATION OF SERVICE), FAILURE OF THE SERVICE OR DEACTIVATION OF SERVICE PURSUANT TO THESE TERMS.

8.7 IN NO EVENT SHALL WCCTV'S AGGREGATE LIABILITY ARISING OUT OF OR RELATED TO ANY SALE OR PROPOSED SALE OF EQUIPMENT AND/OR SERVICES OR ANY EQUIPMENT AND/OR SERVICES SOLD TO YOU, WHETHER ARISING OUT OF OR RELATED TO BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE) OR OTHERWISE, EXCEED THE TOTAL OF THE AMOUNTS PAID TO WCCTV FOR THE EQUIPMENT AND SERVICES SOLD UNDER THE PURCHASE ORDER RELATING TO THE EQUIPMENT AND/OR SERVICES AT ISSUE.

GENERAL

8.8 The Limited Warranty contained herein gives You specific legal rights. You may also have other rights which vary from state to state.

8.9 You shall be solely responsible for and shall indemnify and hold harmless WCCTV against any and all claims, demands and liability, including reasonable attorneys' fees and expenses, arising as a result of Your ownership, possession, use or misuse of the Equipment or the Service provided hereunder.

Termination

9.1 The use of the Equipment and all Service may be terminated or deactivated without notice by WCCTV upon any of the following events: (a) WCCTV has any reason to believe the Equipment was obtained by any misrepresentation or fraudulent means, (b) WCCTV has any reason to believe any modem on the Equipment has been tampered with, (c) WCCTV has any reason to believe the Equipment is or may be used for any illegal or improper purpose, or in violation of applicable laws, (d) a breach of any of these Terms including the payment terms, or (e) detection of unusually high usage, or possible theft or fraud. WCCTV may also terminate these Terms without any liability whatsoever in the event that Service is not available to WCCTV or becomes unavailable for any reason. No remedy of WCCTV shall be exclusive of any other remedy whether provided herein or available at law or in equity, but shall be cumulative with other remedies.

Intellectual Property

10.1 If, and only if, You are a reseller or distributor of the Equipment, WCCTV hereby grants You a royalty free, revocable, non-transferable limited license to use the trademarks (association with the Equipment (the "WCCTV Trademarks") for the limited purposes of marketing and sale of the Equipment, and only to exercise Your rights and perform Your obligations under this Agreement in the territory specified by WCCTV. Such license shall be automatically revoked upon termination of the relationship between You and WCCTV.

10.2 You shall ensure that each reference to and use of any of the WCCTV Trademarks is in a manner approved in advance, in writing by WCCTV.

10.3 You shall not:

10.3.1 make any modifications to the Equipment or its packaging;

10.3.2 alter, remove or tamper with any WCCTV Trademarks, numbers, or other means of identification used on or in relation to the Equipment;

10.3.3 use any of the WCCTV Trademarks in any way which might prejudice their distinctiveness or validity or the goodwill of WCCTV therein;

10.3.4 use in relation to the Equipment any trademarks other than WCCTV's Trademarks without obtaining the prior written consent of WCCTV; or

10.3.5 use any trademarks or trade names so resembling any trademark or trade names of WCCTV as to be likely to cause confusion or deception.

10.4 Except as provided in this Clause, You shall have no rights in any trade names or trademarks used by WCCTV in relation to the Equipment or the goodwill associated therewith, and You hereby acknowledge that, except as expressly provided in this Agreement, You shall not acquire any rights in respect thereof and that all such rights and goodwill are and shall remain vested in WCCTV.

10.5 You shall take all such steps as WCCTV may reasonably require to assist the Manufacturer in maintaining the validity and enforceability of any WCCTV intellectual property during the term of this Agreement.

10.6 You shall return all relevant documentation and any copies of such documentation to WCCTV at Your risk (postage paid) promptly on termination of your relationship with WCCTV or upon WCCTV's request.

10.7 You shall at the request and cost of WCCTV execute such registered user agreements or licenses in respect of the use of the WCCTV Trademarks as WCCTV may reasonably require, provided that the provisions thereof shall not be more onerous or restrictive than the provisions of this Agreement.

