

### PORT EVERGLADES FRANCHISE APPLICATION

An application will not be deemed complete and ready for processing until all required documents and fees are received.

A separate application must be filed for each type of franchise applied for.

FRANCHISE TYPE  
CHECK ONE



STEAMSHIP AGENT



STEVEDORE



CARGO HANDLER



TUGBOAT & TOWING



VESSEL BUNKERING



VESSEL OILY WASTE REMOVAL



VESSEL SANITARY WASTE WATER REMOVAL



MARINE TERMINAL SECURITY



MARINE TERMINAL SECURITY

FIREARMS CARRYING SECURITY PERSONNEL

NON-FIREARMS CARRYING SECURITY PERSONNEL

Note: Applicant is the legal entity applying for the franchise. If the Applicant is granted the franchise, it will be the named franchisee. All information contained in this application shall apply only to the Applicant, and not to any parent, affiliate, or subsidiary entities.

Applicant's

Name

Sunshine Shipping, Inc.

(Name as it appears on the certificate of incorporation, charter, or other legal documentation as applicable, evidencing the legal formation of the Applicant)

Applicant's Business Address 2550 Eisenhower Blvd. #210 Ft. Lauderdale, FL 33316

Phone # (954) 764-8434

Number /

Street

City/State/Zip

E-mail address jweeks @ vallsgroup.com

Fax #: (954) 763-8093

Name of the person authorized to bind the Applicant (Person's signature must appear on Page 13.)

Name

Jason E. Weeks

Title

President

Business Address

225 Ohio Avenue

Number /

Street

Corpus Christi, TX 78404

City/State/Zip

Phone # (361) 813-9803

E-mail address jweeks @ vallsgroup.com

Fax #: (361) 883-3289

Provide the Name and Contact Information of Applicant's Representative to whom questions about this application are to be directed (if different from the person authorized to bind the Applicant):

Representative's Name

Jerome A Peirano

Representative's Title

Vice-President

Representative's Business Address

2550 Eisenhower Blvd #210 Ft. Lauderdale, FL 33316

Number /

Street

City/State/Zip

Representative's Phone # (813) 758-6706

Representative's E-mail address

jpeirano @ vallsgroup.com

Representative's Fax # (813) 639-0409

PLEASE COMPLETE THIS APPLICATION AND LABEL ALL REQUIRED BACKUP DOCUMENTATION TO CLEARLY IDENTIFY THE SECTION OF THE APPLICATION TO WHICH THE DOCUMENTATION APPLIES (I.E., SECTION A, B, C, etc.).

**Section A**

1. List the name(s) of Applicant's officers, including, CEO, COO, CFO, director(s), member(s), partner(s), shareholder(s), principal(s), employee(s), agents, and local representative(s) active in the management of the Applicant.

**Officers:**

Title President  
First Name Jason Middle Name E  
Last Name Weeks  
Business Street Address 225 Ohio Avenue  
City, State, Zip Code Corpus Christi, TX 78404  
Phone Number (361) 813-9803 Fax Number (361) 883-3289  
Email Address jweeks@vallsgroup.com

Title Vice-President  
First Name Jerome Middle Name A  
Last Name Peirano  
Business Street Address ~~205 S~~ 2550 Eisenhower Blvd. #210  
City, State, Zip Code Ft. Lauderdale, FL 33316  
Phone Number (813) 758-6706 Fax Number (813) 639-0409  
Email Address jpeirano@vallsgroup.com

Title Manager  
First Name Rommel Middle Name M  
Last Name Jalique  
Business Street Address 2550 Eisenhower Blvd. #210  
City, State, Zip Code Ft. Lauderdale, FL 33316  
Phone Number 954 764-8434 Fax Number 954 763-8093  
Email Address rjalique@vallsgroup.com

Title Agent  
First Name Scott Middle Name S  
Last Name Anderson  
Business Street Address 2550 Eisenhower Blvd. #210  
City, State, Zip Code Ft. Lauderdale, FL 33316  
Phone Number 954 764-8434 Fax Number 954 763-8093  
Email Address sanderson@vallsgroup.com

Attach additional sheets if necessary.

2. RESUMES: Provide a resume for each officer, director, member, partner, shareholder, principal, employee, agent, and local representative(s) active in the management of the Applicant, as listed above.



**Section B**

1. Place checkmark to describe the Applicant:  
( ) Sole Proprietorship ( ☒ ) Corporation ( ) Partnership ( ) Joint Venture ( ) Limited Liability Company
2. Provide copies of the documents filed at the time the Applicant was formed including Articles of Incorporation (if a corporation); Articles of Organization (if an LLC); or Certificate of Limited Partnership or Limited Liability Limited Partnership (if a partnership). If the Applicant was not formed in the State of Florida, provide a copy of the documents demonstrating that the Applicant is authorized to conduct business in the State of Florida.

**Section C**

1. Has there been any change in the ownership of the Applicant within the last five (5) years? (e.g., any transfer of interest to another party)  
Yes \_\_\_ No ☒ If "Yes," please provide details in the space provided. Attach additional sheets if necessary.
2. Has there been any name change of the Applicant or has the Applicant operated under a different name within the last five (5) years?  
Yes \_\_\_ No ☒ If "Yes," please provide details in the space provided, including: Prior name(s) and Date of name change(s) filed with the State of Florida's Division of Corporations or other applicable state agency. Attach additional sheets if necessary.
3. Has there been any change in the officers, directors, executives, partners, shareholders, or members of the Applicant within the past five (5) years?  
Yes \_\_\_ No ☒ If "Yes," please provide details in the space provided, including:  
Prior officers, directors, executives, partners, shareholders, members  
Name(s) \_\_\_\_\_  
New officers, directors, executives, partners, shareholders, members  
Name(s) \_\_\_\_\_  
Also supply documentation evidencing the changes including resolution or minutes appointing new officers, list of new principals with titles and contact information, and effective date of changes. Attach additional sheets if necessary.

**Section D**

Provide copies of all fictitious name registrations filed by the Applicant with the State of Florida's Division of Corporations or other State agencies. If none, indicate "None" None.

**Section E**

1. Has the Applicant acquired another business entity within the last five (5) years?  
Yes\_\_\_ No ☒ If "Yes," please provide the full legal name of any business entity which the Applicant acquired during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None" None.
  
2. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the acquired firm's officers, managers, employees and/or the acquired firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.
  
3. Has the Applicant been acquired by another business entity within the last five (5) years?  
Yes\_\_\_ No ☒ If "Yes," provide the full legal name of any business entity which acquired the Applicant during the last five (5) years which engaged in a similar business activity as the business activity which is the subject of this Port Everglades Franchise Application.  
If none, indicate "None" None.
  
4. Indicate in the space provided the date of the acquisition and whether the acquisition was by a stock purchase or asset purchase and whether the Applicant herein is relying on the background and history of the parent firm's officers, managers, employees and/or the parent firm's business reputation in the industry to describe the Applicant's experience or previous business history. Attach additional sheets if necessary.

**Section F**

Provide the Applicant's previous business history, including length of time in the same or similar business activities as planned at Port Everglades.

**Section G**

1. Provide a list of the Applicant's current managerial employees, including supervisors, superintendents, and forepersons.
  
2. List the previous work history/experience of the Applicant's current managerial employees, including their active involvement in seaports and length of time in the same or similar business activities as planned at Port Everglades.



**Section H**

List all seaports, including Port Everglades (if application is for renewal), where the Applicant is currently performing the services/operation which is the subject of this Franchise application. Use this form for each seaport listed. Photocopy additional pages as needed (one page for each seaport listed).

If none, state "None" \_\_\_\_\_.

Seaport Port Everglades Number of Years Operating at this Seaport 25

List below all of the Applicant's Clients for which it provides services at the seaport listed above.

| Client Name (Company) | Number of Years Applicant has Provided Services to this Client |
|-----------------------|--|
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
|                       |  |
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|                       |  |
|                       |  |
|                       |  |

### Section I

1. Provide a description of all past (within the last five (5) years) and pending litigation and legal claims where the Applicant is a named party, whether in the State of Florida or in another jurisdiction, involving allegations that Applicant has violated or otherwise failed to comply with environmental laws, rules, or regulations or committed a public entity crime as defined by Chapter 287, Florida Statutes, or theft-related crime such as fraud, bribery, smuggling, embezzlement or misappropriation of funds or acts of moral turpitude, meaning conduct or acts that tend to degrade persons in society or ridicule public morals.

The description must include all of the following:

- a) The case title and docket number
- b) The name and location of the court before which it is pending or was heard
- c) The identification of all parties to the litigation
- d) General nature of all claims being made

If none, indicate "None" None.

2. Indicate whether in the last five (5) years the Applicant or an officer, director, executive, partner, or a shareholder, employee or agent who is or was (during the time period in which the illegal conduct or activity took place) active in the management of the Applicant was charged, indicted, found guilty or convicted of illegal conduct or activity (with or without an adjudication of guilt) as a result of a jury verdict, nonjury trial, entry of a plea of guilty or nolo contendere where the illegal conduct or activity (1) is considered to be a public entity crime as defined by Chapter 287, Florida Statutes, as amended from time to time, or (2) is customarily considered to be a white-collar crime or theft-related crime such as fraud, smuggling, bribery, embezzlement, or misappropriation of funds, etc. or (3) results in a felony conviction where the crime is directly related to the business activities for which the franchise is sought.

Yes \_\_\_ No ☒

If you responded "Yes," please provide all of the following information for each indictment, charge, or conviction:

- a) A description of the case style and docket number
- b) The nature of the charge or indictment
- c) Date of the charge or indictment
- d) Location of the court before which the proceeding is pending or was heard
- e) The disposition (e.g., convicted, acquitted, dismissed, etc.)
- f) Any sentence imposed
- g) Any evidence which the County (in its discretion) may determine that the Applicant and/or person found guilty or convicted of illegal conduct or activity has conducted itself, himself or herself in a manner as to warrant the granting or renewal of the franchise.

### Section J

The Applicant must provide a current certificate(s) of insurance. Franchise insurance requirements are determined by Broward County's Risk Management Division and are contained in the Port Everglades Tariff No. 12 as amended, revised or reissued from time to time. The Port Everglades Tariff is contained in the Broward County Administrative Code, Chapter 42, and is available for inspection on line at: <http://www.porteverglades.net/development/tariff>.



**Section K**

1. The Applicant must provide its most recent audited or reviewed financial statements prepared in accordance with generally accepted accounting principles, or other documents and information which demonstrate the Applicant's creditworthiness, financial responsibility, and resources, which the Port will consider in evaluating the Applicant's financial responsibility.

2. Has the Applicant or entity acquired by Applicant (discussed in Section E herein) sought relief under any provision of the Federal Bankruptcy Code or under any state insolvency law filed by or against it within the last five (5) year period?

Yes \_\_\_ No ☒

If "Yes," please provide the following information for each bankruptcy or insolvency proceeding:

- a) Date petition was filed or relief sought
- b) Title of case and docket number
- c) Name and address of court or agency
- d) Nature of judgment or relief
- e) Date entered

3. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for the business or property of the Applicant?

Yes \_\_\_ No ☒

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

4. Has any receiver, fiscal agent, trustee, reorganization trustee, or similar officer been appointed in the last five (5) year period by a court for any entity, business, or property acquired by the Applicant?

Yes \_\_\_ No ☒

If "Yes," please provide the following information for each appointment:

- a) Name of person appointed
- b) Date appointed
- c) Name and address of court
- d) Reason for appointment

**Section L**

List four (4) credit references for the Applicant, one of which must be a bank. Use this format:

Name of Reference \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Legal Business Street Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
(Provide on a separate sheet.)

**Section M**

1. Security: Pursuant to Port Everglades Tariff 12, Item 960, all Franchisees are required to furnish an Indemnity and Payment Bond or Irrevocable Letter of Credit drawn on a U.S. bank in a format and an amount not less than \$20,000 as required by Broward County Port Everglades Department.
2. Has the Applicant been denied a bond or letter of credit within the past five (5) years?  
Yes\_\_\_ No ☒  
If "Yes," please provide a summary explanation in the space provided of why the Applicant was denied. Use additional sheets if necessary.

**Section N**

1. Provide a list and description of all equipment currently owned and/or leased by the Applicant and intended to be used by the Applicant for the type of service(s) intended to be performed at Port Everglades including the age, type of equipment and model number. *None*
2. Identify the type of fuel used for each piece of equipment.
3. Indicate which equipment, if any, is to be domiciled at Port Everglades.
4. Will all equipment operators be employees of the Applicant, on the payroll of the Applicant, with wages, taxes, benefits, and insurance paid by the Applicant?  
Yes\_\_\_ No\_\_\_  
If "No," please explain in the space provided who will operate the equipment and pay wages, taxes, benefits, and insurance, if the franchise is granted. Use additional sheets if necessary.

**Section O**

Provide a copy of the Applicant's current Broward County Business Tax Receipt (formerly Occupational License).

**Section P**

1. Provide a copy of Applicant's safety program.
2. Provide a copy of Applicant's substance abuse policy.
3. Provide a copy of Applicant's employee job training program/policy.
4. Provide information regarding frequency of training.
5. Include equipment operator certificates, if any.



### Section Q

1. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from any federal, state, or local environmental regulatory agencies?  
Yes\_\_\_ No ☒
2. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or civil penalties from the U.S. Coast Guard?  
Yes\_\_\_ No ☒
3. Has the Applicant received within the past five (5) years or does the Applicant have pending any citations, notices of violations, warning notices, or fines from the Occupational Safety and Health Administration?  
Yes\_\_\_ No ☒

If you responded "Yes" to any of this section's questions 1, 2, or 3 above, please provide a detailed summary for each question containing the following information:

- a) Name and address of the agency issuing the citation or notice
- b) Date of the notice
- c) Nature of the violation
- d) Copies of the infraction notice(s) from the agency
- e) Disposition of case
- f) Amount of fines, if any
- g) Corrective action taken

Attach copies of all citations, notices of violations, warning notices, civil penalties and fines issued by local, state, and federal regulatory agencies, all related correspondence, and proof of payment of fines.

4. Provide a statement (and/or documentation) which describes the Applicant's commitment to environmental protection, environmental maintenance, and environmental enhancement in the Port.

### Section R

Provide written evidence of Applicant's ability to promote and develop growth in the business activities, projects or facilities of Port Everglades through its provision of the services (i.e., stevedore, cargo handler or steamship agent) it seeks to perform at Port Everglades. For first-time applicants (stevedore, cargo handler and steamship agent), the written evidence must demonstrate Applicant's ability to attract and retain new business such that, Broward County may determine in its discretion that the franchise is in the best interests of the operation and promotion of the port and harbor facilities. The term "new business" is defined in Chapter 32, Part II of the Broward County Administrative Code as may be amended from time to time.

If you have checked an Applicant box for VESSEL BUNKERING, VESSEL OILY WASTE REMOVAL, VESSEL SANITARY WASTE WATER REMOVAL, OR MARINE TERMINAL SECURITY, the following additional information is required:

☐ **VESSEL BUNKERING**

**Section T-** A Letter of Adequacy from the U.S. Coast Guard and a copy of the applicant's operations manual approved by the U.S. Coast Guard.

**Section V-** A copy of the applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

**Section W-** A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

**Section Z-** An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

☐ **VESSEL OILY WASTE REMOVAL**

**Section S -** Certificate of Adequacy in compliance with the Directives of MARPOL 73/75 and 33 CFR 158, if applicable.

**Section T-** A Letter of Adequacy from the U.S. Coast Guard and a copy of the Applicant's operations manual approved by the U.S. Coast Guard.

**Section U-** A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

**Section V-** A copy of the Applicant's Oil Spill Contingency Plan for Marine Transportation Related Facilities approved by the U.S. Coast Guard.

**Section W-** A Terminal Facility Discharge Prevention and Response Certificate with a copy of an approved Oil Spill Contingency Plan from the Florida Dept. of Environmental Protection.

**Section X-** A Used Oil Collector, Transporter, and Recycler Certificate from the Florida Dept. of Environmental Protection.

**Section Y-** An Identification Certificate from the U.S. Environmental Protection Agency.

**Section Z-** An approved Discharge Cleanup Organization Certificate from the Florida Dept. of Environmental Protection which has been issued to the Applicant or to its cleanup contractor with a copy of the cleanup contract showing the expiration date.

☐ **VESSEL SANITARY WASTE WATER REMOVAL**

**Section U-** A Waste Transporter License from the Broward County Environmental Protection Department identifying the nature of the discarded hazardous (or non-hazardous) material to be transported.

**Section Z1-** A copy of the Applicant's operations manual.

**Section Z2-** A Septage Receiving Facility Waste Hauler Discharge Permit from the Broward County Water and Wastewater Services Operations Division.

☐ **MARINE TERMINAL SECURITY**

**Section N1-** A list of all metal detection devices, walk-through and hand held, as well as all luggage and carryon x-ray machines owned or leased, to be used or domiciled at Port Everglades. Listing must include brand name and model.

**Section N2-** A copy of all manufacturers recommended service intervals and name of



company contracted to provide such services on all aforementioned equipment.

**Section N3-** A description of current method employed to assure all equipment is properly calibrated and functioning.

**Section N4-** current training requirements and training syllabus for employees operating x-ray equipment. Highlight emphasis on weapon and contraband identification. Include equipment operator certificates, if any.

**Section O1-** Provide copies of all local, state and federal licenses, including:

a. A copy of the Applicant's State of Florida Business License.

b. A copy of security agency's Manager's "M" or "MB" License and a copy of the security agency's "B" or "BB" License issued by the Florida Department of Agriculture and Consumer Services.

**Section P3- SECURITY GUARDS / SUPERVISORS**

a. Provide Applicant's background requirements, education, training etc., for personnel hired as security guards.

b. Provide historic annual turnover ratio for security guards.

c. Provide a copy of Applicant's job training program/policy including a copy of training curriculum and copies of all manuals and take-home materials made available to security guards. Include information regarding frequency of training.

d. Provide background requirements, experience, licensing and any and all advanced training provided to supervisory personnel.

e. Provide present policy for individual communication devices either required of security guards or supplied by the employer.

f. Provide procurement criteria and source as well as Applicant's certification requirements for K-9 workforce.

g. Provide information on the number of security guards / supervisors currently employed or expected to be employed to provide security services at Port Everglades.

Supervisors \_\_\_\_\_  
Class D Guards \_\_\_\_\_  
Class G Guards \_\_\_\_\_  
K-9 Handlers \_\_\_\_\_

**Port Everglades Tariff 12**

References to the Port Everglades Tariff 12 as amended or reissued: <http://www.porteverglades.net/development/tariff>

**Application Fees**

The following fees have been established for franchised businesses at Port Everglades. Initial processing fees are nonrefundable. A franchise is required for each category of business.