10.8 You shall not do or authorize any third-party to do any act which would or might invalidate or be inconsistent with any intellectual property of WCCTV and shall not omit or authorize any third-party to omit to do any act which, by its omission, would have that effect or character.

10.9 You shall promptly and fully notify WCCTV of any actual, threatened or suspected infringement of any intellectual property of WCCTV, and of any claim by any third-party that the Equipment, or its sale, infringes any rights of any other person, and You shall at the request and expense of WCCTV do all such things as may be reasonably required to assist WCCTV in taking or resisting any proceedings in relation to any such infringement or claim.

Notice

11.1 You shall send all notices required hereunder in writing via certified mail, return receipt requested to: Wireless CCTV LLC, 861 International Pkwy, Suite 140, Richardson, TX 75081.

11.2 Any notice to You is sufficient if sent via first class mail to the address provided by You upon placing the Equipment order or an email address provided by You.

Applicable Law

12.1 These Terms shall be deemed entered into in Dallas County, Texas and shall be governed by the laws of the State of Texas, United States of America. In addition, these Terms are subject to applicable foreign, federal and state laws and rules.

General

13.1 These Terms can only be modified in writing. Specifically, they cannot be modified by any WCCTV representative in person, over the phone or by email. However, they may be modified in writing from time to time by WCCTV. Any such modifications are binding upon You upon either posting new terms or conditions on WCCTV's website or upon transmittal of the new terms and conditions to You via email or any other method to the billing address stipulated by You when placing the order.

13.2 The headings in these Terms are for convenience of reference only and shall not affect the meaning or construction of the provisions contained herein.

13.3 Waiver by WCCTV of any breach of these Terms shall be considered as a waiver of any subsequent breach of the same or any other provision hereof.

13.4 You shall be liable to WCCTV for all expenses, including reasonable attorneys' fees, collection fees and court costs incurred in connection with any collection, repossession or other action sought to enforce WCCTV's rights hereunder.

13.5 Your rights and obligations under these Terms cannot be assigned or transferred by You, nor can they be modified or waived except by written instrument signed by WCCTV or its authorized agent. These Terms constitute the entire agreement between WCCTV and You, there are no other representations, conditions, warranties, guarantees, or collateral agreements, express or implied, statutory or otherwise, concerning the use of the Equipment or the Service, other than as set forth herein.

13.6 WCCTV is not liable for any lack of privacy which may be experienced with regard to the Equipment or Service. You authorize WCCTV's monitoring and recording of information concerning Your usage and the Service and consents to WCCTV's use of telephone, facsimile and email to contact You.

13.7 If the performance of any part of these Terms by WCCTV is prevented, hindered, delayed or otherwise made impracticable by reason of any flood, riot, fire, judicial or governmental action, labor disputes, act of God, terrorist attack, or any other causes beyond the control of WCCTV, WCCTV shall be excused from performance to the extent that it is prevented, hindered or delayed by such causes.

13.8 WCCTV may assign all or part of its rights or duties under the Terms without the notice to You, except to the extent required by law. Such an assignment releases WCCTV from all liability. You may not assign the Terms without WCCTV's prior written consent. Subject to these restrictions, the Terms will bind the heirs, successors and assigns of the respective parties who will receive its benefits.

13.9 If any provision herein is determined to be invalid or unenforceable, the remaining provisions shall not be affected and shall continue to bind the parties as though the invalid or unenforceable provision (or portion thereof) were not contained herein.

8. Extended Service Terms and Conditions

These Extended Service Agreement Terms and Conditions ("ESA Terms"), provide for the repair or replacement necessary to correct certain material defects in material and workmanship in the Equipment for the ESA Term, subject to the requirements, exclusions and limitations stated herein, which will be strictly applied. Please review the ESA Terms in their entirety as they are not merely an extension of the Limited Warranty.

These ESA Terms are delivered with the Proposal and are accepted by You upon placement of an order for Equipment with an Extended Service Plan, whether directly from WCCTV, from a third-party supplier/distributor/reseller or any other source and constitute a binding and enforceable legal agreement between the parties (the "ESA").

If there is a conflict between the terms of the Proposal and these ESA Terms, the ESA Terms shall control. These ESA Terms prevail over any general terms and conditions that may be affixed to your order regardless of whether or when You have submitted any purchase order or such terms. Fulfillment of Your order does not constitute acceptance of any of your terms and conditions and does not serve to modify or amend these ESA Terms.

Definitions

1.1 Capitalized terms used, but not defined, herein shall be given the same meaning described to them in the Terms.

1.2 The following capitalized terms shall have the meanings set forth below:

"Covered Component" means any component of the Equipment other than the Excluded Components, including batteries, solar panels, charging components, mechanical elements of the mast, and LED and brake lights.

"Deductible" means the fixed fee payable for an on-sight assessment of the Equipment. The Deductible shall be $1,000 if the assessment takes place at a Service Location located in Texas or $2,000 if the assessment takes place at a Service Location located in the Service Area (including Texas).

"ESA Term" means the term of the Extended Service Plan agreed by the parties, whether one, three or five years, provided that the ESA shall terminate if you

"Excluded Components" means the structural elements of the trailer, consisting of frame, axel, mast, tow bar, stabilizers and tires.

"Failure" means the failure or inability of a Covered Component to perform in order in which it was designed to perform due to defects in material or workmanship under normal use. Failure does not include reduction in operating performance due to normal wear and tear.

"Service Area" means the 48 continental states of the United States of America.

"Service Location" means at WCCTV's option (1) a clean, secure, covered location with ready access to power provided by You for the assessment and any repair of the Equipment, or (2) a service location designated by WCCTV.

Order

2.1 Placement of Your order constitutes acceptance of these ESA Terms and Your agreement to pay the prices set forth herein for the applicable Extended Service Plan. If You issue an order for the Equipment with an Extended Service Plan, You acknowledge that such order constitutes Your acceptance of the Proposal, Terms, the ESA Terms and Your firm commitment to purchase the Extended Service Plan ordered at the prices set forth in the Proposal (or as otherwise specified in writing by WCCTV). You may not modify these ESA Terms or any pricing in any purchase order. If Your order is placed via telephone, through a third-party supplier/distributor or any other method, acceptance and use of the Equipment constitutes Your acceptance of these ESA Terms.

WCCTV's Responsibilities

3.1 During the applicable ESA Term: (i) if applicable, the Limited Warranty shall be extended for the ESA Term; and (ii) WCCTV agrees to provide the services necessary to repair or replace any Covered Component that experiences a Failure within the Service Area. **WCCTV'S OBLIGATIONS HEREUNDER ARE SUBJECT TO THE SAME EXCLUSIONS, DISCLAIMERS AND LIMITATIONS APPLICABLE TO THE LIMITED WARRANTY WITH REFERENCES TO THE EQUIPMENT INCLUDING THE COVERED COMPONENTS.** WCCTV will make its initial assessment of the Equipment or Covered Component within 15 business days of receiving written notice of a Failure or asserted claim under the Limited Warranty. WCCTV shall cover the cost of technician's travel within the Service Area.

Your Responsibilities

4.1 All reasonable efforts will be made by You to facilitate remote technical support by WCCTV.

4.2 If it is determined that the malfunction of the Equipment or Failure is not covered by the Limited Warranty or this ESA, you will be charged and you agree to pay the applicable Deductible, plus the costs of any parts should You request WCCTV to repair the Equipment and WCCTV agrees to make such repairs.

Territory

5.1 The ESA applies to Equipment sold to You and located in the Service Area.

Assignment

6.1 The ESA is for the sole benefit of You and may not be assigned or transferred without the express written consent of WCCTV.

Optional; Not Insurance

7.1 The ESA is optional. The Limited Warranty will apply in accordance with its terms, regardless of whether or not an ESA is purchased. The ESA is not an insurance policy. The ESA is not intended to be offered in any state or jurisdiction where such an offering is not authorized or is unlawful under applicable law and any such offering is void. Any provision of the ESA that is unenforceable under applicable law is excluded and the remaining provisions should be enforced without the unenforceable provision.

Notice

8.1 You shall send all notices required hereunder in writing via certified mail, return receipt requested to: Wireless CCTV LLC, 651 International Parkway, Suite 140, Richardson, TX 75081.

8.2 Any notice to You is sufficient if sent via first class mail to the address provided by You upon placing the Equipment order, or email address provided by You.