**Stevedore**

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00

Annual Fee

\$ 4,000.00

**Cargo Handler**

Initial processing fee, assignment fee, or reinstatement fee \$ 11,000.00

Annual Fee

\$ 4,000.00

**Steamship Agent**

Initial processing fee, assignment fee, or reinstatement fee \$

4,000.00

Annual Fee

\$ 2,250.00

**Tugboat and Towing**

Initial processing fee, assignment fee, or reinstatement fee \$ 26,000.00

Annual Fee

By Contract

**Vessel Bunkering, Vessel Oily Waste Removal,**

**Vessel Sanitary Waste Water Removal**

Initial processing fee, assignment fee, or reinstatement fee \$ 4,000.00

Annual Fee

\$ 2,250.00

For first-time franchise Applicants, both the initial application fee and the annual fee must be submitted at time of application. Thereafter, annual franchise fees are due and payable each year on the franchise anniversary date, which is defined as the effective date of the franchise.

Note: Check(s) should be made payable to:

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS and be mailed with this application to:

Port Everglades Business Administration Division

1850 Eller Drive, Fort Lauderdale, FL 33316

**Required Public Hearing**

Staff review of this application will not commence until such time as all of the above requested information and documentation has been provided and the franchise application has been determined by staff to be complete. All of the above requested information and Sections are required to be completed prior to the scheduling of the public hearing. Staff will request that the Broward County Board of County Commissioners set a public hearing to consider the franchise application and hear comments from the public. The Applicant will be notified of the Public Hearing date and must plan to attend the Public Hearing.



By signing and submitting this application, Applicant certifies that all information provided in this application is true and correct. Applicant understands that providing false or misleading information on this application may result in the franchise application being denied, or in instances of renewal, a franchise revoked. Applicant hereby waives any and all claims for any damages resulting to the Applicant from any disclosure or publication in any manner of any material or information acquired by Broward County during the franchise application process or during any inquiries, investigations, or public hearings.

Applicant further understands that if there are any changes to the information provided herein (subsequent to this application submission) or to its officers, directors, senior management personnel, or business operation as stated in this application, Applicant agrees to provide such updated information to the Port Everglades Department of Broward County, including the furnishing of the names, addresses (and other information as required above) with respect to persons becoming associated with Applicant after its franchise application is submitted, and any other required documentation requested by Port Everglades Department staff as relating to the changes in the business operation. This information must be submitted within ten (10) calendar days from the date of any change made by the Applicant.

Applicant certifies that all workers performing functions for Applicant who are subject to the Longshore and Harbor Workers' Act are covered by Longshore & Harbor Workers' Act, Jones Act Insurance, as required by federal law.

This application and all related records are subject to Chapter 119, F.S., the Florida Public Records Act.

By its execution of this application, Applicant acknowledges that it has read and understands the rules, regulations, terms and conditions of the franchise it is applying for as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended, and agrees, should the franchise be granted by Broward County, to be legally bound and governed by all such rules, regulations, terms and conditions of the franchise as set forth in Chapter 32, Part II, of the Broward County Administrative Code as amended.

The individual executing this application on behalf of the Applicant, personally warrants that s/he has the full legal authority to execute this application and legally bind the Applicant.

Signature of Applicant's Authorized

Representative

J. Peirano

Date Signed 9/17/2020

Signature name and title - typed or printed

Jerome A Peirano, Vice-President

Witness Signature (\*Required\*)

B. Peirano

Witness name-typed or printed

Bonnie P. Peirano

Witness Signature (\*Required\*)

Christine Peirano

Witness name-typed or printed

Christine D. Peirano

If a franchise is granted, all official notices/correspondence should be sent to:

Name

Rommel M Jolique

Title

Manager

Address

2550 Eisenhower Blvd. #210  
Ft. Lauderdale, FL 33316

Phone

954 764-8434

225 Ohio Avenue  
Corpus Christi, TX 78404

Tel: (361) 884-9420  
Email: jweeks@vallsgroup.com

# Jason E. Weeks

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## **Present**

### **President, Valls Ship Agencies, LP**

Full service vessel agency

### **President/Sole Director, Sunshine Shipping, Inc.**

Full service vessel agency

### **CEO/President, Vessel Agency Operating, LLC**

### **COO, Coastal Bend Mooring & Marine**

Line handling & Barge Services

### **Board of Directors, Valls International, Inc.**

Import Customs Brokers & International Freight Forwarders, Transport Logistics and Warehousing.

### **Managing Member, Cleaners Operating, LLC**

Laundry and Dry Cleaning Services, Equipment Rental

### **Board of Directors, Port Corpus Terminal, Inc.**

Stevedore Contractors, Materials Handling and Trucking Company

### **Board of Directors, JKM Compression, Inc.**

Gas compression service and rental

## **December 1995– May 1997**

### **CUDD Pressure Control, Inc., Houston, TX**

Operations Manager / District Engineer – Venezuela District

May 1995– November 1995

### **Global Marine Drilling, Houston, TX**

Superintendent

June 1992– August 1994

### **Valls Shipping Company, Corpus Christi, TX**

Boarding Agent

October 1990– June 1992

### **Horizon Rental Tools, San Antonio, TX**

Operations Manager

May 1990– October 1990

**South Texas Transportation and Mud Services, Kingsville, TX**  
**Dispatcher**

**Education**

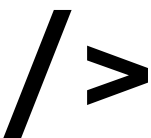
- 1992 -1995            Texas A&M University            Kingsville, TX
- B.S., Mechanical Engineering.
- 1988 –1990            Texas A&M University            College Station, TX
- Petroleum Engineering Studies.





# JEROME A PEIRANO

SHIP AGENT



## / CONTACT DETAILS

205 S Hoover Boulevard, Suite 205, Tampa, Florida 33609

jpeirano@vallsgroup.com  
www.vallsgroup.com

Office: (813) 639-4300  
Cell: (813) 758-6706  
FAX: (813) 639-0409

## / WORK EXPERIENCE

### >> Vice President of Operations

Sunshine Shipping DBA Valls Ship Agencies, LP | 2006 to present  
Full service vessel agency, serving Port Everglades  
Purchased by Valls Ship Agencies in 2006

### >> General Manager, Florida Operations

Valls Ship Agencies | 2004 to present  
Full service vessel agency, serving Port Tampa, Port Everglades,  
Port Canaveral and Port Jacksonville  
Managed and facilitated the purchase of Sunshine Shipping in  
2006

### >> Founder and CEO

Tampa Agency | 1999 to 2004  
Full service vessel agency, serving Port Tampa, Port Canaveral  
and Port Jacksonville  
Provided local agency representation to domestic and foreign  
petroleum tankers  
Sold to Valls Ship Agencies in 2004

### >> Manager

Strachan Shipping Company | 1997 to 1999  
Full service vessel agency, serving Port Tampa, Port Canaveral  
and Port Everglades  
Responsible for business growth and development

### >> Boarding Agent

International Ship Services of Florida | 1994 to 1997  
Full service vessel agency, serving Port Tampa  
Responsible for commercial operation of vessel port calls,  
including preparing estimated port expense summaries,  
notifying US government officials, submitting berth reservations,  
arranging vendors and preparing legal documents

## / EDUCATION

### University of South Florida, Tampa, Florida

Bachelor of Science  
Finance  
1992

## / MEMBERSHIPS

- > Tampa Cooperative Safety and Security Initiative
- > Tampa Bay Harbor Safety and Security Committee
- > Association of Ship Brokers and Agents (USA, Inc.)
- > Agency Affairs Committee (Executive Member)
- > The Propeller Club of Tampa

**ROMMEL MALLARI JALIQUE**  
**2007 N.E. 33<sup>rd</sup> Ave. Fort Lauderdale Florida 33305**

Mobile No. +1 954-297-1744  
Office: +1 954-764-8434  
Fax: +1 954-763-8093  
Email: [rmjalique@vallsgroup.com](mailto:rmjalique@vallsgroup.com)  
Email: [Agency.everglades@vallsgroup.com](mailto:Agency.everglades@vallsgroup.com)

**WORK EXPERIENCE:**

**January 2014 - Present**

**Employer:** Valls Ship Agencies, L.P. Port Everglades, FL  
**Address:** 2550 Eisenhower Blvd., Suite 209/210 Fort Lauderdale, FL 33316  
**Position:** Boarding Agent /A.S.B.A. USA Certified

**Duties:**

- Attending vessel as required and handle all operational matters
- Respond to all inquiries from principals and prospective principals and handle all operational matters relating to that principal. Ensure that each principal is satisfied and that we have dealt with all their inquiries in a timely and efficient manner
- Coordinate vessels arrival with all port interest including pilots, tugs, line handlers, terminal operator and governmental authorities as required
- Handle all communications while coordinating vessels activities and ensure all interested parties including principal, owner/operator/charterer and other port interests receive regular communications.
- Preparation of US Customs & Border Protection entrance/clearance forms and coordination
- Preparing port estimates and final disbursement to vessel owners/charterers.
- Arrangement of vessel husbandry services, deliveries and services
- Prepare and complete all required documents and documentation including all government required forms and company related documentation including a Statement of Facts

**2007 - 2014**

**Employer:** 8 Net, Inc.  
**Address:** 13140 Alondra Blvd. , Cerritos , CA 90703  
**Position:** Import Shipment Coordinator

**Duties:**

- Performed all Receiving duties for incoming import shipments. Monitored all shipment in transit using the Purchasing module of the OMS system. Allocated warehouse space and assigned bin numbers for all incoming containers. Prepared

excel packing list for each shipment and provided them to warehouse team for fast and efficient receiving of inventory.

- Coordinated with Intermodal Freight truckers for driver availability so that container will be pulled, delivered and returned properly to avoid demurrage or per diem charges from the terminal.
- Verified all receiving documents and receive the purchase order in the system accordingly. Any shipping discrepancies were double checked and credit memo from factory will be requested for any short shipments or damages.
- Performed inventory management related functions such as monitoring slow moving and dead stock, conducting cycle counts and yearly physical count.
- Researched possible cause of inventory discrepancies by verifying internal inventory transfers, prior inventory receipts and prior outgoing shipments. Created the inventory adjustment forms and provide to management for final approval.
- Acted as liason for the Warehouse, Operations, Sales and Accounting Department to resolve any problem or issues related to incoming shipments and inventory.

**1996 - 2007**

**Employer: PETROMIN SHIPPING AND MARINE SERVICES, INC.**

**Address: Makati, Philippines**

**Position: Operations Supervisor/Boarding Officer**

**Duties:**

- Attended all kinds of foreign vessel docking on Philippine shores.
- Represented vessel's owners/charterers/operator to different government agencies in complying with their entry and departure requirements.
- Coordinate to local pilots, terminal operators, tug boat companies, port Authorities, stevedores, etc., in order to ensure a smooth and safe operation during a vessel call.
- Monitoring vessel loading/discharging operations. Reporting to vessel owners, charterer, operator, consignee / consignor on vessel status.
- Preparing load port/discharge port documents.
- Experienced in preparing port estimates and final disbursement to vessel owners and charterers.
- Attending bunkering, crew change and other vessel requirements in their port of loading/discharging.
- Know ledged in processing and facilitation of clearances of all kinds of Transshipment spares.

**EDUCATION:**

**1989 – 1993**

**Pasig Catholic College, Manila, Philippines**  
Bachelor of Science in Business Administration  
Major in Marketing



# S. Scott Anderson

361.290.6009 | sanderson0384@gmail.com | 4603 SW 74<sup>th</sup> Terrace, Davie, FL 33314

Self-starter and team player who requires little to no supervision and thrives in fast-paced environments. Works well under pressure, with others, and learns quickly.

## Skills & Expertise

- Tanker Management • Naval Liason
  - Accounts Payable • Staff Management
  - Agency Husbandry
  - Accounts Receivable
  - Client Relations
  - Government Agency Relations
- ### Professional Experience

- Container Vessel Agency • Personable
- Quick Problem Solving • Tramp Vessels

**Valls Shipping Agencies LP** | Port Everglades, FL.  
Marine Agent (2019 – Present)

**NORTON LILLY INTERNATIONAL** | Miami/Port Everglades/West Palm Beach, FL  
Operations Manager (2014 - 2019)

Processed all accounts receivable and accounts payable. Managed scheduling of employees. Managed all tanker calls, container vessels, roro cargo, bulk cargo, husbandry, Navy vessels (including fleet week), and miscellaneous tramp vessels between three ports.

**NORTON LILLY INTERNATIONAL** | Jacksonville, FL  
Port Manager (2013 – 2014)

Managed office including: employee scheduling, payroll, mileage, accounts receivable and accounts payable. Create and met an annual budget. Local sales and marketing. Extensive work on multiple naval bases.

FILED

1986 AUG 25 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
SUNSHINE SHIPPING, INC.

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME

The name of the corporation shall be:

SUNSHINE SHIPPING, INC.

The principal place of business of this corporation shall be 722 Southwest 17th Street, Ft. Lauderdale, Florida 33315.

ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 60 shares of common stock having no par value per share.

ARTICLE IV. ADDRESS

The street address of the initial registered

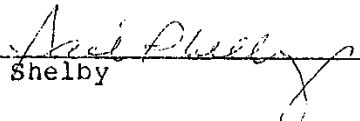
ARTICLE X. INCORPORATOR

The name and street address of the incorporator to  
these Articles of Incorporation is:

Corporation Information Services, Inc.  
502 East Park Avenue  
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned authorized  
agent of Corporation Information Services, Inc. has  
hereunto set her hand and seal of Corporation  
Information Services, Inc. on this 25th day of August,  
1986.

Corporation Information Services, Inc.

By:   
Gail Shelby

STATE OF FLORIDA

COUNTY OF LEON

The foregoing instrument was acknowledged before  
me this 25th day of August, 1986, by Gail Shelby.

  
Notary Public, State of Florida at Large

NOTARY PUBLIC, STATE OF FLORIDA.  
MY COMMISSION EXPIRES FEB. 26, 1990.  
BONDED THRU NOTARY PUBLIC UNDERWRITERS

My Commission Expires: \_\_\_\_\_



SUNSHINE SHIPPING, INC.  
WRITTEN CONSENT OF THE SOLE DIRECTOR AND SHAREHOLDERS IN LIEU OF A  
SPECIAL MEETING

The undersigned, being the shareholders and sole director of Sunshine Shipping, Inc. ("Corporation"), a Florida Corporation, hereby adopt the following resolutions in lieu of a special meeting, pursuant to the applicable Florida Statutes.

**RESOLVED** that the Corporation has accepted the resignation of Micheline McMullen from the Corporation and her position as an employee and Vice President.

**FURTHER RESOLVED** that that the Sole Director of the Corporation hereby approves and elects Jerome A. Peirano to serve as Vice President, to serve at the pleasure of the Shareholders, or until his resignation or death.

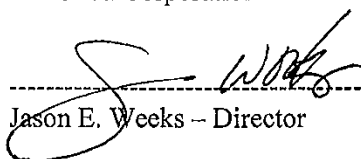
**FURTHER RESOLVED** that the appropriate officers of the Corporation shall file the notice of the change in officers with the State of Florida.

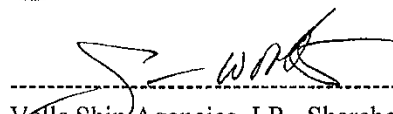
**FURTHER RESOLVED** that the Corporation banks will be notified of the change in Vice President and that Micheline McMullen will be removed as an authorized signatory and Jerome A. Peirano will be added as an signatory on the Corporation bank accounts.

**FURTHER RESOLVED** that the officers and directors of the Corporation are authorized to take those actions necessary to implement and consummate these resolutions.

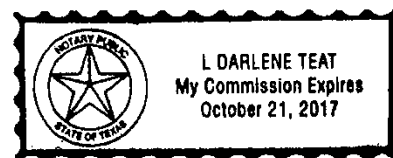
Dated on this 23<sup>rd</sup> day of November, 2013.

Sunshine Shipping, Inc.  
A Florida Corporation


  
-----  
Jason E. Weeks -- Director

  
-----  
Valls Ship Agencies, LP - Shareholder  
By Jason E. Weeks, President





# State of Florida



Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of SUNSHINE SHIPPING, INC., a corporation organized under the Laws of the State of Florida, filed on August 25, 1986, as shown by the records of this office.

The document number of this corporation is J30273.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
26th day of August, 1986.



CR2E022 (10-85)

A handwritten signature in dark ink, appearing to read "George Firestone".

George Firestone  
Secretary of State

## Detail by Entity Name

[Florida Department of State](#)

DIVISION OF CORPORATIONS



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

### Detail by Entity Name

Florida Profit Corporation  
SUNSHINE SHIPPING, INC.

#### Filing Information

|                             |            |
|-----------------------------|------------|
| <b>Document Number</b>      | J30273     |
| <b>FEI/EIN Number</b>       | 20-4318611 |
| <b>Date Filed</b>           | 08/25/1986 |
| <b>State</b>                | FL         |
| <b>Status</b>               | ACTIVE     |
| <b>Last Event</b>           | AMENDMENT  |
| <b>Event Date Filed</b>     | 02/21/2006 |
| <b>Event Effective Date</b> | NONE       |

#### Principal Address

2550 EISENHOWER BLVD.  
SUITE 210  
FT. LAUDERDALE, FL 33316

Changed: 08/01/2005

#### Mailing Address

P.O. BOX 2505  
CORPUS CHRISTI, TX 78403

Changed: 01/13/2015

#### Registered Agent Name & Address

WEEKS, JASON  
2550 EISENHOWER BLVD.  
SUITE 210  
FT. LAUDERDALE, FL 33316

Name Changed: 08/18/2006

Address Changed: 08/01/2005

#### Officer/Director Detail

##### **Name & Address**

Title DP

WEEKS, JASON



## Detail by Entity Name

2550 EISENHOWER BLVD., SUITE 210  
FT LAUDERDALE, FL 33316

Title VP

Peirano, Jerome A  
205 S. Hoover Blvd.  
Suite 205  
Tampa, FL 33609

### Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2018        | 01/11/2018 |
| 2019        | 01/25/2019 |
| 2020        | 01/29/2020 |

### Document Images

|   |                          |
|---|--------------------------|
| <a href="#">01/29/2020 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">01/25/2019 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">01/11/2018 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">05/18/2017 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">02/10/2016 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">01/13/2015 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">03/18/2014 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">11/25/2013 -- AMENDED ANNUAL REPORT</a> | View image in PDF format |
| <a href="#">01/15/2013 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">01/20/2012 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">03/30/2011 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">02/19/2010 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">02/05/2009 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">01/24/2008 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">01/23/2007 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">08/18/2006 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">04/27/2006 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">02/21/2006 -- Amendment</a>             | View image in PDF format |
| <a href="#">09/09/2005 -- Amendment</a>             | View image in PDF format |
| <a href="#">08/03/2005 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">08/01/2005 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">03/11/2005 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">02/12/2004 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">01/27/2003 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">02/11/2002 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">02/07/2001 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">03/22/2000 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">01/27/1999 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">09/09/1998 -- REINSTATEMENT</a>         | View image in PDF format |
| <a href="#">05/01/1996 -- ANNUAL REPORT</a>         | View image in PDF format |
| <a href="#">07/03/1995 -- ANNUAL REPORT</a>         | View image in PDF format |

## Detail by Entity Name

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|  |
|--|

Florida Department of State, Division of Corporations

**From:** [Jay Peirano](#)  
**To:** [Osorno-Belleme, Angela](#)  
**Subject:** Port Everglades Franchise Renewal  
**Date:** Thursday, September 17, 2020 12:23:54 PM  
**Attachments:** [image.png](#)  
[20200917\\_122354\\_Peirano - OSB.pdf](#)

**External Email Warning:** This email originated from outside the Broward County email system. Do not reply, click links, or open attachments unless you recognize the sender's email address (not just the name) as legitimate and know the content is safe. Report any suspicious emails to [ETSSecurity@broward.org](mailto:ETSSecurity@broward.org).