Applicable Law

9.1 These ESA Terms shall be deemed entered into in Dallas County, Texas and shall be governed by the laws of the State of Texas, United States of America. In addition, these ESA Terms are subject to applicable foreign, federal and state laws and courts.

General

10.1 These ESA Terms can only be modified in writing. Specifically, they cannot be modified by any WCCTV representative in person, over the phone or by email. However, they may be modified in writing from time to time by WCCTV. Any such modifications are binding upon You upon either posting new terms or conditions on WCCTV's website or upon transmittal of the new terms and conditions to You via email or any other method to the billing address supplied by You when placing the order.

10.2 The headings in these ESA Terms are for convenience of reference only and shall not affect the meaning or construction of the provisions contained herein.

10.3 No waiver by WCCTV of any breach of these ESA Terms shall be considered as a waiver of any subsequent breach of the same or any other provision hereof.

10.4 You shall be liable to WCCTV for all expenses, including reasonable attorneys' fees, collection fees and court costs incurred in connection with any collection, repossession or other action brought to enforce WCCTV's rights hereunder.

10.5 Your rights and obligations under these ESA Terms cannot be assigned or transferred by You, nor can they be modified or waived except by written instrument signed by WCCTV or its authorized agent. These ESA Terms constitute the entire agreement between WCCTV and You; there are no other representations, conditions, warranties, guarantees, or collateral agreements express or implied, statutory or otherwise, concerning the use of the Equipment or the Service, other than as set forth herein.

10.6 WCCTV is not liable for any lack of privacy which may be experienced with regard to the Equipment or Service. You authorize WCCTV's monitoring and recording of information concerning Your usage and the Service and consents to WCCTV's use of telephone, facsimile and email to contact You.

10.7 If the performance of any part of these ESA Terms by WCCTV is prevented, hindered, delayed or otherwise made impracticable by reason of any flood, riot, fire, judicial or governmental action, labour disputes, act of God, terrorist attack, or any other causes beyond the control of WCCTV, WCCTV shall be excused from performance to the extent that it is prevented, hindered or delayed by such causes.

10.8 WCCTV may assign all or part of its rights or duties under the ESA Terms without the notice to You, except to the extent required by law. Such an assignment releases WCCTV from all liability. You may not assign the ESA Terms without WCCTV's prior written consent. Subject to those restrictions, the ESA Terms will bind the heirs, successors, and assigns of the respective parties who will receive its benefits.

10.9 If any provision herein is determined to be invalid or unenforceable, the remaining provisions shall not be affected and shall continue to bind the parties as though the invalid or unenforceable provision (or portion thereof) were not contained herein.

wcctv

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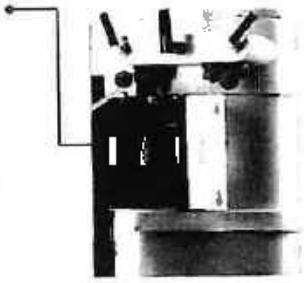
WCCTV 4G IR MINI DOME

- 4G and Wi-Fi transmission
- 3 additional inputs for secondary cameras and accessories
- ALPR / Time Lapse / Voice Down



- Universal mounting bracket
- Lightweight construct - c.15lbs
- Smart Switch for remote reboot
- Additional high-intensity flashing external LED Lights
- 4TB Hard Disk Drive

- 1080p PTZ Camera
- 524ft IR capability
- 23x Optical Zoom
- Full remote configuration via mobile and PC

KEY PRODUCT BENEFITS

Inbuilt Video Analytics

Easy To Install & Maintain

HD PTZ with Directional IR

Low Power Usage

GPS Location Information

Fast Review of Evidential Footage

Remote Access to Footage

Integrated 4G LTE Transmission

Integration with Video Platforms

Multiple Power Options

WCCTV 4G IR MINI DOME

WCCTV's 4G IR Mini Dome is a rapid deployment pole camera specifically designed for mobile video surveillance applications such as law enforcement surveillance, parking lot security, city safety and construction site security. As an all-in-one video surveillance solution, it combines an infrared PTZ camera, 4TB's of onboard recording capacity, and wireless transmission technology into a portable, lightweight unit.

The system is easy to install onto a utility pole or building, is easy to maintain, and can easily be moved to a new location to target crime hotspots or if your surveillance requirements change.