Hello Angela,

Hope all is well in South Florida.

I'm attaching just the application for now. I'm in the process of locating, compiling and updating the other requested documents. Thought I'd at least get you the franchise application for starters. I'll send you the original in due course.

Our legal name remains Sunshine Shipping, Inc. Although we operate as a d/b/a Valls Ship Agencies.

Kind regards,  
J Peirano  
Valls Ship Agencies  
[Agency.Tampa@vallsgroup.com](mailto:Agency.Tampa@vallsgroup.com)  
813 639 4300

**From:** Osorno-Belleme, Angela [mailto:AOSORNOBELLEME@broward.org]  
**Sent:** Thursday, September 10, 2020 4:57 PM  
**To:** Jay Peirano <jpeirano@vallsgroup.com>  
**Cc:** Hernandez, Jorge <jorhernandez@broward.org>; Cohen, Mitch <MICOHEN@broward.org>; Brevett, Nina <NBREVETT@broward.org>  
**Subject:** Port Everglades Franchise Renewal

Mr. Peirano.

Attached is the application for renewal of your company's steamship agent franchise at Port Everglades. Kindly submit the completed application and all required documents by Wednesday, September 30, 2020. Feel free to contact me if you have any questions.

Sincerely,





**Angela Osorno Belleme, PMP**

**Franchise & Business Permit Manager**

Broward County Port Everglades Department

1850 Eller Drive, Suite 603

Fort Lauderdale, FL 33316

Ph (954) 468-0112 Fx (954) 468-525-1910

[aosornobelleme@broward.org](mailto:aosornobelleme@broward.org)

[www.broward.org](http://www.broward.org)

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Under Florida law, most e-mail messages to or from Broward County employees or officials are public records, available to any person upon request, absent an exemption. Therefore, any e-mail message to or from the County, inclusive of e-mail addresses contained therein, may be subject to public disclosure.

# VALLS SHIP AGENCIES, L.P.

POST OFFICE BOX 23405 • TAMPA, FLORIDA 33623  
TEL: 813-639-4300 • FAX: 813-639-0409  
Email: [agency.tampa@vallsgroup.com](mailto:agency.tampa@vallsgroup.com)

## Page 4, Section F – Previous Business History

### History

Since its inception in 1950, the name Valls has been synonymous with excellence and experience in the international trade and transportation industry. What began as a small local Customs brokerage office turned into a U.S. based international services group committed to providing exceptional service to its customers.

In 1950, when Ralph Valls established Ralph Valls Customs Brokers, Laredo, Texas, was, and to this day remains, the largest land gateway and port of entry into the U.S.

In 1952, Valls secured a license to operate as an Export Forwarder at the U.S. - Mexico border.

In 1960, Richard R. Valls accepts an invitation from Ralph Valls to join in the opening of an office at the port of Corpus Christi, Texas and the Customs clearance service was also provided in that location.

In 1978, Richard R. Valls opens **Valls Ship Agencies** (Vessel Agency) in Corpus Christi, Texas.

In 1981, Port Corpus Terminal, Inc. is formed as a materials handling company. It later expanded and was licensed to become the stevedoring arm of Valls Group.

In 1987 Richard R. Valls and Dan Ostos purchase controlling interest of Coastal Bend Mooring & Marine, Inc., a mooring and barge service in Corpus Christi, Texas.

In 1996, **Valls Ship Agencies** company acquired the agency division of the Boyd-Campbell **Co.**, the oldest and largest steamship agency in Corpus Christi, Texas.

Over the next 18 years, the Valls Group consolidated into a leading provider of international trade and transportation services specializing in providing **full service vessel agency**, Customs brokerage and freight forwarding services for liquid and dry bulk, break bulk and project cargoes, offering vessel agency services at 20 deep water ports on the U.S. Gulf Coast, Mississippi River and Florida East Coast and Customs clearance service at 50 mainland U.S. ports of entry and Puerto Rico

### Certifications & Associations



# VALLS SHIP AGENCIES, L.P.

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TEL: 813-639-4300 • FAX: 813-639-0409  
Email: [agency.tampa@vallsgroup.com](mailto:agency.tampa@vallsgroup.com)

## Port Everglades Client List

### U.S. Navy 2008

U.S. NAVY CONTRACT UNDER  
VT Halter Marine  
Louisiana  
Mr. David Terry  
Mr. James Barker  
Manager, Test & Trials  
VT Halter Marine  
Office: 228-712-2134  
Cell: 228-990-5617  
Fax: 228-712 -2185

U.S. Flag Training Ship  
GOLDEN BEAR  
California Maritime Academy (CMA)  
Capt. Samuel R. Pecota  
Director of Marine Programs  
Commanding Officer, TS Golden Bear  
Office: 707-654-1164  
Cell: 916-812-7984

### Tanker Vessels

CITGO Petroleum 1994  
VALERO Marine 2008  
Crowley Petroleum Services 2006  
Marathon Petroleum 2010  
Racetrac 2013  
Kirby Marine 2004  
Freepoint 2019  
Keystone Shipping inc 2020  
WAWA Inc  
Kirby Offshore Marine

### Yachts

ARGOLA-AQUARIOUS-PHOENIX-PHONIEX 1 2003  
M/Y PHOENIX2,  
Flag- Malta  
Official Number is 1010284  
Aquanaut Marine Ltd  
PO Box 100  
Trafalgar Court  
Admiral Park  
St Peter Port  
Guernsey  
GY1 3EL

# VALLS SHIP AGENCIES, L.P.

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TEL: 813-639-4300 • FAX: 813-639-0409  
Email: [agency.tampa@vallsgroup.com](mailto:agency.tampa@vallsgroup.com)

## Yachts (continued)

Captain Martyn Walker 2003  
Various yachts .  
Master M.Y. Pegasus V  
c/o HILLS ROBINSON  
1845 CORDOVA ROAD  
SUITE 211  
FORT LAUDERDALE, FL. 33316  
US cell +1 954 610 9465  
VOIP +1 954-499-5060  
GSM cell+ 33 (0) 685-599-700  
<http://www.my-pegasus.com>  
<http://www.captainmartyn.com>

Motor Yacht "Kwikumat" 2014  
United Shipping and Trading Co., of Greece  
6 Iassonos Street 185 37 Piraeus-Greece  
Tel : +30 210 4283660  
Fax : +30 210 4283630  
Mobile : +30 6944 256 485  
E-mail : [travel@utrade.gr](mailto:travel@utrade.gr);

MOTOR YACHT "BATON ROUGE" 2008  
Hola George, aqui le mando los Doc del Baton Rouge  
Gustavo Hamui  
15535 NW 12th PLace  
Pembroke Pines, FL 33028  
Ph.: (954)274-0454  
Email: [gustavo@medyachtservices.com](mailto:gustavo@medyachtservices.com)

MOTOR YACHT CELESTIAL  
Aeolian Limited  
Mobile: +30 6944537269  
Sat: +870773210180  
Email: [plouzis@mms.gr](mailto:plouzis@mms.gr)  
[Celestial9h9958@gmail.com](mailto:Celestial9h9958@gmail.com)



# VALLS SHIP AGENCIES, L.P.

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POST OFFICE BOX 23405 • TAMPA, FLORIDA 33623  
TEL: 813-639-4300 • FAX: 813-639-0409  
Email: [agency.tampa@vallsgroup.com](mailto:agency.tampa@vallsgroup.com)

MOTOR YACHT C2  
Hill Robinson International Inc  
1845 Cordova Road Suite 211  
Fort Lauderdale, FL 33316 USA  
Tel No.; 954-792-6112  
Fax No.: 954-792-6113  
Email: [barrett@hillrobinson.com](mailto:barrett@hillrobinson.com)

## Valls Ship Agencies, LP

|   |   |
|---|---|
| Corporate:  | Valls Ship Agencies, LP<br>P.O. Box 2505, Corpus Christi, TX 78401<br>Telephone: (361) 883-3288 Fax: (361) 883-3289<br>PIC: Jason E. Weeks - Cell: (361) 813-9803<br><a href="mailto:jweeks@vallsgroup.com">jweeks@vallsgroup.com</a><br><a href="http://www.vallsgroup.com">www.vallsgroup.com</a> |
| Corpus Christi, TX<br>Brownsville<br>Point Comfort<br>Lighter Areas             | Valls Ship Agencies, LP (Corpus Christi)<br>210 S. Carancahua, Suite 600, Corpus Christi, TX 78401<br>Email: <a href="mailto:agency.corpus@vallsgroup.com">agency.corpus@vallsgroup.com</a><br>Telephone: (361) 883-3288 Fax: (361) 883-3289<br>PIC: Jason Weeks - Cell: (361) 813-9803             |
| Beaumont, TX:<br>Port Neches<br>Nederland<br>Orange<br>Lighter Areas            | Valls Ship Agencies, LP (Sabine)<br>595 Orleans Streets, Suite 1004, Beaumont, TX 77701<br>Telephone: (409) 838-1190 Fax: (866) 958-0714<br>E-Mail: <a href="mailto:agency.beaumont@vallsgroup.com">agency.beaumont@vallsgroup.com</a><br>PIC: Chris Adkins - Cell: (361) 877-4374                  |
| Houston, TX:<br>Galveston<br>Texas City<br>Freeport<br>Lighter Areas            | Valls Ship Agencies, LP (Houston)<br>711 W. Bay Area Blvd., Suite 315, Webster, TX 77032<br>Email: <a href="mailto:agency.houston@vallsgroup.com">agency.houston@vallsgroup.com</a><br>Telephone: (281) 332-3833 Fax: (866) 402-3579<br>PIC: Rick Milligan - Cell: (361) 813-1002                   |
| Tampa, FL:<br>Port Manatee<br>Jacksonville<br>Port Canaveral                    | Valls Ship Agencies, LP (Tampa)<br>205 S. Hoover Blvd. Suite 300, Tampa, FL 33609<br>Email: <a href="mailto:agency.tampa@vallsgroup.com">agency.tampa@vallsgroup.com</a><br>Telephone: (813) 639-4300 Fax: (813) 639-0409<br>PIC: Jay Peirano - Cell: (813) 758-6706                                |
| Lake Charles, LA  | Valls Ship Agencies, LP (Lake Charles)<br>One Lakeshore Drive Suite 1480, Lake Charles, LA 70629<br>Telephone: (337) 437-3970 Fax: (866) 401-9518<br>E-Mail: <a href="mailto:agency.lakecharles@vallsgroup.com">agency.lakecharles@vallsgroup.com</a><br>PIC: Chris Adkins - Cell: (361) 877-4374   |
| New Orleans, LA<br>Baton Rouge<br>Pascagoula, MS<br>Mobile, AL<br>Lighter Areas | Valls Ship Agencies, LP (New Orleans)<br>C/O Gulf Inland Marine<br>2341 South Darla Avenue, Gonzales, LA 70737<br>Telephone: (225) 647-2770 Fax: (225) 647-2778<br>E-Mail: <a href="mailto:agency.nola@vallsgroup.com">agency.nola@vallsgroup.com</a><br>PIC: Kevin Hunt - Cell (225) 268-9634      |
| Fort Lauderdale, FL:<br>Miami<br>Palm Beach                                     | Valls Ship Agencies, LP (Everglades)<br>2550 Eisenhower Blvd., Suite 210, Fort Lauderdale, FL 33316<br>Telephone: (954) 764-8434 Fax: (954) 763-8093<br>E-Mail: <a href="mailto:agency.everglades@vallsgroup.com">agency.everglades@vallsgroup.com</a><br>PIC: George Para - Cell: (954) 914-0617   |



# CERTIFICATE OF LIABILITY INSURANCE

VALLS-2 OP ID: JJ

DATE (MM/DD/YYYY)  
08/21/2020

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).

|  |  |   |  |
|--|--|---|--|
| <b>PRODUCER</b><br>Carlisle Insurance<br>500 N Water Suite 900<br>Corpus Christi, TX 78401-0234<br>Scot H Oshman |  | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext):<br>E-MAIL ADDRESS:<br>FAX (A/C, No):  |  |
| <b>INSURED</b><br>VALLS SHIP AGENCIES LP<br>P O Box 2505<br>Corpus Christi, TX 78403-2505                        |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: Travelers Prop & Cas Ins Co<br>INSURER B: Great American Insurance Cos<br>INSURER C: American Longshore Mutual Assn<br>INSURER D: Allstate<br>INSURER E: Texas Mutual Insurance Co<br>INSURER F: |  |
|  |  | NAIC #<br>16691<br>22945  |  |

**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  |           |          | ZOL41M7727020ND                          | 05/12/2020              | 05/12/2021              | EACH OCCURRENCE \$ 1,000,000  |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               |           |          |  |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                                    |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |           |          |  |                         |                         | MED EXP (Any one person) \$ 10,000  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |           |          |  |                         |                         |   |
|          |  |           |          |  |                         |                         | GENERAL AGGREGATE \$ 2,000,000  |
|          |  |           |          |  |                         |                         | PRODUCTS - COMP/OP AGG \$ INCLUDED  |
| D        | AUTOMOBILE LIABILITY   |           |          | 648665297                                | 06/16/2020              | 06/16/2021              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000  |
|          | ANY AUTO   |           |          |  |                         |                         | BODILY INJURY (Per person) \$   |
|          | ALL OWNED AUTOS  |           |          |  |                         |                         | BODILY INJURY (Per accident) \$   |
|          | <input checked="" type="checkbox"/> HIRED AUTOS                                |           |          |  |                         |                         | PROPERTY DAMAGE (PER ACCIDENT) \$   |
|          |  |           |          |  |                         |                         | \$  |
| A        | UMBRELLA LIAB  |           |          | ZOB91M7966920ND                          | 05/12/2020              | 05/12/2021              | EACH OCCURRENCE \$ 5,000,000  |
|          | EXCESS LIAB  |           |          |  |                         |                         | AGGREGATE \$ 5,000,000  |
|          | DED <input checked="" type="checkbox"/> RETENTION \$ 25000                     |           |          |  |                         |                         | \$  |
| C        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                  |           |          | ALMA0070104 USLH<br>0001203878 STATE ACT | 04/15/2020              | 04/15/2021              | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER |
| E        | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    |           |          |  |                         |                         | E.L. EACH ACCIDENT \$ 1,000,000   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                         |           |          |  |                         |                         | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000   |
|          |  |           |          |  |                         |                         | E.L. DISEASE - POLICY LIMIT \$ 1,000,000  |
| A        | P&I  |           |          | ZOW71M7811820ND                          | 05/12/2020              | 05/12/2021              | P&I 1,000,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Ship Agents/ - see page 2 for additional information

Named Insured cont.: Sunshine Shipping Inc. ✓

*Gonzalo Dugh*  
*Rash Mangan*  
8/28/2020

**CERTIFICATE HOLDER**

**CANCELLATION**

|  |   |
|--|---|
| <b>BROWA-3</b><br><br>Broward County ✓<br>1850 Eller Drive, Suite 603<br>Fort Lauderdale, FL 33316 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|---|

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**NOTEPAD**

INSURED'S NAME **VALLS SHIP AGENCIES LP**

**VALLS-2**  
**OP ID: JJ**

PAGE 2  
Date **08/21/2020**

Form #OMOL0138 The General Liability policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. This includes Completed Operations. ✓

Form #OMOL0138 The General Liability policy includes a blanket automatic waiver of subrogation endorsement that provides waiver of subrogation status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status. ✓

Form #OMOL0138 The General Liability policy contains a special endorsement with Primary and Noncontributory wording applicable only when there is a written contract between the named insured and the certificate holder that requires such status. ✓

Form ALMAspws(02/02) The Workers Compensation policy includes a waiver of subrogation endorsement that provides waiver of subrogation status in favor of the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

FORM AATX201011 The Commercial Auto Policy includes a blanket automatic additional insured endorsement that provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

FORM AATX201011 The Commercial Auto policiy includes a blanket automatic waiver of subrogation endorsement that provides waiver of subrogation status to the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

Form WC420304A The Workers Compensation policy includes a waiver of subrogation endorsement that provides waiver of subrogation status in favor of the certificate holder only when there is a written contract between the named insured and the certificate holder that requires such status.

Excess Liability Policy-"This Policy shall provide coverage for all sums which the Insured shall become legally obligated to pay for:  
"(3) All other sums which the Insured shall become legally liable to pay or by contract or agreement become liable to pay as damages of whatsoever nature, on account of bodily injury or property damage;"  
Further, wording as respects additional insureds:  
"In the event of Additional Insureds being added to any Policy listed in the Schedule of Underlying Insurances during the currency of this Policy, coverage shall be provided hereunder for such Additional Insureds..."



# **VALLS SHIP AGENCIES, LP - PORT EVERGLADES**

**Balance Sheet**  
As Of August 31, 2020

**Unaudited**

## **ASSETS**

**Current assets:**

|                                   |                   |
|-----------------------------------|-------------------|
| BANK OF AMERICA OPERATING         | 492,159.14        |
| INNER COMPANY TRANSFERS           | 2,996.64          |
| ACCOUNTS                          | 188,166.64        |
| PREPAID DUES FEES & SUBSCRIPTIONS | 5,250.00          |
| PREPAID CUSTOMER EXPENSE          | 309,363.57        |
| DEPOSITS                          | 1,433.92          |
| Total current assets              | <u>999,369.91</u> |

**Fixed assets:**

0.00

**Other assets:**

|          |                     |
|----------|---------------------|
| SUSPENSE | 40,000.00           |
|          | <u>40,000.00</u>    |
|          | <u>1,039,369.91</u> |

## **LIABILITY AND SHAREHOLDER'S EQUITY**

**Current liabilities:**

|                           |                   |
|---------------------------|-------------------|
| ACCOUNTS PAYABLE          | 711,578.34        |
| CUSTOMER ADVANCE DEPOSITS | 89,575.00         |
| Total current liabilities | <u>801,153.34</u> |

**Long term liabilities:**

0.00

**Shareholder's equity:**

|                            |                     |
|----------------------------|---------------------|
| INTERCOMPANY TRANSFERS     | (1,364,800.32)      |
| RETAINED EARNINGS          | 1,407,229.99        |
| Profit (loss) for period   | 195,786.90          |
| Total shareholder's equity | <u>238,216.57</u>   |
|                            | <u>1,039,369.91</u> |

# **VALLS SHIP AGENCIES, LP - PORT EVERGLADES**

## **Statement of Earnings**

For the 8 periods ending August 31, 2020

|                                     | <b>Unaudited</b>       |
|-------------------------------------|------------------------|
|                                     | <b>Current<br/>YTD</b> |
| Revenue:                            |                        |
| FOREIGN INCOME                      | 4,489,328.58           |
| MIXED INCOME                        | 6,975.20               |
| UPS INCOME                          | 6,863.37               |
| CORPORATE DISCOUNTS                 | 8,366.19               |
| SERVICE FEES INCOME                 | 422,880.00             |
|                                     | <u>4,934,413.34</u>    |
| Cost of sales:                      |                        |
| FOREIGN EXPENSE                     | 4,489,328.58           |
| MIXED EXPENSE                       | 1,086.55               |
| UPS VESSEL EXPENSE                  | 6,255.46               |
| CONTRACT LABOR                      | 1,919.82               |
|                                     | <u>4,498,590.41</u>    |
| Gross profit                        | 435,822.93             |
| Costs and expenses:                 |                        |
| ADMINISTRATIVE                      | 14,098.19              |
| ADVERTISING/MARKETING               | 3,093.59               |
| BAD DEBT                            | 844.51                 |
| BANK FEES                           | 5,705.24               |
| COMMUNICATIONS/TELEPHONE            | 6,523.94               |
| CONTRIBUTIONS                       | 1,861.06               |
| DUES FEES & SUBSCRIPTIONS           | 1,855.65               |
| PROFESSIONAL LIABILITY INSURANCE    | 1,308.50               |
| INSURANCE WORKERS COMP              | 3,830.27               |
| EMPLOYEE MEDICAL/LIFE INSURANCE     | 4,279.84               |
| MANAGEMENT EXPENSE                  | 40,880.00              |
| MEALS                               | 625.00                 |
| OFFICE EXPENSE                      | 4,480.56               |
| OFFICE SUPPLIES                     | 1,161.98               |
| GROUP PERSONNEL EXPENSE             | 4,856.62               |
| DIRECT PERSONNEL EXPENSE            | 126,956.78             |
| COURIER SERVICES/POSTAGE            | 66.00                  |
| PROFESSIONAL                        | 457.85                 |
| RENT REAL ESTATE                    | 13,045.68              |
| REPAIR/MAINTENANCE                  | 773.20                 |
| TRAVEL                              | 1,246.51               |
| UTILITIES                           | 1,946.03               |
|                                     | <u>239,897.00</u>      |
| Earnings (loss) from operations     | 195,925.93             |
| Other income and expenses:          |                        |
| MISCELLANEOUS INCOME                | (139.03)               |
|                                     | <u>(139.03)</u>        |
| Earnings (loss) before income taxes | 195,786.90             |
| Provision for income taxes:         | <u>0.00</u>            |

Net earnings (loss) for period

|            |
|------------|
| 195,786.90 |
|------------|

**Credit References for Sunshine d/b/a Valls Ship Agencies LP.**

**Port Everglades ( Authority)**

1850 Eller Drive  
Fort Lauderdale, Florida 33316  
Contact: Linda Galaviz  
Off: 954-523-3404  
Fax: 954-525-1910

**Seabulk Towing**

2200 Eller Drive  
P.O. Box 13038  
Port Everglades Station  
Fort Lauderdale, Florida 33316  
Contact: Robert Turpin  
Off: 954-523-2200  
Fax: 954-828-1703

**Port Everglades Pilot's Association**

P.O. Box 13017  
Port Everglades Station  
Fort Lauderdale, Florida 33316  
Contact: Marie  
Off: 954-522-4491  
Fax: 954-522-4498

**Bank of America - Dallas, TX**

On behalf of VALLS SHIP AGENCIES, LP (PORT EVERGLADES)  
Account No. 4880 0978 9562  
ABA (routing) No. 1110-00025 for ACH  
0260-0959-3 for WTF  
Swift Bank # BOFAUS3N

**Sunshine d/b/a Valls Ship Agencies LP.**

**Mailing Address:**

P.O. Box 13025  
Fort Lauderdale, Florida 33316

**Physical Address: ( DHL, UPS, FedEx, Etc.)**

2550 Eisenhower Blvd.  
Suite 210  
Fort Lauderdale, Florida 33316



Wells Fargo Bank, N.A.  
U. S. Trade Services  
Standby Letters of Credit  
MAC D4004-012  
401 Linden Street, 1st Floor  
Winston-Salem, NC 27101  
Phone: 1(800) 776-3862 Option 2  
E-Mail: sbic-new@wellsfargo.com

### Irrevocable Standby Letter Of Credit

**Number :** IS0024542U  
**Issue Date :** March 1, 2013

| BENEFICIARY   | APPLICANT  |
|---|--|
| BROWARD COUNTY<br>CHIEF EXECUTIVE & PORT DIRECTOR<br>BROWARD COUNTY'S PORT, EVERGLADES<br>DEPARTMENT<br>C/O DIRECTOR OF BUSINESS ADMINISTRATION<br>1850 ELLER DRIVE<br>FORT LAUDERDALE, FLORIDA 33316 | SUNSHINE SHIPPING INC.<br>210 S. CARANCAHUA SUITE 300<br>CORPUS CHRISTI, TEXAS 78401 |
| LETTER OF CREDIT ISSUE AMOUNT   | USD 60,000.00  |
| EXPIRY DATE   | MARCH 1, 2014  |

#### LADIES AND GENTLEMEN:

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. IS0024542U IN FAVOR OF BROWARD COUNTY AND FOR ACCOUNT OF SUNSHINE SHIPPING INC. AVAILABLE BY BROWARD COUNTY'S DRAFTS DRAWN ON US PAYABLE AT SIGHT UP TO AN AGGREGATE AMOUNT OF U.S. SIXTY THOUSAND AND 00/100'S (\$60,000.00) WHEN ACCOMPANIED BY THIS LETTER OF CREDIT AND THE FOLLOWING DOCUMENTS:

1. DRAFT DRAWN ON US AT SIGHT.
2. A SIGNED STATEMENT FROM THE CHIEF EXECUTIVE & PORT DIRECTOR OF BROWARD COUNTY, THAT THE AMOUNT OF THE DRAWING REPRESENTS AMOUNTS DUE AND UNPAID TO BROWARD COUNTY ARISING FROM:
  - (A)FAILURE OF APPLICANT TO PAY TO BROWARD COUNTY, WHEN DUE, ANY AND ALL TARIFF OR OTHER CHARGES THAT HAVE ACCRUED AT PORT EVERGLADES (WHETHER RELATING TO THE FURNISHING OF SERVICES OR MATERIALS TO APPLICANT, ITS PRINCIPALS, AGENTS, SERVANTS OR EMPLOYEES AT PORT EVERGLADES; OR, DUE TO INJURY TO PROPERTY OF PORT EVERGLADES; OR, STEMMING FROM THE USE OF PORT EVERGLADES FACILITIES BY APPLICANT, ITS PRINCIPALS, AGENTS, SERVANTS OR EMPLOYEES; OR, OTHERWISE); OR
  - (B)COSTS, EXPENSES, LOSSES, DAMAGES OR INJURY SUSTAINED BY BROWARD COUNTY FROM NON-COMPLIANCE BY APPLICANT, ITS PRINCIPALS, AGENTS, SERVANTS OR EMPLOYEES WITH APPLICABLE LAWS, ORDINANCES, RULES AND REGULATIONS OF THE FEDERAL, STATE AND LOCAL GOVERNMENTAL UNITS OR AGENCIES (INCLUDING BUT NOT LIMITED TO THE TERMS AND PROVISIONS OF THE BROWARD COUNTY CODE OF ORDINANCES, ADMINISTRATIVE CODE, AND ALL PROCEDURES AND POLICIES OF THE PORT EVERGLADES DEPARTMENT), AS AMENDED FROM TIME TO TIME; OR
  - (C)COSTS, EXPENSES, LOSSES, DAMAGES OR INJURY SUSTAINED BY BROWARD COUNTY FROM ANY ACT,

OMISSION, NEGLIGENCE OR MISCONDUCT OF APPLICANT, ITS PRINCIPALS, AGENTS, SERVANTS OR EMPLOYEES IN PORT EVERGLADES (WHETHER CAUSING INJURY TO PERSONS OR OTHERWISE).

THIS LETTER OF CREDIT SHALL BE RENEWED FOR SUCCESSIVE PERIODS OF ONE (1) YEAR EACH UNLESS WE PROVIDE BROWARD COUNTY, THROUGH THE CHIEF EXECUTIVE & PORT DIRECTOR OF BROWARD COUNTY'S PORT EVERGLADES DEPARTMENT AT THE ABOVE STATED ADDRESS, WITH WRITTEN NOTICE OF OUR INTENT TO TERMINATE THE CREDIT HEREIN EXTENDED, WHICH NOTICE MUST BE PROVIDED AT LEAST NINETY (90) CALENDAR DAYS PRIOR TO THE EXPIRATION DATE OF THE ORIGINAL TERM HEREOF OR ANY EXTENDED ONE (1) YEAR TERM.

ANY DRAFT DRAWN UNDER THIS LETTER OF CREDIT SHALL BEAR THE CLAUSE: "DRAWN UNDER WELLS FARGO BANK, N.A. IRREVOCABLE STANDBY LETTER OF CREDIT NO. IS0024542U DATED 03/01/2013." THE ORIGINAL LETTER OF CREDIT MUST ACCOMPANY ANY DRAWING, AND THE DATE AND AMOUNT OF EACH DRAWING MUST BE ENDORSED ON THE REVERSE SIDE OF THIS LETTER OF CREDIT BY THE NEGOTIATING BANK, IF ANY.

THIS CREDIT IS SUBJECT TO THE "UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS," INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NUMBER 600, 2007 REVISION, AND TO THE PROVISIONS OF FLORIDA LAW. IF A CONFLICT BETWEEN THE UNIFORM CUSTOMS AND PRACTICE FOR DOCUMENTARY CREDITS AND FLORIDA LAW SHOULD ARISE, FLORIDA LAW SHALL PREVAIL. IF A CONFLICT BETWEEN THE LAW OF ANOTHER STATE OR COUNTRY AND FLORIDA LAW SHOULD ARISE, FLORIDA LAW SHALL PREVAIL.

Very Truly Yours,

**WELLS FARGO BANK, N.A.**

By: \_\_\_\_\_  
Authorized Signature

***The original of the Letter of Credit contains an embossed seal over the Authorized Signature.***

Please direct any written correspondence or inquiries regarding this Letter of Credit, always quoting our reference number, to **Wells Fargo Bank, National Association**, Attn: U.S. Standby Trade Services

**at either** One Front Street  
MAC A0195-212,  
San Francisco, CA 94111

**or** 401 Linden Street  
MAC D4004-017,  
Winston-Salem, NC 27101

Phone inquiries regarding this credit should be directed to our Standby Customer Connection Professionals

1-800-798-2815 Option 1  
(Hours of Operation: 8:00 a.m. PT to 5:00 p.m. PT)

1-800-776-3862 Option 2  
(Hours of Operation: 8:00 a.m. EST to 5:30 p.m. EST)



Wells Fargo Bank, N.A.  
U.S. Trade Services  
Standby Letters of Credit  
401 N. Research Pkwy, 1st Floor  
MAC D4004-017  
Winston-Salem, NC 27101-4157  
Phone: (800) 776-3862 Option 2  
E-Mail: sblc-new@wellsfargo.com

**Irrevocable Standby Letter of Credit  
Invoice Settlement Advice**  
Date: Mar 2, 2020

SUNSHINE SHIPPING INC.  
210 S. CARANCAHUA SUITE 300  
CORPUS CHRISTI, Texas 76401

**Wells Fargo Bank N.A. Standby Letter of Credit Number:** IS0024542U

**In Favor Of:** BROWARD COUNTY

**Advice Number:** ACTREF8201891

**US Dollar Equivalent of Letter of Credit Amount:** 200,000.00

The charges detailed below represent fees due against the above referenced Standby Letter of Credit.

**The breakdown of fees charged include:**

|                    |                   |
|--------------------|-------------------|
| Standby Commission | \$3,000.00        |
| <b>Total Fees</b>  | <b>\$3,000.00</b> |

**Detail of Standby Commission:**

Standby Commission Rate (%) : 1.5

| US Dollar Equivalent of<br>Letter of Credit Amount | Covering Period |             | Daily Rate | Number of<br>Days |
|--|-----------------|-------------|------------|-------------------|
|  | From            | To          |            |                   |
| 200,000.00   | Mar 2, 2020     | Mar 1, 2021 | 8.22       | 365               |

PAYMENT DUE UPON RECEIPT. PAYMENTS MAY BE DIRECTED TO WELLS FARGO USING ONE OF THE THREE  
OPTIONS BELOW QUOTING THE LETTER OF CREDIT NUMBER IS0024542U AND ADVICE NUMBER  
ACTREF8201891 :

- WIRE - WIRE THROUGH THE FEDERAL RESERVE BANK TO:  
WELLS FARGO BANK, N.A.  
ABA 121000248  
ACCOUNT 00786304050720  
ATTN: SBLC DEPT.



- 
2. CHECK - REMIT CHECK TO:  
WELLS FARGO BANK, N.A.  
STANDBY LETTERS OF CREDIT  
P.O. BOX 601083  
CHARLOTTE, NC 28260-1083
3. WELLS FARGO DDA DEBIT AUTHORIZATION - EMAIL TO [fees@wellsfargo.com](mailto:fees@wellsfargo.com) OR FAX DEBIT  
AUTHORIZATION TO 844-879-5593 WITH THE FOLLOWING INFORMATION COMPLETE:

DEBIT DDA \_\_\_\_\_ GOING FORWARD FOR ALL BILLS  
OR  
DEBIT DDA \_\_\_\_\_ FOR THIS INVOICE ONLY

\_\_\_\_\_  
AUTHORIZED SIGNATURE FOR DEBIT AUTHORIZATION

\_\_\_\_\_  
PRINTED NAME OF AUTHORIZED SIGNER

***This form requires no signature.***

Please direct any written correspondence or inquiries regarding this Letter of Credit, always quoting our reference number, to **Wells Fargo Bank, National Association**, Attn: U.S. Standby Trade Services

**at either** 794 Davis Street, 2nd Floor  
MAC A0283-023,  
San Leandro, CA 94577-6922

**or** 401 N. Research Pkwy, 1st Floor  
MAC D4004-017,  
WINSTON-SALEM, NC 27101-4157

Phone inquiries regarding this credit should be directed to our Standby Customer Connection Professionals

1-800-776-3862 Option 2  
(Hours of Operation: 8:00 a.m. PT to 5:00 p.m. PT)

1-800-776-3862 Option 2  
(Hours of Operation: 8:00 a.m. EST to 5:00 p.m. EST)



## BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

**VALID OCTOBER 1, 2020 THROUGH SEPTEMBER 30, 2021**

**DBA:**  
**Business Name:** VALLS SHIP AGENCIES LP/SUNSHIN

**Receipt #:** 322-11672  
**Business Type:** BOAT REPAIR/MOBILE CAR DETAIL  
(SHIPPING AGENT)

**Owner Name:** SHIP AGENCIES LP VALLS  
**Business Location:** 2550 EISENHOWER BLVD 201  
FT LAUDERDALE  
**Business Phone:** 954-764-8434

**Business Opened:** 09/26/1986  
**State/County/Cert/Reg:**  
**Exemption Code:**

Rooms                      Seats                      Employees                      Machines                      Professionals  
6

| For Vending Business Only |              |         |         |               |                 |            |
|---------------------------|--------------|---------|---------|---------------|-----------------|------------|
| Number of Machines:       |              |         |         | Vending Type: |                 |            |
| Tax Amount                | Transfer Fee | NSF Fee | Penalty | Prior Years   | Collection Cost | Total Paid |
| 81.00                     | 0.00         | 0.00    | 0.00    | 0.00          | 0.00            | 81.00      |

### THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

#### THIS BECOMES A TAX RECEIPT

#### WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

#### Mailing Address:

SHIP AGENCIES LP VALLS  
PO BOX 13025  
FORT LAUDERDALE, FL 33316

**Receipt #** 52A-19-00004795  
**Paid** 08/10/2020 81.00

**2020 - 2021**

Section P

YOU AND YOUR COMPANY  
***Sunshine Shipping Inc d/b/a Valls Ship Agencies LP***  
***Team Port Everglades, Florida***

We welcome you as an employee of our organization. We hope that you will find your work interesting and our association pleasant.

During your term of employment with our Company, we expect you to work in a safe and efficient manner. To help you, we have prepared this handbook on employment and safety policies which establishes a general guide for the information of all employees and management personnel. The policies and rules covered in this handbook are the result of many years of experience in the maritime industry. We believe they will provide time-tested and proven guidelines for our mutual benefit and welfare. As an employee, you are required to know these employment and safety policies and comply with them.

*This handbook is not a contract. Although it is to our mutual advantage to maintain a stable force, nothing in this handbook alters the fact that all employees are employed for an indefinite period, and that such employment may be terminated at any time, with or without cause or notice, at the will of either the company or the employee. Neither this handbook, nor any individual policies, related practices or guidelines are to be construed as any guarantee of employment, employment contract, or part of any employment contract. The Company reserves the right to revise supplement and rescind, or deviate from any policy or provision of this handbook from time to time, with or without notice, at its sole and absolute discretion consistent with all applicable federal and state laws.*

We recognize that communication is an important part of the employment relationship, and the primary reason for this handbook. We suggest that you keep it where you can refer to it from time to time. We certainly welcome comments from employees on any of the covered subjects and encourage employees to ask their supervisor if they do not understand the Company's Policy

**Sunshine Shipping Inc d/b/a Valls Ships Agencies LP.**  
***Notice***

The policies in this manual are to be considered as guidelines. Sunshine Shipping Inc d/b/a Valls Ship Agencies LP., at its options, may change, delete, suspend or discontinue any part or parts of the policies in this manual at any time without prior notice. Any such action shall apply to existing as well as future employees with continued employment being the consideration between the employer and employee. Employees may not accrue eligibility for monetary benefits that they have not earned through actual time spent at work. Employees shall not accrue eligibility for any benefits, rights, or privileges beyond the last day worked. No one other than the President of Sunshine Shipping d/b/a Valls Ship Agencies LP may alter or modify any of the policies in this manual. No statement or promise by a supervisor, manager, or department head may be interpreted as a change in policy nor will it constitute an agreement with an employee.

Should any provisions in this Employee Manual be found to be unenforceable and invalid, such findings does not invalidate the entire Employee Manual, but only the subject provision.

This Manual replaces (supersedes) all other Manuals for Sunshine Shipping Inc d/b/a Valls Ship Agencies LP Port everglades Office as of January 2010.