Live and recorded footage can be accessed via 4G LTE, allowing users to view video streams from any device at any time remotely. The 4G IR Mini Dome also contains video analytics functionality for intelligent surveillance applications and automated security.

The unit features three additional input channels, allowing secondary cameras such as LPR cameras, secondary PTZ cameras or static cameras for Time Lapse Video applications.

PRODUCT VARIANTS

Multi Sensor Dome

Multidirectional surveillance solution - 4 views from one device

Covert Dome

Designed to discreetly blend into its environment

Solar Dome

Off-grid sites where no mains power available

ACCESSORIES

Smart Switch

Allows users to remotely control the power to a Pole Camera

ALPR

Automatic license plate recognition with cloud storage and live feed

Audio Voice Down and Blue Light

Integreated specialized voice-down horn speaker

EXAMPLE APPLICATIONS

Law Enforcement Surveillance

Illegal Dumping

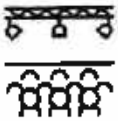
Anti-Social Behaviour

Retail Outlet Surveillance

Roads & Highway Monitoring

Community Safety

Protect Critical Infrastructure



Major Public Events Safety

Public Space Monitoring

Downtown Cameras

PRODUCT SPECIFICATION

General	Dimensions (HxWxD)	18" x 7" x 10"
	Operating Temperature Range	-22 to +122°F
	Power	110-240 Volt input (mains powered)
	Power Consumption	24W
	Weight	15lbs
	Software Upgrade	Internet / 4G / back to back PC
	Warranty	12 months warranty with options for extended warranty
Video	Video Inputs	4
	Operation	Simultaneous live, record, playback, remote access
	Optical / Digital Zoom	23x / 16x
	Resolution of Camera	Up to 1080p
	Maximum FPS	25
	Recording	Proprietary narrowband algorithm
	MutiMode (Recording Algorithms)	Dynamically changes record rates and compression settings for the camera
	Snapshot Video Clip	Yes
	Video Motion Search	Yes
	Archive Protection	Yes - protect against overwrite
	Wireless Communication	Supported via suitable interface - GSM, GPRS, UMTS, HSDPA, HSDPA, HSCSD, CDMA, 3G, 4G LTE
	IR Range	Up to 524ft
Storage	Internal Capacity	Up to 4TB
	HDD Types	Removable SATA hard disk drive
	Export	4G/ network / optional removable SATA hard disk drive
Alarms	Alarms	2 camera control, 1 alarm, 1 arming / disarming and 2 auxiliary inputs
	Alarm Function Support	Alarm log, event search, pre-event recording
	Alarm Reporting	Yes - to a remote site via email
	Display Alarm on PC Monitor	Yes or Network / 4G
	Relays	2 relays - system error and/or remote control purposes
	Video Motion Detection	Yes - onboard analytics
Networking	Remote PC Client	Client Software Free Download
	Remote Web Browser Client	Viewing
	Password Protected	Yes
	Remote Smartphone (iPhone) Compatible	
	Remote Tablet (iPad) Compatible	

WCCTV is headquartered in Dallas, TX, with an established deployment network across the United States. To find out more about WCCTV 4G IR Mini Dome please contact our USA Head Office:

Wireless CCTV LLC
851 International Pkwy
Suite 140, Richardson
Texas, 75081

t: +1 877 805-9475
e: sales@wcctv.com

GSA Advantage!
www.gsaadvantage.gov
Contract: GS-07F-031DA

SIA SECURITY INDUSTRY ASSOCIATION

LexisNexis

LEXIS+® SUBSCRIPTION AGREEMENT FOR STATE/LOCAL GOVERNMENT

(NEW SUBSCRIBER VERSION)

"Subscriber" Name: TN-Anderson County-County Attorney
Account Number: 1000125QJ
"LN": LexisNexis, a division of RELX Inc.

1. Subscription Agreement

LexisNexis, a division of RELX Inc. ("LN") grants Subscriber a non-exclusive, non-transferable limited license to access and use Lexis+® and the materials available therein ("Materials") pursuant to terms set forth in the LexisNexis General Terms and Conditions ("General Terms") and the pricing set forth in the Price Schedule ("Price Schedule") (the General Terms together with the Price Schedule is collectively referred to as the "Subscription Agreement"), both of which are incorporated herein by reference. Subscriber may view and print the Subscription Agreement at: https://www.lexisnexis.com/en-us/terms/GovtAcademic/terms.page.