**ELECTRONIC INFORMATION CONSENT FORM**  
**Port Everglades, Florida**

I have read and understand the Company's Electronic Information Policy. I agree to abide by the Policy. I understand that all electronic information and tools including hardware, software, Internet access, e-mail, voice mail, fax and data sheet sent, received, or stored on the company's systems, as well as the systems owned by the company where the employee is authorized to use offsite, are the property of the company. I acknowledge that I have no expectation of privacy in connection with any electronic information tools or data I send, receive, or store using the company's systems. I understand that the Company wishes to safeguard its business information and to take measures to monitor proper usage of these systems. I further agree that the Company has the right to access, retrieve, read and delete any communication or information that is created, received or sent through the system to assure compliance with this policy and other company policies and practices.

I also acknowledge and consent to the company's auditing my accounts to include monitoring, restricting, or limiting any usage without further notice. I understand that such auditing can include intercepting, copying, printing, or reading all data entering, leaving, or stored on all company systems.

I acknowledge that additions, deletions, installations and relocation of all electronic information tools must go through the appropriate approval process. I understand my responsibility for these tools and my responsibility that the guidelines are followed regarding my assigned tools.

I understand the prohibited usage outlined in the policy and agree to adhere to the Policy. In addition, I acknowledge the confidentiality issues, security issues, and all other information's contained in the Policy. I understand that if I violate such rules, I may face legal or disciplinary action according to applicable law or company Policy.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_



# VALLS SHIPPING AGENCIES, LP

## ANTI-DRUG & ALCOHOL-MISUSE POLICY

### Section 1 – POLICY STATEMENT

The purpose of this policy is to assure worker fitness for duty and to protect our employees, passengers, and the public from the risks posed by the misuse of alcohol and use of prohibited drugs. This policy not only meets, but exceeds all applicable Federal regulations governing workplace anti-drug and alcohol programs in the transit industry. The Federal Transit Administration (FTA) of the U.S. Department of Transportation has published 49 CFR Part 655, as amended, that mandates urine drug testing and alcohol testing for safety-sensitive positions and prohibits performance of safety-sensitive functions when there is a positive test result or a refusal to test. The U.S. Department of Transportation (DOT) has also published 49 CFR Part 40, as amended that sets standards for the collection and testing of urine and alcohol specimens. A copy of 49 CFR Part 40 will be available for review upon request by a covered employee.

This policy applies to all safety-sensitive transit system employees, paid part-time employees and contract employees when they are on transit property or when performing any transit-related safety-sensitive business. It is a condition of employment for each covered person to participate in this employer's drug & alcohol testing program.

Under the FTA drug and alcohol testing regulations, the testing for the following five drugs and alcohol are required: *marijuana*, *cocaine*, *opiates*, *phencyclidine* and *amphetamines*. When drugs are mentioned in this policy it will include these drugs. When alcohol is mentioned in this policy, it will include the intoxicating agent in beverage alcohol, ethyl alcohol or other low molecular weight alcohols, including methyl or isopropyl alcohol.

### Section 2 - DEFINITIONS

**ACCIDENT** means an occurrence involving a mass transit vehicle in which an individual dies, an individual's injuries are treated away from the scene, or any vehicle involved in the occurrence sustains disabling damage, as defined in this section, and must be transported away from the scene by a tow truck or other vehicle.

**ADULTERATED SPECIMEN** is a specimen that contains a substance that is not expected to be present in human urine or contains a substance expected to be present but is at a concentration so high that it is not consistent with human urine.

**AIR BLANK** is a reading by an evidential breath testing device (EBT) of ambient air containing no alcohol. (In EBT's using gas chromatography technology, it is a reading of the device's internal standard).

**ALCOHOL SCREENING DEVICE (ASD).** A breath or saliva device, other than an EBT, that is approved by the National Highway Traffic Safety Administration and placed on the Conforming Products List for such devices.

**ALCOHOL USE.** The drinking or swallowing of any beverage, liquid mixture or preparation (including any medication), containing alcohol.

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**BREATH ALCOHOL TECHNICIAN (BAT)** is an individual who instructs and assists individuals in the alcohol testing process and operates an EBT. A BAT may also act as a Screening Test Technician (STT) who instructs and assists individuals in the alcohol testing process and operates an ASD.

**CANCELED TEST** is a drug or alcohol test that has a problem identified that cannot be or has not been corrected, or in which 49 CFR Part 40 otherwise requires a test to be cancelled. A cancelled test is neither a positive nor a negative test.

**COLLECTOR** is a person who instructs and assists individuals at a collection site and who receives and makes a screen examination of the urine specimen provided by individuals.

**CONFIRMATION (or confirmatory) TEST.** In drug testing, a second analytical procedure performed on a urine specimen to identify and quantify the presence of a specific drug or drug metabolite. Gas chromatography/mass spectrometry (GC/MS) is the only authorized confirmation method of cocaine, marijuana, opiates, amphetamines, and phencyclidine. In alcohol testing, a second test, following a screening test with a result of 0.02 or higher that provides a quantitative data of alcohol concentration.

All confirmatory cutoff levels on positive screening tests will be as follows:

|                       |      |
|-----------------------|------|
| Marijuana metabolite* | 15   |
| Cocaine metabolite**  | 150  |
| Opiates:              |      |
| Morphine              | 2000 |
| Codeine               | 2000 |
| 6-Acetylmorphine****  | 10   |
| Phencyclidine         | 25   |
| Amphetamines:         |      |
| Amphetamine           | 500  |
| Methamphetamine***    | 500  |

\*Delta-9-tetrahydrocannabinol-9-carboxylic acid

\*\*Benzoyllecgonine

\*\*\*Specimen must also contain amphetamine at a concentration greater than or equal to 200 ng/ml

\*\*\*\*Test for 6-am when morphine concentration equals 2000 ng/ml or greater

**COVERED EMPLOYEE** means a person, including an applicant or transferee, who performs or will perform a safety-sensitive function for an entity subject to the Federal Transit Administration (FTA) regulations. A volunteer is a covered employee if the volunteer is required to hold a commercial drivers license to operate the vehicle or the volunteer performs a safety-sensitive function for this entity subject to the FTA regulations and receives remuneration in excess of his or her actual expenses incurred while engaged in the volunteer activity. (See Attachment 1 for listing of specific covered employees with this employer.)



# VALLS SHIPPING AGENCIES, LP

**DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS)** - The Department or any designee of the Secretary, Department of Health and Human Services.

**DESIGNATED EMPLOYER REPRESENTATIVE (DER)** – An employee authorized by the employer to take immediate action to remove employees from safety-sensitive duties or cause employees to be removed from these covered duties and to make required decisions in the testing and evaluation processes. The DER also receives test results and other communications for the employer, consistent with the requirements of Part 40.

When the word “employer” is used in this policy, it shall mean the employer or its designated employer representative.

**DILUTE SPECIMEN.** A specimen with creatinine and specific gravity values that is lower than expected for human urine.

**DISABLING DAMAGE** – Damage, which disallows the departure of any vehicle from the scene of an accident in its usual manner in daylight hours after simple repairs. This type of damage includes damage to vehicles that could have been operated but would have been further damaged if so operated. Damage which can be remedied temporarily at the scene of the occurrence without special tools or parts tire disablement (even if no spare is available), damage to headlights, taillights, turn signals, horn, mirrors, or windshield wipers is not considered disabling damage.

**DOT** means the U.S. Department of Transportation.

**EMPLOYEE** means the same as Covered Employee.

**EMPLOYER** means a recipient or other entity that provides mass transportation service or which performs a safety-sensitive function for such recipient or other entity. This term includes sub-recipients, operators and contractors.

**EVIDENTIAL BREATH TESTING DEVICE (EBT)** is a device approved by the National Highway Traffic Safety Administration (NHTSA) for the evidential testing of breath at the .02 and .04 alcohol concentrations, placed on NHTSA's Conforming Products List (CPL) of Evidential Breath Measurement Devices, and identified on the CPL as conforming with model specifications available from NHTSA's Traffic Safety Programs.

**FEDERAL TRANSIT ADMINISTRATION (FTA)** means one of the US Department of Transportation modes that have regulatory authority over the mass transit industry.

**INITIAL TEST (or screening test)** - In drug testing, the test used to differentiate a negative specimen from one that requires further testing for drugs or drug metabolites. In alcohol testing: an analytical procedure to determine whether an employee may have a prohibited concentration of alcohol in a breath or saliva specimen.

The following initial cutoff levels shall be used when screening specimens to determine whether they are negative for these five drug or classes of drugs:

|                       |      |
|-----------------------|------|
| Marijuana metabolites | 50   |
| Cocaine metabolites   | 300  |
| Opiate metabolites    | 2000 |

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|               |      |
|---------------|------|
| Phencyclidine | 25   |
| Amphetamines  | 1000 |

**INVALID TEST** – The result of a drug test for a urine specimen that contains an unidentified adulterant or an unidentified interfering substance has abnormal physical characteristics or has an endogenous substance at an abnormal concentration that prevents the laboratory from completing or obtaining a valid drug test result.

**LICENSED MEDICAL PRACTITIONER** means a person who is licensed, certified, and/or registered, in accordance with applicable Federal, state, local or foreign laws and regulations, to prescribe controlled substances and other drugs.

**MEDICAL REVIEW OFFICER (MRO)** is a licensed physician (Medical Doctor or Doctor of Osteopathy) responsible for receiving and reviewing laboratory results generated by an employer's drug testing program and evaluating medical explanations for certain drug test results. The MRO must be knowledgeable of and have clinical experience in controlled substances abuse disorders, including detailed knowledge of alternative medical explanations for laboratory confirmed drug test results. The MRO must be knowledgeable of issues relating to adulterated and substituted specimens as well as the possible causes of specimens having an invalid result. The Consortium has secured a contract with the qualified MRO (see Attachment 1).

**PERFORMING (A SAFETY SENSITIVE FUNCTION)** means a covered employee is considered to be performing a safety sensitive function and includes any period in which he or she is actually performing, ready to perform, or immediately available to perform such functions.

**PRIMARY SPECIMEN** - In drug testing it is the urine specimen bottle that is opened and tested by a first laboratory to determine whether the employee has a drug or drug metabolite in his or her system; and for the purpose of validity testing.

**REFUSAL TO TEST (alcohol or controlled substances)** means that a covered employee:

- 1) 1) Fails to show up for any test (except a pre-employment test) within a reasonable time after being directed to do so by the employer or to remain at the testing site until the testing process is complete, provided that an employee who leaves the testing site before the testing process commences for a pre-employment test is not considered to have refused to test;
- 2) 2) Fails to provide a urine specimen or fails to attempt to provide a saliva or breath specimen for any drug or alcohol test as required by this policy and 49 CFR Parts 655 and 40, provided that an employee who does not provide a urine specimen because he or she has left the testing site before the testing process commences for a pre-employment test will not be considered to have refused to test;
- 3) 3) In the case of a directly observed or monitored collection in a drug test, fails to permit the observation or monitoring in providing a specimen;
- 4) 4) Fails to sign the certification at Step 2 of the Alcohol Testing Form;
- 5) 5) Fails to provide a sufficient amount of urine or a sufficient amount of breath, when directed; unless it has been determined, through a required medical evaluation, that there was an adequate medical explanation for the failure;
- 6) 6) Fails or declines to take a second test the employer or collector has directed the covered employee to take;
- 7) 7) Fails to undergo a medical examination or evaluation as directed by the MRO as part of the verification process, or as directed by the employer concerning the evaluation as part of

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the shy bladder or insufficient breath procedures. In the case of a pre-employment drug test, the employee is deemed to have refused to test on this basis only if the pre-employment test is conducted following a contingent offer of employment;

- 8) 8) Fails to cooperate (e.g., leaves the test site before the testing process is completed, refuses to empty pockets) with any part of the drug or alcohol testing process; or
- 9) 9) Verbally refuses to test as required by this policy and 49 CFR Parts 655 and 40.

It is also considered a refusal to test (which is the same as a positive test) when the MRO reports to the employer/Consortium that a covered employee has a verified adulterated or substituted drug test result.

**SAFETY SENSITIVE FUNCTION** means any of the following duties:

Safety Sensitive Functions shall include:

- (1) Operating a revenue service vehicle, including when it is not in revenue service;
- (2) Operating a non-revenue service vehicle, when it is required to be operated by a holder of a Commercial Drivers license;
- (3) Controlling the dispatch or movement of a revenue service vehicle;
- (4) Maintaining (including repairs, overhaul and rebuilding) a revenue service vehicle or equipment used in revenue service, unless the employer receives funding under 49 U.S.C. 5311 and contracts out such services; or
- (5) Carrying a firearm for security purposes.

**SCREENING TEST TECHNICIAN (STT)** is a person who instructs and assists individuals in the alcohol testing process and operates an alcohol screening device (ASD).

**SPLIT SPECIMEN.** A part of the urine specimen that is sent to a first laboratory and retained unopened, and which is transported to a second laboratory in the event that the employee requests it to be tested following a verified positive, adulterated or substituted test of the primary specimen.

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)** is a federal agency under the Department of Health and Human Services (DHHS) responsible for the certification of laboratories used as part of the drug-testing program. The Consortium has secured a contract with a DHHS/SAMHSA certified laboratory (see Attachment 1).

**SUBSTANCE ABUSE PROFESSIONAL (SAP)** means a licensed physician (Medical Doctor or Doctor of Osteopathy); or a licensed or certified psychologist, licensed or certified social worker, or a licensed or certified employee assistance professional; or addiction counselor (certified by the National Association of Alcoholism and Drug Abuse Counselors Certification Commission or by the International Certification Reciprocity Consortium/Alcohol & Other Drug Abuse). A qualified SAP must be knowledgeable of and have clinical experience in the diagnosis and treatment of alcohol and controlled substances-related disorders, must be knowledgeable of the SAP function as it relates to employer interests in safety-sensitive duties and, must be knowledgeable of 49 CFR Parts 655 and 40, the DOT SAP Guidelines and stay current on any changes to these materials.

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**SUBSTITUTED SPECIMEN** is a urine specimen with creatinine and specific gravity values that are so diminished that they are not consistent with human urine.

**VALIDITY TEST.** The initial validity testing is conducted to determine if a urine specimen is adulterated, diluted or substituted. The confirmation validity testing is a second test conducted on a urine specimen to further support a validity test result.

**VERIFIED TEST** is a drug test result or validity test result from a DHHS/SAMHSA-certified laboratory that has undergone review and final determination by the MRO.

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## Section 3 - USE PROHIBITED

49 CFR (Code of Federal Regulations) Parts 655 and 40 prohibit the use/misuse of controlled substances and/or alcohol by covered employees regulated by the FTA.

Notwithstanding the disciplinary action as cited in this policy, under this employer's independent authority and by the Drug-Free Workplace Act of 1988, the unlawful manufacture, distribution, dispensation or possession of drugs are prohibited on all employer premises, in any employer-owned or leased revenue service vehicle or equipment used in revenue service, or other location at which the covered employee is to perform work. If this employer proves a covered employee is engaging in activities as stated above, the covered employee shall be subject to termination. Any covered employee who faces criminal action as a result of engaging in activities as stated above will be immediately suspended without pay until the court makes a final determination. If the covered employee is convicted, the covered employee will be immediately terminated. If the covered employee is found not guilty, the covered employee will be placed back into a safety-sensitive function and will receive all back pay and benefits for the period of suspension.

Under this employer's independent authority, the employer may conduct reasonable searches for illegal drugs or alcohol on this employer's premises or in employer-owned or leased revenue service vehicles or equipment used in revenue service. All covered employees are expected to cooperate in such searches. A covered employee's refusal to cooperate or consent to such searches may result in disciplinary action, including termination.

No covered employee performing safety-sensitive functions will possess any quantity of alcohol, lawful or unlawful, at any work site, in any employer-owned revenue service vehicle or any equipment used in revenue service. Under this employer's independent authority, a covered employee will not possess or consume any quantity of alcohol while on duty, even when he/she is not performing a safety-sensitive function. The only exceptions for possession or consumption of alcohol are stated elsewhere in this Section.

The only exception to alcohol possession in this Policy is alcohol not intended for human consumption or products containing alcohol which, when ingested would not impair the ability to perform safety-sensitive functions.

No covered employee will consume any Schedule 1 drug of the Schedule of Controlled Substances of the Drug Enforcement Administration (marijuana, cocaine, opiates, phencyclidine, and amphetamines) or any other drug as cited by the US Department of Transportation, Federal Transit Administration while on or off duty, except as provided elsewhere in this Section. Covered employees may be tested for drugs (as named above) at any time during the workday. No covered employee shall continue to perform safety-sensitive functions after a positive, adulterated or substituted drug test result. No employer, having actual knowledge of a positive, adulterated or substituted drug test result, shall permit the covered employee to continue to perform safety-sensitive functions.

No covered employee shall refuse to submit to a drug or alcohol test (see Refusal to Test definition in Section 2) when required in accordance with 49 CFR Parts 655 and 40. It is a violation of this policy when a covered employee refuses to test. A covered employee shall not be permitted to perform or continue to perform safety-sensitive functions when he/she refuses to submit to a drug or an alcohol test and will be subject to the Disciplinary Action in Section 10 of this policy.

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A covered employee may use a substance administered by or under direction of a licensed medical practitioner who has advised the covered employee that the substance will not affect the covered employee's ability to safely perform safety-sensitive functions. A covered employee may use an over-the-counter substance that will not affect the covered employee's ability to safely perform safety-sensitive functions. Under this employer's independent authority, the covered employee may be required to inform the employer of any prescribed or over-the-counter substances which may impair his/her ability to safely perform a safety-sensitive function. This employer may require written verification from the licensed medical practitioner or pharmacist that the substance will not adversely affect his/her ability to safely perform safety-sensitive functions. The covered employee shall promptly provide such written verification to the employer. If the substance should adversely affect his/her ability to perform safety-sensitive functions, or, if the covered employee does not promptly provide written verification from the licensed medical practitioner or pharmacist, the employer will temporarily remove or reassign the covered employee from a safety-sensitive function, if deemed appropriate.

The consumption of alcohol is prohibited while the covered employee is performing a safety-sensitive function. No covered employee shall report for duty or remain on duty, requiring the performance of safety-sensitive functions, while consuming or having consumed alcohol within four hours of reporting for such duties, or having a BAC of .04 or greater. Under this employer's independent authority, no alcohol will be consumed at any time while the employee is on duty. The employer having knowledge of such conditions shall not allow a covered employee to perform or continue to perform safety-sensitive functions. Any covered employee having a BAC of .04 or greater shall be subject to the disciplinary action set forth in Section 10 of this Policy.

This employer will maintain a pre-employment screening program designed to prohibit any employee/applicant/transferee that uses illegal drugs from performing any safety-sensitive functions. No pre-employment alcohol testing will be conducted.

No covered employee required to take a post-accident alcohol test shall use alcohol for up to eight hours after an accident or until the post-accident test is completed.

When a covered employee is on-call, this employer shall prohibit the covered employee from consuming alcohol for the specified on-call hours. On-call is defined as the covered employee being available by some means of a telecommunication device for a specified period of time, in order to report for duty if the need arises. The procedure shall include either the opportunity for the covered employee to acknowledge the use of alcohol at the time he/she is called to report to duty and his/her inability to perform his/her safety-sensitive function or the requirement that the covered employee take an alcohol test, if the covered employee has acknowledged the use of alcohol, but claims ability to perform his or her safety-sensitive function.

Any covered employee who has engaged in conduct prohibited in this Section shall be advised by this employer of the resources available in evaluating and resolving problems associated with the misuse of alcohol and/or drugs by providing the covered employee with the name, address and telephone number of one or more SAP's, counseling and treatment programs.

**Section 4 - TYPES OF TESTING** - According to 49 CFR Part 655, covered employees shall be subject to six types of drug and/or alcohol testing - pre-employment, random, post-



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accident, reasonable suspicion, return-to-duty and follow-up. (See Section 10 of this policy for Disciplinary Action resulting from alcohol and/or drug misuse or refusing to test.) Before performing a test under Part 655, the employer shall notify the covered employee that the test is required by Part 655.

## **(A) (A) PRE-EMPLOYMENT TESTING**

This employer will not place an employee or applicant in a safety-sensitive function until a pre-employment test has been conducted and this employer has received a verified negative drug test result from the MRO/Consortium (Attachment A must be completed by the employee or applicant). This employer will not transfer an employee from a non-safety sensitive function to a safety-sensitive function until a pre-employment test has been conducted and this employer has received a negative drug test result from the MRO/Consortium. (Attachment A must be completed by the transferee). Applicants may be hired after a pre-employment test is administered and prior to confirmation of a negative result for the purpose of training which does not include the operation or maintenance of a mass transit vehicle. Under this employer's independent authority, if the applicant's test returns as a confirmed positive, the applicant will be subject to the Disciplinary Action in Section 10 of this policy.

If the employee's or applicant's drug test is canceled, another drug test shall be conducted with a verified negative test result from the MRO/Consortium before the employee/applicant will be hired or the transferee will start any safety-sensitive function (except as described in the following paragraph).

If an otherwise qualified employee/applicant attempts to provide a specimen and cannot void the minimum 45 ml. of urine, the "Shy Bladder" procedures in Section 5-Drug Testing will apply. If the licensed physician acceptable to the MRO determines the employee/applicant has a medical condition that prevented him or her from providing the required amount of urine and the medical condition is permanent or long-term, the licensed physician may conduct an alternative test to determine if there is clinical evidence that indicates the employee/applicant uses illicit drugs. If the medical evaluation shows no clinical evidence of illicit drug use, the MRO shall report a negative drug test result to the employer with written notations regarding the results of both the medical evaluation conducted and any further medical examination. If the medical evaluation shows clinical evidence of drug use, the MRO will report the drug test result as canceled to the employer with written notations regarding the results of both the medical evaluation conducted and any further medical examination. The written notations will also state the reason for determining that signs and symptoms of drug use exist. The MRO will receive a written statement of the determination from the employee's/applicant's physician who conducted the medical evaluation and shall consult with the physician before reporting a negative or cancelled drug test result.

If the licensed physician determines the employee/applicant has a medical condition, but does not have a permanent or long-term disability, a pre-employment test shall be conducted again on the employee/applicant and the employer must receive a verified negative test result from the MRO/Consortium before the employee/applicant will start any safety-sensitive function.

A pre-employment test will also be conducted on any covered employee or applicant who has not performed a safety-sensitive function for 90 consecutive calendar days, regardless of the reason, and has not been in this employer's random selection pool during that time. This employer must receive a verified negative drug test result from the MRO/Consortium before the employer will allow

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the employee or applicant to perform a safety-sensitive function. (Attachment A must be completed by the employee or applicant).

## **(B) RANDOM TESTING**

All covered employees governed by this policy will be included as a part of the Federal Transit Administration Drug and Alcohol Testing Consortium group from which the Consortium will randomly select a sufficient number of covered employees for testing each calendar year to equal an annual rate of not less than a minimum annual percentage for random alcohol (currently 10 percent) and drug testing (currently 50 percent) as determined by the FTA Administrator.

On a monthly basis, our MRO will, from the total group, randomly select by a computer-based random number generated program, that is matched with the membership numbers, the covered employees' names and their social security numbers. Under the selection process used, each covered employee shall have an equal chance of being selected each time selections are made.

Once the MRO makes the monthly selections, he will forward the random list to the Consortium, who will notify the employers under whose drug and alcohol policies those selected are covered. If any of this employer's covered employees are selected, this employer will be given a date before which the covered employee must be tested per the random selection process. Failure of this employer to ensure the random testing is conducted within the time allotted will cause this employer to be out of compliance with the random testing requirement of 49 CFR Part 655.45.

This employer shall ensure that random drug and alcohol tests conducted under the random testing regulations are unannounced and immediate. This employer shall also ensure that the random tests are spread reasonably throughout the calendar year. Testing shall start in January and shall be continuous throughout the year. There will be no period during which the testing is halted. Testing will be conducted on all days and hours during which the transit service is in operation.

A covered employee shall only be tested for alcohol while the covered employee is performing safety-sensitive functions, just before the covered employee is to perform safety-sensitive functions, or just after the covered employee has ceased performing such functions. A covered employee shall be tested for drugs anytime during the workday.

## **(C) POST-ACCIDENT TESTING**

As soon as possible following an accident, a post-accident drug and alcohol test shall be conducted on the responsible covered employee(s) when any of the circumstances below apply:

1. If an accident involves a fatality with this employer's mass transit vehicle. This employer shall also test any other covered employee whose performance could have contributed to the fatal accident.
2. In a non-fatal accident, if the accident involves this employer's mass transit vehicle, each covered employee operating the mass transit vehicle shall be tested unless this employer determines that the covered employee's performance can be completely discounted as a contributing factor to the accident. This employer shall also test any other covered

# VALLS SHIPPING AGENCIES, LP

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employee whose performance could have contributed to the accident. The non-fatal accident definition includes a person who as a result of the accident immediately receives medical treatment away from the scene of the accident or one or more vehicles incur disabling damage as a result of the accident, requiring the vehicle(s) to be transported away from the scene by tow truck or other motor vehicle. A non-fatal accident may also include some incidents where an individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident even though there is no vehicle collision, unless the covered employee can be completely discounted as a contributing factor to the accident.

If a post accident breath alcohol test is not conducted within two hours following the accident, this employer shall prepare and maintain on file a record stating why the breath alcohol test was not promptly administered. If the breath alcohol test is not conducted within eight hours following the accident, this employer shall cease all attempts to complete the alcohol test and shall prepare and maintain a record stating why the breath alcohol test was not promptly administered. (See Attachment C)

If a post-accident drug test is not conducted within 32 hours following the accident, this employer shall cease all attempts to conduct the drug tests and prepare and maintain, on file, a record stating why the drug test was not promptly administered. (See Attachment C)

A covered employee who is subject to post-accident testing shall remain readily available for such testing or may be deemed by this employer as a refusal to test. Nothing in this section shall be construed to require the delay of necessary medical attention for injured people following an accident or to prohibit a covered employee from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident, or to obtain necessary medical care.

This employer shall provide the covered employee with necessary post-accident information, procedures and instructions, prior to the covered employee's performing any safety-sensitive function, so that the covered employee will be able to comply with the requirements of this section. (See Attachment D)

The results of a blood, urine or breath test for the use of prohibited drugs or alcohol misuse conducted by federal, state or local officials, having independent authority for the test, shall be considered to meet the post-accident testing requirements provided such testing conforms to the applicable federal, state or local drug and/or alcohol testing requirements, and that the results are obtained by this employer. Such test results may be used only when the employer is unable to perform a post-accident test within the required periods as noted in (C) Post-Accident Testing of this Policy.

## **(D) REASONABLE SUSPICION TESTING**

All persons designated by this employer who supervise its covered employees must complete supervisory training in accordance with 49 CFR Part 655.14. When the designated person(s) has reasonable suspicion that a covered employee has violated the "Use Prohibited" provision of Section 3 of this Policy that covered employee shall be required to submit to an alcohol and/or drug test. This employer's determination that reasonable suspicion exists to require the covered employee to undergo an alcohol and/or drug test must be based on specific contemporaneous, articulable observations concerning the appearance, behavior, speech or body odor of the covered employee. (See Attachment E)

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Under this employer's independent authority, if reasonable suspicion exists to require a covered employee to undergo a drug test, the employee will be immediately removed from performing any safety-sensitive functions and will not be allowed to perform any safety-sensitive functions until the employer receives a negative drug test result. If the employer receives a verified positive drug test result, the employee will be subject to the Disciplinary Action in Section 10 of this policy.

Alcohol testing is authorized when observations of the covered employee are made during, just before, or just after the period of the workday that the covered employee is required to be in compliance with Part 655. The covered employee may be required to undergo reasonable suspicion alcohol testing while the covered employee is performing safety-sensitive functions, just before the covered employee is to perform safety-sensitive functions, or just after the covered employee has ceased such functions.

If a reasonable suspicion alcohol test is not conducted within two hours after observing the covered employee, this employer shall prepare and maintain on file, a record stating the reason why the test was not promptly administered. If the test is not conducted within eight hours after observing the covered employee, this employer shall cease attempts to conduct the test and prepare and maintain on file a record stating the reasons why the test was not administered.

No covered employee shall report for duty or remain on duty when this employer's designated person(s) has observed the covered employee as under the influence of alcohol or impaired by alcohol. This employer shall not permit the covered employee to perform or continue to perform safety-sensitive functions until an alcohol test is conducted and the covered employee's alcohol test result is less than .02 or until the start of the covered employee's next regularly scheduled duty period, but not less than 8 hours following the determination that there was reasonable suspicion to believe the covered employee was under the influence of alcohol or impaired by alcohol. Any covered employee that is impaired by alcohol or under the influence of alcohol will be sent home for the remainder of the workday.

Refusal to submit to a reasonable suspicion test shall be considered a positive test.

The reasonable suspicion observation form must be completed and signed by at least one of the employer's designated person(s) who made the observations either within 24 hours of the observed behavior or before the drug test results are released, whichever is earlier. (See Attachment E)

## **(E) RETURN TO DUTY TESTING**

Any covered employee who has engaged in conduct prohibited in the "Use Prohibited" (Section 3) of this policy or any other DOT drug and alcohol regulation shall be advised by this employer of the resources available in evaluating and resolving problems associated with the misuse of alcohol and/or drugs by providing the covered employee with the name, address and telephone number of one or more SAP's, counseling and treatment programs.

Any covered employee who has violated the "Use Prohibited" (Section 3) of this policy or any other DOT drug and alcohol regulation shall have a face-to-face clinical assessment and evaluation by a SAP to determine what assistance is needed for the covered employee to resolve problems associated with alcohol and/or drug use. The SAP must refer the covered employee to an appropriate education and/or treatment plan and provide a letter to the employer stating the specific recommendations of assistance for the covered employee. The covered employee shall have a

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face-to-face follow-up evaluation to determine if the covered employee has actively participated in the education and/or treatment program and has demonstrated successful compliance with the initial assessment and evaluation recommendations. Successful compliance could mean full or partial completion of the evaluation recommendations.

If the SAP feels the covered employee has not successfully complied with the recommendations of assistance, the SAP must provide a letter to the employer stating so. The covered employee will not be allowed to return to safety-sensitive functions and the employer may take employment action against the covered employee, up to and including termination.

If the SAP feels the covered employee has successfully complied or is continuing to comply with the recommendations of assistance, the SAP must provide a letter to the employer stating so. The SAP letter may include requirements for further recommendations of assistance and follow-up evaluations if the SAP believes that ongoing services are needed to assist the covered employee in maintaining sobriety or abstinence from drug use after the covered employee returns to safety-sensitive functions. The SAP letter provided to the employer shall also include the SAP's follow-up testing plan for the covered employee.

The employer shall fax or mail a copy of the SAP letter to the Consortium, who shall fax a copy to the MRO. The Consortium will assist the employer in determining whether the covered employee has complied with the SAP's recommendations. If the employer is ready for the covered employee to return to safety-sensitive functions, a return to duty test will be scheduled.

The SAP may direct the covered employee to undergo both a drug and alcohol test if the SAP determines that return to duty testing for both drugs and alcohol are necessary for the covered employee. If the alcohol test result is less than .02, and the drug test result is negative, the covered employee may return to safety-sensitive functions.

The provisions of this Section do not apply to an employee or applicant who refuses to submit to a pre-employment drug test or who receives a positive pre-employment drug test result, if this employer does not intend to hire or retain the applicant or employee. The provisions of this Section do not apply to a transferee who refuses to submit to a pre-employment drug test or who receives a positive pre-employment drug test result, if this employer does not intend to transfer the employee to a safety-sensitive position. The provisions of this Section do not apply if this employer has chosen not to rehire a covered employee who previously violated a provision of this employer's Policy.

## **(F) FOLLOW-UP TESTING**

The covered employee will be subject to unannounced follow-up drug and/or alcohol tests following the covered employee's return to safety-sensitive functions. The number and frequency of such tests shall be determined by the SAP and shall consist of at least six tests in the first twelve months of the covered employee's return to duty. The SAP may direct the covered employee to undergo both drug and alcohol tests if the SAP determines that follow-up testing for both drugs and alcohol are necessary for that covered employee. Follow-up testing shall not exceed 60 months from the date of the covered employee's return to duty. The Consortium will assist the employer in ensuring that follow-up testing is conducted in accordance with the plan established by the SAP.

The provisions of this Section do not apply to an employee or applicant who refuses to submit to a pre-employment drug test or who receives a positive pre-employment drug test result, if this

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employer does not intend to hire or retain the applicant or employee. The provisions of this Section do not apply to a transferee who refuses to submit to a pre-employment drug test or who receives a positive pre-employment drug test result, if this employer does not intend to transfer the employee to a safety-sensitive position. The provisions of this Section do not apply if this employer has chosen not to rehire a covered employee who previously violated a provision of this employer's Policy.

## **Section 5 - DRUG TESTING**

**(A) DRUG TESTING PROCEDURES:** All drug testing procedures will be followed in accordance with 49 CFR Part 40.

To ensure the integrity of collections, the facilities to be used for testing must be secured during drug testing by visual inspection to ensure that no foreign or unauthorized substances are present, to ensure other persons are not present and to ensure undetected access is not possible.

Bluing agents shall be put in the toilet bowl and in a moveable toilet tank (unless the tank is taped or otherwise secured). Any water source shall be secured or otherwise made unavailable to the covered employee. All soaps, disinfectants, cleaning agents or other possible adulterants shall be removed from the facility or otherwise secured, if not removable. All areas and items in the facility that could conceal contaminants shall be secured. All of the above shall be rechecked following each collection.

A covered employee shall appear at the collection site at the time specified by the employer. If the covered employee does not appear at the specified time, the collector shall notify the employer to determine how long it should take for the covered employee to arrive at the collection site. If the covered employee has not arrived by that time, the collector will contact the employer to inform him/her the covered employee has not reported for testing.

When the covered employee arrives at the collection site, the testing process will begin without undue delay. To ensure the security during the testing process, only one collection will be conducted at a time. The covered employee must have positive identification either by photo identification or by the identification of the employee by the employer representative. The collector will explain the basic collection procedures and show the covered employee the instructions on the back of the Federal Drug Testing Custody and Control Form (hereinafter called CCF). The covered employee will be instructed to remove and leave with the collector, or in a mutually agreeable location, any outer clothing (such as a coat, hat, or coveralls) along with any briefcase, purse or other personal belongings. The employee may retain his/her wallet.

The covered employee will be directed to empty his/her pockets and display the items in them. If the collector determines none of the items could adulterate the specimen, the covered employee may return the items into his/her pockets. If there is any material that could adulterate a specimen, the collector must determine whether the material was accidentally brought in or intentionally brought in to adulterate the specimen. If it was accidental, the collector will retain the material and return it to the covered employee when the testing process is complete. If it was intentional, a direct observation test will take place immediately.

The covered employee will be instructed not to list any medications that he/she is currently taking on the CCF (unless it is the covered employee's copy).



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The collector shall complete Step 1 of the CCF. The covered employee shall wash and dry his/her hands before providing the specimen. Thereafter, the covered employee will have no further access to water or other materials until the specimen is given to the collector. The covered employee will select a collection kit and the seal on the collection container will be broken in front of the collector and the covered employee. The covered employee will be instructed to go into the room, provide at least 45 mL of urine, not flush the toilet and return to the collector with the specimen. The covered employee will provide the specimen in private, except in the case of an observed or monitored collection. Any conduct that clearly indicates an attempt to tamper with a specimen will cause a new collection under direct observation to take place immediately.

The collector will ensure there is at least 45 mL of urine in the collection container and the temperature of the specimen is within the range of 90-100 degrees. If the temperature is out of that range, a new collection under direct observation will take place immediately. The specimen will also be inspected for unusual color, the presence of foreign objects or material or for other signs of tampering. If it is apparent the covered employee has tampered with the specimen, a new collection under direct observation will take place immediately.

The collector shall explain to the covered employee the reason for a direct observation test, except when the employer is required to do so. If the collector is not the same gender as the covered employee, a same gender observer will watch the covered employee urinate into the collection container. The observer will continue to watch the specimen until it is given to the collector.

A monitored collection will only be conducted if a multi-stalled restroom is used and all sources of water or potential adulterants cannot be secured. The collector must be the same gender, unless he or she is a medical professional. An observer must be the same gender. A bluing agent shall be put in the toilet the covered employee will use. The covered employee shall provide the urine specimen behind a closed stall door with the collector/observer standing outside of the stall door listening to the covered employee urinate into the collection container. If the collector/observer hears sounds or makes other observations of the covered employee attempting to tamper with a specimen, another collection will take place immediately under direct observation.

The tabs on the specimen bottles will be broken in front of the collector and the covered employee. The covered employee will give the specimen container to the collector and the collector will pour the urine specimen into the split specimen bottles. The primary specimen shall be at least 30 mL of urine. The split specimen shall be at least 15 mL of urine. The covered employee should observe the specimen at all times until the lids/caps are secured and the tamper-evident bottle seals are put over the lids/caps (this is for the covered employee's protection to ensure it is his/her specimen). The covered employee is to initial the tamper-evident bottle seals on the bottles for proof that it is her/her specimen. The covered employee will also be required to sign the CCF as proof that the specimen identified as having been collected is in fact the covered employee's. The collector will complete the CCF and place the specimen bottles and Copy 1 of the CCF in the pouches of the plastic bag and secure both pouches. The covered employee will then be dismissed from the collection site.

Both specimens are then sent by overnight delivery to the DHHS/SAMHSA-certified laboratory for testing of the five drugs or classes of drugs (as described in Section 1) and for validity testing.

All results will be reviewed by the MRO. Negative results will be released by the MRO to the Consortium, who will forward the results to this employer.

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Before a laboratory-confirmed positive test, adulterated test, substituted test or invalid test result will be released to the Consortium, the MRO will conduct a verification interview with the covered employee by telephone unless: the covered employee declines to discuss the test result; the MRO or the employer cannot make contact with the covered employee within 10 days of the MRO receiving the laboratory result; or more than 72 hours have passed since the employer has contacted the covered employee to call the MRO.