2. Certification

2.1 Subscriber certifies that the number of government professionals in Subscriber's organization is as set forth below. A "Government Professional User" is defined as an attorney, judge, librarian, researcher, investigator or analyst who is employed by the Subscriber.

Number of Government Professional Users:	**1**

2.2 A "Support Staff User" is defined as a person who supports the Government Professional User, including, but not limited to: paralegals, interns, legal secretaries or other administrative support members. 3 ID's may be issued to support staff for each Government Professional User accounted for above.

Number of Support Staff Users:	3

2.3 Each LN ID must be issued for individual use by the Government Professional User or Support Staff User.

2.4 If Subscriber, at the time of signing this Agreement has 11 or more Government Professional Users, then Subscriber is required to notify LN if the number of Government Professional Users falls below 11. Subscriber shall, within 30 days of the staffing change, notify LN in writing.

2.5 Subscriber acknowledges that the pricing and menus provided to Subscriber in this Agreement depend in part on the number of Government Professional Users in Subscriber's organization. Subscriber certifies that as of the date Subscriber signs this Agreement there are the number of Government Professional Users in Subscriber's organization (the "Reference Number") as Subscriber has specified above.

(i) At LN's request from time to time, Subscriber will certify in writing the then-current Reference Number.

(ii) If there is a change in the Reference Number during the Term, LN may, in its sole discretion on at least 30 days prior written notice to Subscriber, increase or decrease the Monthly Commitment by an amount that does not exceed, on a percentage basis, the change in the Reference Number.

3. Lexis+ Product and Charges

3.1 This Section 3 amends the Subscription Agreement with respect to the Lexis+ product offering described below. The term of Subscriber's commitment for the Lexis+ product offering will begin upon the date Subscriber's billing account ("Account Number") is activated ("Activation") and will continue for the last period set forth in Section 3.2 below (the "Committed Term"). Subscriber may not terminate this Agreement for convenience under General Terms during the Committed Term. Notwithstanding the foregoing, Subscriber may terminate this Agreement during the Committed Term for a material breach by LN that remains uncured for more than 30 days after LN receives written notice from Subscriber identifying a specific breach.

If Subscriber terminates this Agreement pursuant to this Section, then Subscriber will pay all charges incurred up to the date of termination.

Lexis+ Content & Features		
Product	**SKU Number**	**Number of Users**
National Primary Enhanced	1011511	1
Core Public Records with Smartlinx Person, Business and Location Reports	1004801	1
Everything Courtlink minus Runner	1529045	1
Lexis+™ Practical Guidance - State & Local Government	1534660	1
All Briefs, Pleadings & Motions	1010612	1

3.2 In exchange for access to the Lexis+ Content, Feature and/or Service set forth in Section 3.1 above, Subscriber will pay to LN the following amount (the "Monthly Commitment") during the periods set forth below.

Committed Term	Monthly Commitment
3/1/2023 - 11/30/2024	304
12/1/2024 - 11/30/2025	304

3.3 During the Term, LN may make content and features available to Subscriber that are not included in the Lexis+ Content described above at an additional charge ("Out of Plan Materials"). Authorized Users trying to access Out of Plan Materials will be notified of the additional charges before the materials are displayed. If an Authorized User accesses the Out of Plan Materials, Subscriber will pay the transactional charge(s) displayed at the time of access. If Subscriber does not initial below, Out of Plan Materials will be excluded from Authorized User's search.

To have Out of Plan Materials available for your Authorized Users, initial here _____
(Initial)

3.4 Use of Lexis+ under this Agreement is available to Subscriber and its Authorized Users (defined in the General Terms).

3.5 LN may temporarily suspend access to Lexis+ until all unpaid amounts are paid in full. No claims directly or indirectly related to this Agreement with respect to amounts billed or payments made under this Agreement may be initiated by Subscriber more than 6 months after such amounts were first billed to Subscriber.