Before the start of the verification interview with the covered employee, the MRO will warn the covered employee that any medical information given to the MRO (medical conditions, medications or other substances affecting the performance of safety-sensitive functions the covered employee reports having or using) will be provided to third parties (the employer, a SAP evaluating a covered employee as part of the return to duty process, DOT, another federal safety agency or any other safety agency) if the MRO determines the information is likely to result in the covered employee being medically unqualified to perform safety-sensitive functions or is likely to pose a significant safety risk if the covered employee is allowed to continue performing safety-sensitive functions.

After informing any third party about the legally valid prescription under the Controlled Substances Act the employee is using, the MRO will allow 5 days for the employee to have his/her prescribing physician contact the MRO to determine if the medication can be changed to one that does not make the employee medically unqualified or pose a significant safety risk. If the MRO receives such information from the physician, the MRO must inform any third party who he had previously provided information to about the safety risks of the employee's other medication.

During the verification process, if the covered employee can give the MRO a legitimate medical explanation for the positive, adulterated or substituted test result, the MRO will report the verified test result as negative. If the covered employee cannot give the MRO a legitimate medical explanation, the verified positive test result will be reported as positive and the verified adulterated or substituted test result will be reported as a refusal to test. If the test result is invalid or contains an unexplained interfering substance and the covered employee cannot give the MRO an acceptable explanation or a valid prescription and the covered employee does not admit to adulterating or substituting the specimen, the verified test result will be reported as a cancelled test with a second collection to take place immediately on the covered employee under direct observation. If the covered employee can give the MRO an acceptable explanation, the verified test result will be a cancelled test with no further testing needed unless a negative result is needed for pre-employment, return to duty or follow-up testing. If the covered employee admits to adulterating or substituting the specimen, the verified test result will be reported as a refusal to test.

All verified positive, refusal to test (adulterated or substituted) and cancelled test results will be released by the MRO to the Consortium, who will forward the results to this employer.

**(B) DILUTE SPECIMENS:** The employer will treat a verified positive drug test result that is diluted the same as a verified positive drug test result.

The employer has chosen not to have any second collections conducted on negative dilute test results.

**(C) SHY BLADDER:** After a covered employee's first unsuccessful attempt to provide a minimum of 45 mL of urine, the shy bladder time starts. The collector will document on the remarks line of the CCF and inform the employee of the time in which the 3-hour period begins and ends. Any insufficient specimen shall be discarded. The covered employee will be urged to drink up to 40 oz.

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of fluids, reasonably through a period of up to 3 hours; however, it is not considered a refusal to test if the covered employee chooses not to drink fluids. If the covered employee does not provide a sufficient amount of specimen within 3 hours, the collection will be discontinued and the employer will be notified. The employer will consult with the MRO, then direct the covered employee to obtain, within 5 working days, an evaluation from a licensed physician, acceptable to the MRO, who has expertise in the medical issues associated with the covered employee's inability to provide an adequate amount of specimen. The physician must provide to the MRO a written statement of his/her recommendations and the basis for them. If the covered employee has a medical condition that could have prevented him/her from providing a sufficient amount of urine, and the MRO agrees with the physician's recommendation, the MRO will report the test result as a cancelled test. If the covered employee does not have a medical condition that could have prevented him/her from providing a sufficient amount of urine and the MRO agrees with the physician's recommendation, the MRO will report the test result as a refusal to test.

**(D) SPLIT SPECIMEN TESTS:** When a covered employee is notified of a positive drug test or a refusal to test because of adulteration or substitution, the covered employee has 72 hours from the time of notification by the MRO to request a test of the split specimen either verbally or in writing to the MRO. The MRO will then prepare the documentation and forward it to the laboratory that is storing the split specimen. That lab will then prepare the documentation and send both the split specimen and the documentation to another DHHS/SAMHSA lab for the split specimen testing. Pending the result of the split specimen test, the covered employee is not allowed to remain in a safety-sensitive function.

If the covered employee is unable to contact the MRO within 72 hours, the covered employee may present to the MRO information documenting that serious illness, injury, inability to contact the MRO, lack of actual notice of the verified test result, or other circumstances unavoidably prevented the covered employee from timely contacting the MRO. If the MRO concludes there is a legitimate explanation for the covered employee's failure to contact the MRO within 72 hours, the MRO shall direct that the test of the split specimen take place.

Another DHHS/SAMHSA laboratory will test the split specimen to either reconfirm or fail to confirm the positive, adulterated or substituted drug test result from the result of the primary specimen. If the split specimen reconfirms the positive, adulterated or substituted result, the positive or refusal to test result will stand. If the split specimen fails to confirm the positive, adulterated or substituted result, both the primary specimen and the split specimen test results will be cancelled by the MRO.

If the covered employee notifies the MRO to test the split specimen and the laboratory reports to the MRO the split specimen is not available, the MRO will cancel both the primary specimen and the split specimen tests and direct the employer to conduct another collection on the covered employee immediately under direct observation.

Under this employer's independent authority, any covered employee who requests a test of his/her split specimen shall reimburse the employer for the cost of the split specimen test assessed to this employer by the Consortium.

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## Section 6 - ALCOHOL TESTING

**[A] ALCOHOL TESTING PROCEDURES:** All alcohol testing procedures will be followed in accordance with 49 CFR Part 40. All alcohol testing will be administered by a BAT/STT who has met the qualification training requirements in 49 CFR Part 40.

A covered employee shall only be tested for alcohol while the covered employee is performing a safety-sensitive function, just before a covered employee is to perform a safety-sensitive function, or just after the covered employee has ceased performing a safety-sensitive function.

If both a drug and alcohol test is to be conducted on the covered employee, the alcohol test must be completed before the urine collection process begins.

To ensure the security of the alcohol testing site, only authorized personnel shall be allowed to enter the testing site. The BAT/STT shall ensure that the covered employee is given privacy while an alcohol test is being conducted to prevent unauthorized persons from seeing or hearing the test result. Alcohol testing will be conducted on one covered employee at a time. The screening test and confirmation test, if needed, will be completed on a covered employee before the BAT/STT starts an alcohol test on another covered employee to be tested.

A covered employee shall appear at the collection site at the time specified by the employer. If the covered employee does not appear at the specified time, the BAT/STT shall notify the employer to determine how long it should take for the covered employee to arrive at the collection site. If the covered employee has not arrived by that time, the BAT/STT will contact the employer to inform him/her the covered employee has not reported for testing.

When the covered employee arrives at the collection site, the testing process will begin without undue delay. The covered employee must have positive identification either by photo identification or by the identification of the covered employee by the employer representative. The BAT/STT will explain the testing procedures and show the instructions on the back of the DOT Alcohol Testing Form (hereinafter called ATF) to the covered employee. The BAT/STT shall complete Step 1 on the ATF. The covered employee will then be directed to complete Step 2 on the ATF and sign the certification. If the covered employee refuses to sign the certification, the BAT/STT will document on the ATF that the covered employee has refused to test and the employer will be immediately notified.

If a saliva ASD (hereinafter called device) is used for the screening test, the BAT/STT will check the expiration date on the device and show it to the covered employee. If it is beyond the expiration date, the device shall be disposed of and a new device shall be used.

The BAT/STT will offer the covered employee the choice of using the swab himself/herself, or having the BAT/STT use the swab. If the covered employee uses it, the BAT/STT will instruct the covered employee to insert the absorbent end of the swab in his/her mouth and actively swab around the cheeks, gums and under the tongue for 30-60 seconds or until the cotton swab is thoroughly wet. Otherwise, if the covered employee chooses not to use the device, the BAT/STT will swab the covered employee's mouth. The BAT/STT will wear single-use examination or similar gloves when swabbing the covered employee's mouth and will change the gloves following each test given.

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If the swab breaks or is contaminated (dropped on the floor or on a surface) or the swab is removed or falls from the device before the device is activated, the BAT/STT shall discard the device and conduct a new test using a new device. The BAT/STT shall note in the remarks section of the ATF the reason for the new test. The BAT/STT will offer the covered employee the choice of using the swab himself/herself, or having the BAT/STT use the swab, unless the BAT/STT feels the covered employee was responsible for the new test needing to be conducted.

On the new device, if the swab breaks or is contaminated (dropped on the floor or on a surface) or the swab is removed or falls from the device before the device is activated, the collection shall be terminated and an explanation shall be noted in the remarks section of the ATF. A new test shall then be conducted immediately by a BAT using an EBT for the screening test.

The BAT/STT shall place the device on a flat surface or hold the device at a slight angle and insert the swab into the entry port. The BAT/STT shall then apply gentle, steady pressure until the device indicates it is activated.

If the saliva ASD procedures are correctly followed but the device does not activate, the BAT/STT shall discard the device and conduct a new test on a new device. In all cases where a new test is necessary because the device does not activate, the BAT/STT will swab the covered employee's mouth.

The BAT/STT shall read the result displayed on the device 2 minutes after inserting the swab into the entry port. The BAT/STT shall show the device and its reading to the covered employee and shall record the result on the ATF. The BAT/STT shall also enter that a saliva ASD was used in Step 3 on the ATF.

If the result is less than .02 alcohol concentration, the BAT/STT shall sign and date Step 3 of the ATF. The BAT/STT must immediately transmit the alcohol test result using Copy 1 of the ATF by telephone, electronic means, or in person to the employer. All devices and materials used in the testing process shall be properly disposed of.

If an EBT is used for the screening test, the BAT or the covered employee will select an individually sealed mouthpiece. The BAT will open the sealed mouthpiece in front of the covered employee and insert it into the EBT. The covered employee will be requested to blow steadily and forcefully into the mouthpiece for at least six seconds or until the EBT indicates that enough breath has been obtained. The covered employee will be shown the breath alcohol test result and the result will be affixed to the ATF with tamper-evident tape.

If the result is less than .02 alcohol concentration, the BAT shall sign and date Step 3 on the ATF. The BAT must transmit the alcohol test result using Copy 1 of the ATF immediately by telephone, electronic means or in person to the employer.

If the alcohol concentration is .02 or greater, a confirmation test shall be conducted with an EBT not less than 15 minutes nor more than 30 minutes after the completion of the screening test. During that time, the covered employee will be asked not to eat, drink, belch or put anything into his/her mouth to prevent an accumulation of mouth alcohol that could lead to an artificially high reading on the confirmation test. The BAT/STT will note in the remarks on the ATF these instructions were given and will also note on the ATF if the covered employee chose to ignore the instructions. The confirmation test will still be conducted. If the confirmation test will be conducted at a different site,

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the BAT/STT or the employer must transport the covered employee to the testing site. The covered employee will not be allowed to drive a motor vehicle.

If the confirmation test is conducted more than 30 minutes after the result of the screening test, the BAT shall note in the remarks on the ATF the reason the confirmation test could not be conducted within the 15-30 minute time frame. The confirmation test will still be conducted.

If the screening test was conducted by a STT or if the confirmation test is to be conducted by a different BAT, the STT or BAT who conducted the screening test shall complete and sign Step 3 on the ATF and give the covered employee Copy 2 of the ATF. A new ATF will be used by the BAT who will be conducting the confirmation test. The BAT will require positive identification of the covered employee and explain the confirmation testing procedures. The BAT shall complete Step 1 on the ATF. The covered employee will then be directed to complete Step 2 on the ATF and sign the certification. If the covered employee refuses to sign the certification, the BAT/STT will document on the ATF that the covered employee has refused to test and the employer will be immediately notified.

Before the confirmation test is conducted, the BAT must conduct an air blank test on the EBT that reads "0.00" and show the reading to the covered employee. An individually sealed mouthpiece will be opened in front of the covered employee and attached to the EBT. The BAT and the covered employee shall read the sequential test number displayed on the EBT. The covered employee will be requested to blow steadily and forcefully into the mouthpiece for at least six seconds or until the EBT indicates that enough breath has been obtained. The covered employee will be shown the breath alcohol test result and the result will be affixed to the ATF with tamper-evident tape.

If the confirmation test result is less than .02 alcohol concentration, the BAT shall sign and date Step 3 on the ATF. The BAT must transmit the alcohol test result using Copy 1 of the ATF immediately by telephone, electronic means or in person to the employer.

If the confirmation test result is .02 or greater alcohol concentration, the covered employee shall be directed to sign Step 4 on the ATF. If the covered employee does not sign, the BAT will note in the remarks on the ATF of the covered employee's failure to sign Step 4. The covered employee's failure to sign Step 4 will not be considered a refusal to test. The BAT must immediately notify the employer by any means of an alcohol test result of .02 or greater to ensure the result is immediately received by the employer.

If a screening or confirmation test is invalid, the BAT/STT will inform the covered employee that the test is cancelled and note the problem on the remarks line on the ATF. If a new screening or confirmation test is capable of being done, a screening test will be repeated or a retest will be conducted for the confirmation test on the covered employee.

**[B] INABILITY TO PROVIDE AN ADEQUATE AMOUNT OF SALIVA OR BREATH:** If a covered employee is unable to provide sufficient saliva to complete a test on the saliva ASD to activate the device, the BAT/STT shall conduct a new test using a new saliva ASD. If the covered employee refuses to complete the new test, the BAT/STT shall terminate testing and immediately notify the employer.

If a new test is conducted and the covered employee is still not able to provide sufficient saliva to complete the test, the employer shall be immediately notified and the alcohol test will then be administered by a BAT using an EBT.



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If a covered employee is unable, or alleges he/she is unable to provide an amount of breath sufficient to give a reading on the EBT, the BAT should again instruct the covered employee to attempt to provide an adequate amount of breath and the proper way to do so. If the covered employee refuses to make a second attempt, the BAT shall discontinue the test and immediately notify the employer.

If the covered employee does make an attempt again and fails to provide an adequate amount of breath, the BAT may provide another opportunity to the covered employee if the BAT feels there is a strong likelihood the covered employee could provide a sufficient amount of breath. If the covered employee fails to provide an adequate amount of breath, the BAT shall note the failure on the remarks of the ATF and immediately notify the employer. The employer will then direct the covered employee to obtain, within 5 days, an evaluation from a licensed physician who is acceptable to the employer and has expertise in the medical issues associated with the covered employee's inability to provide a sufficient specimen. The employer will tell the physician the covered employee was required to take a DOT breath alcohol test but was unable to provide a sufficient amount of breath and the consequences for refusing to take the required alcohol test. The employer must also tell the physician to provide to the employer a signed statement of the physician's conclusions and the basis for them. If the physician determines the covered employee has a medical condition that could have prevented him/her from providing a sufficient amount of breath, the test will be cancelled. No further testing will be required except when the covered employee needs a test result of less than .02 for a return to duty or a follow-up test. If the physician determines the covered employee does not have a medical condition that could have prevented him/her from providing a sufficient amount of breath, it will be considered a refusal to test. The employer shall notify the covered employee of the physician's conclusions.

**[C] OTHER ALCOHOL-RELATED CONDUCT:** A covered employee tested under Section 4 of this policy who is found to have an alcohol concentration of .02 or greater, but less than .04, shall not perform or continue to perform safety-sensitive functions, nor shall this employer allow a covered employee to perform or continue to perform safety-sensitive functions, until the start of the covered employee's next regularly scheduled duty period, but not less than 8 hours following the administration of the alcohol test or until another alcohol test is conducted on the employee and the result is less than .02. Any covered employee who has an alcohol test result of .02 or greater, but less than .04, will be sent home, under this employer's independent authority.

## Section 7 - ACCESS TO RECORDS

All laboratory records pertaining to a given urine specimen will be kept by the laboratory for two years, unless otherwise instructed by this employer, the employee, the MRO or a DOT agency to retain the records for an additional period of time. The laboratory will keep in long-term frozen storage a confirmed positive, adulterated, substituted or invalid split specimen in its original-labeled specimen bottle for at least one year to be available for the purpose of preserving evidence for litigation or a safety investigation. All MRO records pertaining to negative drug test results are kept by the MRO for one year. All records pertaining to confirmed positive, adulterated, substituted or invalid test results are kept by the MRO for a minimum of five years.

All records pertaining to the employer's drug and alcohol testing program shall be maintained in a secure location with controlled access and shall be maintained according to 49CFR Part 655.

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Records, including drug and alcohol test results, shall only be released in the following circumstances:

Upon written request, covered employees are entitled to copies of their records pertaining to their use of drugs or alcohol, including any records pertaining to their drug and alcohol tests. Covered employees are also entitled to have access to any pertinent records directly related to their given urine or alcohol specimen testing such as equipment calibration maintenance records and records of laboratory certifications. This employer shall promptly provide records requested by the covered employee and shall not be conditional upon the employer's receipt of payment for the preparation and/or production of those records.

Records to subsequent employers shall be made available upon receipt of a written authorization from the covered employee. This employer will only disclose information that is expressly authorized by the terms of the covered employee's request. This employer shall provide such information and results requested promptly to the subsequent employer at no charge.

This employer may disclose drug and alcohol information pertaining to a covered employee to the employee or to the decision maker in a lawsuit, grievance or other proceeding initiated by or on behalf of the covered employee, and arising from the results of a drug and alcohol test administered according to 49 CFR Parts 655 and 40 or from this employer's determination that the covered employee engaged in conduct prohibited in Section 3 ("Use Prohibited")(including, but not limited to worker's compensation, unemployment compensation or other proceeding relating to a benefit sought by the covered employee). In addition, the employer may disclose information in criminal or civil actions resulting from the covered employee's performance of safety-sensitive functions, in which a court of competent jurisdiction determines that the drug and alcohol test information sought is relevant to the case and issues an order directing the employer to produce the information. The employer may release the information to the decision-maker in the proceeding only with a binding stipulation that the decision-maker to whom it was released will make it available only to parties in the proceeding. The employer must notify the covered employee in writing of any information released to the decision-maker in the criminal or civil proceeding.

This employer may disclose drug and alcohol testing information required to be maintained under 49 CFR Part 655, pertaining to a covered employee, to the State oversight agency or grantee required to certify to FTA compliance with the drug and alcohol testing procedures of 49 CFR Parts 40 and 655.

This employer shall only release information regarding a covered employee's record as directed by the specific written consent of the covered employee to an identified person. Release of that information by the person receiving the information is permitted only in accordance with the terms of the employee's consent.

Records shall be accessible and copies shall be made available in all of the employer's facilities to the U.S. Secretary of Transportation, or any Federal, state or local safety agency with regulatory authority over the employer or any of the employers covered employees.

Information related to the employer's administration of a post-accident alcohol and/or drug test administered following an accident under investigation by the National Transportation Safety Board (NTSB) shall be made available when requested by the NTSB.

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In the event this employer chooses to rehabilitate a covered employee with a positive alcohol result of .04 or greater, or a refusal to test, this employer shall release the alcohol result and or documentation to the Consortium and to the MRO to assist with the return to duty and follow-up testing as required under 49 CFR Part 40.