4. Closed Offer

The prices and other terms are subject to change if Subscriber has not submitted a signed original or copy on or before _____.

5. Confidential Information

Subject to any state open records or freedom of information statutes, this Agreement contains confidential pricing information of LN. Subscriber understands that disclosure of the pricing information contained herein could cause competitive harm to LN and will receive and maintain this Agreement in trust and confidence and take reasonable precautions against such disclosure to any third person. This Section 5 will survive the termination or expiration of this Agreement.

LexisNexis

LEXIS+® SUBSCRIPTION AGREEMENT FOR STATE/LOCAL GOVERNMENT
(NEW SUBSCRIBER VERSION)

6. Support and Training

During the Term, Subscriber, with the support of LN, agrees to encourage the effective use of Lexis+ through:

(a) Meaningful participation in additional ongoing programs presented by LN to update and train Authorized Users;

(b) Authorize the periodic distribution of memos or other communications by LN and/or Subscriber to Authorized Users; and

(c) The periodic review with LN of Subscriber's Authorized User's use of materials and training under this Agreement.

7. Miscellaneous

7.1 This Agreement does not bind either party until it has been accepted by both parties. Subscriber may accept this Agreement by signing below. LN will accept this Agreement by providing Subscriber with access to Lexis+ or by signing below.

7.2 If Subscriber issues a purchase order in connection with the Agreement, Subscriber acknowledges and agrees that the purchase order shall be for Subscriber's internal purposes only and shall not modify or affect any of the other terms or conditions for access to the Online Services.

LEXISNEXIS WILL NOT ACCEPT ANY CHANGES, CORRECTIONS OR ADDITIONS TO THIS AGREEMENT UNLESS SUCH CHANGES ARE EXPRESSLY ACCEPTED BY LN IN WRITING. SUCH CHANGES WILL HAVE NO LEGAL EFFECT.

AGREED TO AND ACCEPTED BY:

Subscriber:	**TN-Anderson County-County Attorney**
[MUST BE COMPLETED BY SUBSCRIBER]	
Authorized Subscriber Signature:	N. Jay Yeager
Printed Name:	N. Jay Yeager
Job Title:	Law Director
Date:	03/28/24

LexisNexis, a division of RELX Inc.

[COMPLETED BY LEXISNEXIS]

Authorized Signature:	
Name:	
Job Title:	
Date:	

APPROVED AS TO LEGAL FORM

N. Jay Yeager
Anderson County Law Director

LexisNexis

LEXIS+® SUBSCRIPTION AGREEMENT FOR STATE/LOCAL GOVERNMENT

(NEW SUBSCRIBER VERSION)

CUSTOMER INFORMATION (Please type or print):		
Organization Name: (Full Legal Name)	**TN-Anderson County-County Attorney**	
Billing Frequency:	☒ **Monthly**	☐ **Annually**
	Physical Address	**Invoice Address**
Street Address:	ON FILE	ON FILE
City:		
State:		
Zip:		
County:		
Telephone:		
Fax:		
Parent Company: ***(If applicable)***		

Type of Organization:

☐ Legislative ☐ Judicial ☐ Executive

Professional User: ON FILE

Practicing Area of Law:

Support Staff:

Employer Identification Number:

Bar No:

Issuing State:

Date Issued/Expiration Date:

Organization Web Address:

Tax Exempt: ☐ Yes (attach Sales Tax Exemption Certificate) MSA: ☐ Yes ☐ No

☐ No

Tax ID No:

State Contract No:
(If applicable)
PO No:
(If applicable)

Contacts:

	Name	Telephone	Email
Installation:	ON FILE		
Billing:	ON FILE		
Policy/Legal Notification:	ON FILE		
Scheduling/Training:	ON FILE		

LexisNexis

LEXIS+® SUBSCRIPTION AGREEMENT FOR STATE/LOCAL GOVERNMENT
(NEW SUBSCRIBER VERSION)

	Name	Telephone
Super Admin:	ON FILE	
	Email	IP Address

CUSTOMER ID INFORMATION (Please type or print)			
ID HOLDERS' NAMES (additional sheet attached ☐)	ID HOLDERS' TITLES/POSITIONS	ID HOLDERS' EMAIL ADDRESSES	LOCATION/ADDRESS
ON FILE			