## **Section 8 - EMPLOYEE ASSISTANCE PROGRAM**

Each covered employee will receive a copy of this anti-drug and alcohol-misuse policy, which includes all requirements under 49 CFR Part 655.15 and 655.16. Some of those requirements include: the name(s) of the person or people that can answer covered employees' questions about the drug and alcohol program and testing; what period of the workday the covered employee is required to be in compliance; which covered employees are required to comply with the federal regulations and this policy; what conduct and behavior is prohibited under this drug and alcohol program; the circumstances in which the covered employee will be tested for drugs and alcohol; what procedures are used to test for drugs and alcohol; that the employee must submit to drug and alcohol testing as required by Part 655; what kind of behavior that constitutes a refusal to test and that a refusal to test is a violation of this Policy; the disciplinary action that will be taken on an employee who has a verified positive drug test, a verified positive alcohol test of .04 or greater or refuses to submit to test, including that the employee be removed from any safety-sensitive functions and be evaluated by a SAP; the consequences for an employee who has an alcohol concentration of .02 or greater, but less than .04; and any other requirements included in this Policy that exceeds CFR Parts 40 and 655. Each covered employee shall be given educational information concerning the effects and consequences of drug use on the covered employee's personal health, safety and work environment, including signs and symptoms of a drug problem. Also provided to the covered employee under this employer's independent authority is educational information concerning the effects and consequences of alcohol use on the covered employee's personal health, safety and work environment, including signs and symptoms of an alcohol problem.

Each covered employee will be required to sign an Anti-Drug & Alcohol-Misuse Policy Receipt Certificate (See Attachment G) certifying that they received a copy of the Anti-Drug and Alcohol-Misuse Policy which includes the required content as stated above. This employer will provide a copy of the Anti-Drug & Alcohol-Misuse Policy Receipt Certificate to each covered employee and keep the original.

Each covered employee will receive at least 60 minutes of training on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms which may indicate prohibited drug use. It is the covered employee's responsibility to report to work fit for duty, and remain fit throughout the workday in order to perform in a safe, efficient and productive manner. The covered employee will also be made aware of the signs and symptoms of a drug and/or alcohol problem (his/hers or a co-worker's) and shall be made aware of ways to intervene when a drug and/or alcohol problem is suspected, including referral to management, referral to an employee assistance program (if available from the employer), and referral to drug and/or alcohol abuse hotlines and help-lines as provided below, or local Alcoholics Anonymous or Narcotics Anonymous groups.

When a covered employee suspects a co-worker is under the influence of drugs and/or alcohol, the covered employee should refer the co-worker's name to management, who shall respond accordingly.

# VALLS SHIPPING AGENCIES, LP

These hotline and help-line numbers are made available as a reference only:

Focus on Recovery Help-Line for Alcohol and Drug Abuse (800) 234-0286, (800) 234-0246, (800) 234-0420

The Center for Substance Abuse Treatments Drug Information, Treatment, and Referral Hotline (800) 662-HELP (4357)

## Section 9 - INFORMATION CONCERNING THE EFFECTS OF ALCOHOL AND CONTROLLED SUBSTANCES USE ON AN INDIVIDUAL'S HEALTH, WORK & PERSONAL LIFE

Employees who abuse drugs and/or alcohol cause more absenteeism, loss in work productivity, more accidents and more medical claims. This results in a loss of \$140 billion to American businesses each year.

Compared with the average employee, a typical drug-using employee in the workplace is:

- 2.5 2.5 times more likely to be absent 8 days or more each year;
- 3 times more likely to be late for work;
- 3.6 3.6 times more likely to be involved in workplace accidents;
- 5 times more likely to file a workers' compensation claim; and,
- incur 300% higher medical claims.

Marijuana - The common name for the drug made from chopped leaves, stems and flowering tops of a cannabis plant. Some common street names for marijuana are "dope," "grass," "joint," "pot," "reefer." Marijuana can be smoked or eaten.

Marijuana is a depressant and mind-altering drug. It works on the brain and causes hallucinations. A person using marijuana is more than likely to experience slowed reaction time, reduced concentration, distorted vision and depth perception, is slower in making decisions, often drives slower than the speed limit, is unable to correctly measure distance and time, and has impaired short-term memory.

Some of the symptoms and signs of marijuana use are:

- |                        |                    |
|------------------------|--------------------|
| short-term memory loss | reddened eyes      |
| moodiness              | increased appetite |
| slowed thinking        |                    |
| increased heart rate   |                    |
| dilated pupils         | loss of memory     |

Some visible signs noted for the presence of marijuana are:

- |   |             |
|---|-------------|
| roach clips   | bongs       |
| cigarette rolling papers                            | small pipes |
| "one hitters" (usually metal - slim tubular device) |             |

The active ingredient in marijuana (THC) is stored in the body fat and could be retained for days or weeks, depending on the quality of the drug, the tolerance of the user and the dosage or amount

# VALLS SHIPPING AGENCIES, LP

taken. Marijuana and alcohol together will magnify the effects of both many times. Chronic marijuana smoking could cause severe irritation of the lungs, heart problems, reduced immune system and possible brain damage.

Phencyclidine (PCP) - PCP was developed originally as an anesthetic but was taken off the market because it sometimes caused hallucinations. The most common street names for PCP are "angel dust," "crystal," "tea" and "THC." PCP is sold in various forms, mainly as a white, off-white or brown crystal-like powder, tablet or capsule. It can be ingested by mouth, snorted or injected intravenously. It can also be smoked when combined with marijuana or tobacco.

A person using PCP is more than likely to experience impaired coordination and dulled senses, a sense of power, drowsiness, aggressive behavior, hallucinations and blurred or double-vision. In some cases a person could even experience convulsions, coma, ruptured blood vessels in the brain, heart and lung failure, or even death.

Some of the symptoms and signs of PCP use are:

|                      |                          |
|----------------------|--------------------------|
| confusion            | increased blood pressure |
| anxiety              | panic                    |
| dizziness            | drowsiness               |
| hallucinations       | disorientation           |
| increased heart rate | sweating                 |
| aggressive behavior  |                          |

Some of the signs for the presence of PCP are:

|  |          |
|--|----------|
| needles                                  | capsules |
| syringes                                 | tablets  |
| plastic packets with a powdery substance |          |

PCP is water soluble but still could be retained in the body's system for days, depending on the quality of the drug, the tolerance of the user and the dosage or amount taken. PCP and alcohol together is dangerous and could cause an overdose. Chronic PCP use could cause hallucinations, psychosis, convulsions, coma or possible death.

Cocaine - Cocaine comes from the leaves of coca plants. Some common street names for cocaine are "coke," "crack," "rock," "snort," "toot," "blow," and "snow." Cocaine can be snorted, injected intravenously, smoked or free-based (heating the cocaine and inhaling the vapors).

Cocaine stimulates the body's central nervous system. Psychological dependence on the drug can be high with repeated use.

A person using cocaine is more than likely to experience impatience, anger, overstimulated reflexes, distorted vision and depth perception, slow reaction time and false sense of security and alertness. In some cases, a person could even experience seizures, heart attacks, convulsions, hallucinations and death.

Some of the symptoms and signs of cocaine use are:

|                |             |
|----------------|-------------|
| dilated pupils | nose bleeds |
|----------------|-------------|

# VALLS SHIPPING AGENCIES, LP

paranoia  
runny nose  
increased blood pressure  
restlessness  
anxiety  
depression

irritability  
needle marks  
hallucinations  
talkativeness  
weight loss  
nervousness

Some of the signs for the presence of cocaine are:

small spoons  
needles  
syringes  
razor blades  
small butane torch

mirrors  
small plastic bags or vials  
small drinking straws  
rolled paper currency

Cocaine is water soluble but still could be retained in the body's system for several days, depending on the quality of the drug, the tolerance of the user and the dosage or amounts taken. Cocaine causes the most mental dependency of any known drug. Cocaine and depressants, taken together, can be very dangerous or even fatal. Intravenous users have a high risk of contracting liver disease, tetanus, serum hepatitis and AIDS from the use of needles. Chronic cocaine use could cause seizures, heart attacks, strokes, convulsions, depression or death.

Amphetamines- Amphetamines are manufactured central nervous system stimulants used most often by individuals to stay awake. Psychological dependence on the drug can be high with repeated use. Some common street names for amphetamines are "speed," "crank," "meth," "crystal," "diet pills," "bennies" and "uppers."

In pure form, amphetamines are yellowish crystals in which some are made into tablets, pills or capsules. Amphetamines can be ingested in tablet, pill or capsule form, snorted, or injected intravenously if in powder or liquid form.

A person using amphetamines is more than likely to experience delayed reaction time, overstimulated reflexes, anxiety, irritability, distorted vision and depth perception, and a false sense of security and alertness.

Some of the symptoms and signs of amphetamine use are:

loss of appetite  
weight loss  
dilated pupils  
dry mouth  
sleeplessness  
needle marks  
hallucinations

paranoia  
sweating  
increased blood pressure  
talkativeness  
nervousness  
depression  
anxiety

Some of the signs for the presence of amphetamines are:

pills  
tablets  
capsules  
small plastic bags or vials  
needles

small butane torch  
rolled paper currency  
small drinking straws  
razor blades  
syringes



# VALLS SHIPPING AGENCIES, LP

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Amphetamines are water-soluble, but still could be retained in the body's system for several days depending on the quality of the drug, the tolerance of the user and the dosage or amount taken. Chronic amphetamine use could cause physical collapse, delusions, hallucinations, brain damage, heart damage, toxic psychosis or death.

Opiates - Some opiates come from the seed pod of the Asian poppy. Other opiates are synthesized or manufactured. Psychological dependence can be high with repeated use. Some common street names are "horse," "junk," "smack," "downers," "M," "yellow jackets," "blues" and "ludes."

Opiates are in many different compounds and forms. The most common are the pills, tablets or capsules. Other compounds and forms are in liquid or powder form. Opiates can be injected, smoked or injected intravenously.

A person using opiates is more than likely to experience distorted sense of time and distance, slowed reflexes, difficulty focusing, drowsiness and little or no concentration.

Some of the symptoms and signs of opiate use are:

|                    |                      |
|--------------------|----------------------|
| nausea             | needle marks         |
| loss of appetite   | confusion            |
| drowsiness         | cold or moist skin   |
| depression         | short attention span |
| reduced pain       | memory loss          |
| constricted pupils | sweating             |
| diarrhea           | vomiting             |

Some of the signs for the presence of opiates are:

|          |               |
|----------|---------------|
| pills    | bottle caps   |
| tablets  | small packets |
| capsules | eye droppers  |
| needles  | small spoons  |
| syringes |               |

Opiates are water soluble, but still could be retained in the body's system for one to several days, depending on the quality of the drug, the tolerance of the user and the dosage or amount taken. Opiates taken with alcohol and other depressant drugs magnify the effects of the opiates and could lead to overdoses. Intravenous users have a high risk of contracting liver disease, tetanus, serum hepatitis and AIDS from the use of needles. Chronic opiate use could cause loss of consciousness, convulsions, coma or death.

Alcohol - Some common street names for alcohol are "booze," "juice," "brew," "sauce" and "hooch."

As a rule, a drink or two will create a feeling of well-being. What determines the rate of metabolism in the body and how fast it dissipates the alcohol depends on the altitude, the individual's body weight, metabolism, stomach content, gender, and whether the individual is sick or healthy, rested or tired. After the first drink or two, impairment begins, depending on the factors stated above.

# VALLS SHIPPING AGENCIES, LP

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When the individual consumes alcohol that produces physical or mood-altering effects, it becomes a substance of abuse.

A person using alcohol is more than likely to experience blurred or distorted vision, impaired reaction time, impaired judgment, anger, nausea, drowsiness and aggressiveness.

Some of the symptoms and signs of alcohol use are:

|                |                       |
|----------------|-----------------------|
| slurred speech | hostility             |
| odor on breath | insomnia              |
| flushed skin   | loss of concentration |
| glazed eyes    | unsteadiness          |
| blackouts      | memory loss           |
| drowsiness     | incoherence           |

Chronic alcohol use could cause brain damage, neurological damage, liver damage, pancreas and kidney damage, heart problems, strokes, cancer, coma, toxic psychosis and possible death.

**Section 10 - DISCIPLINARY ACTION** - Under this employer's independent authority, any employee who is subject to testing under this Anti-Drug & Alcohol Misuse Policy shall be subject to the following disciplinary action:

After the second violation of this policy, the covered employee shall be terminated.

After each violation(s) of this policy, this employer will advise the covered employee of the resources available in evaluating and resolving problems associated with the misuse of drugs and/or alcohol.

Prior to being eligible for return to duty testing, a covered employee who has violated this policy shall go to a SAP for a face-to-face clinical assessment and evaluation to determine what assistance is needed for the covered employee. The SAP must provide a letter to the employer stating the specific recommendations of assistance the covered employee must follow. When the covered employee has successfully complied with the SAP's recommendations, the covered employee shall go to the SAP for a face-to-face follow-up evaluation. The SAP shall confer with or obtain documentation from the appropriate education and/or treatment program the covered employee was referred to and determine if the covered employee has demonstrated successful compliance with his/her initial evaluation recommendations. If the covered employee has shown successful compliance with the SAP's recommendations, the SAP will provide a letter to the employer stating such and shall include the follow-up testing plan for the covered employee. If the covered employee has not shown successful compliance with the SAP's recommendations, the SAP will provide a letter to the employer stating such and the covered employee will not be eligible for a return to duty test or to perform safety-sensitive functions until the covered employee has shown successful compliance with the SAP's recommendations.

The employee will be referred to the Employee Assistance Program (EAP) for the evaluations. The costs for the evaluations will be covered in accordance with the EAP's provider agreement. The costs for the treatment and/or education recommended by the EAP may be covered by the employer's health plan. If not, the treatment and/or education will be the covered employee's responsibility. The costs of the return to duty and follow-up testing will be covered by the employer.

# VALLS SHIPPING AGENCIES, LP

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***THIS IS NOT AN EMPLOYMENT CONTRACT***

# VALLS SHIP AGENCIES, LP


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## TRAINING

All employees of Valls Shipping Company are required to undergo certain training pending requirements of certain facilities/ports/Gov't offices that we conduct business.

1. All employees are required to undergo safety training at all local terminals/refineries/ports as required. Most facilities require safety training on an annual basis.
2. TWIC Escort training is required at all facilities/Ports that offer this training.
3. Certain business leadership/team working training will be assigned/required on a case by case basis.
4. All employees are required to attend any training required by any facility or Port that we conduct business with.
5. All new hires with no previous experience will spend a minimum of 90 days training with a authorized agent trainer within Valls Ship Agencies. After 90 days initial training on all Gov't/Facility/Vessel rules & Regulations the agent will be released to conduct basic vessel agent boarding duties as assigned by the local office manager.

Broward.org | Government | Agencies | Services | Residents | Businesses | Visitors |


Search County Government

[Home](#) | [County Commission](#) | [Doing Business](#) | [Visiting](#)

ENVIROS

Enforcement Action Advanced Search

⊗ **No information was found matching your selection criteria. Please try again.**

Enforcement Action Number:

House Number:  To:

Street:


Direction Street Name Street Type Suite

City:  Zip:

Section:  Township:  Range:





Respondent:

[Help on this page](#)  
Screen ID: 23473



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# Florida Hazardous Waste Handler Search Results



Florida Department of Environmental Protection

## Hazardous Waste Facilities Search Results

### Selection Criteria for This Handler Search:

EPAID: % ; Name: SUNSHINE SHIPPING, INC.% ; Address: % ; City: % ; County: %

#### For Facility Data Links:

**A**ctivities -- provides a list of RCRA compliance activities and violations.

**M**apping in GIS -- this opens a **[NEW IMPROVED]** GIS mapping tool focused on the facility.

**D**ocuments -- this provides a list of electronic documents available online.

**E**rror Reporting -- send us feedback to address data errors.

**C**ounty Verification -- County or RPC verification of Facility and Waste for this site.

#### For a Generator Status History:

click on the **Status**. - **NNOT** indicates a facility is a Non-Notifier and may not have been issued the associated EPAID - **Check with DEP before using that EPAID!**

[Legend of Status Types](#)

| EPA ID                                   | Name | County | Address | Contact | Status | As of | Data Links |
|--|------|--------|---------|---------|--------|-------|------------|
| <b>Search has retrieved 0 Facilities</b> |      |        |         |         |        |       |            |

### Legend of Status Types:

LQG - Large Quantity Generator  
 SQG - Small Quantity Generator  
 CES - Conditionally Exempt Small Quantity Generator  
 UOT - Used Oil Transporter  
 TRA - Hazardous Waste Transporter  
 TSD - Treatment/Storage/Disposal Facility  
 CLO - Closed  
 NHR - Non-Handler of Hazardous Waste



## Occupational Safety and Health Administration

Menu

Q SEARCH OSHA

OSHA ▾ STANDARDS ▾ TOPICS ▾ HELP AND RESOURCES ▾ Contact Us FAQ A to Z Index English  
Español

## Establishment Search

### Reflects inspection data through 10/01/2020

This page enables the user to search for OSHA enforcement inspections by the name of the establishment. Information may also be obtained for a specified inspection or inspections within a specified SIC.

**Note:** Please read important information below regarding interpreting search results before using.

Search By:

**Your search did not return any results.**

Establishment

(This box can also be used to search for a State Activity Number for the following states: NC, SC, KY, IN, OR and WA)

State

OSHA Office

Site Zip Code

Case Status ☒ All ☐ Closed ☐ Open

Violation Status ☒ All ☐ With Violations ☐ Without Violations

Inspection Date

Start Date

End Date

Submit

Reset

#### Can't find it?

Wildcard use %

Basic Establishment Search Instructions

Advanced Search Syntax

#### NOTE TO USERS

[https://www.osha.gov/pls/imis/establishment.html?p\\_message=2&establishm...](https://www.osha.gov/pls/imis/establishment.html?p_message=2&establishm...) 10/6/2020



## Establishment Search Page | Occupational Safety and Health Administration Page 2 of 2

The Integrated Management Information System (IMIS) was designed as an information resource for in-house use by OSHA staff and management, and by state agencies which carry out federally-approved OSHA programs. Access to this OSHA work product is being afforded via the Internet for the use of members of the public who wish to track OSHA interventions at particular work sites or to perform statistical analyses of OSHA enforcement activity. It is critical that users of the data understand several aspects of the system in order to accurately use the information.

The source of the information in the IMIS is the local federal or state office in the geographical area where the activity occurred. Information is entered as events occur in the course of agency activities. Until cases are closed, IMIS entries concerning specific OSHA inspections are subject to continuing correction and updating, particularly with regard to citation items, which are subject to modification by amended citations, settlement agreements, or as a result of contest proceedings. THE USER SHOULD ALSO BE AWARE THAT DIFFERENT COMPANIES MAY HAVE SIMILAR NAMES AND CLOSE ATTENTION TO THE ADDRESS MAY BE NECESSARY TO AVOID MISINTERPRETATION.

The Integrated Management Information System (IMIS) is designed and administered as a management tool for OSHA to help it direct its resources. When IMIS is put to new or different uses, the data should be verified by reference to the case file and confirmed by the appropriate federal or state office. Employers or employees who believe a particular IMIS entry to be inaccurate, incomplete or out-of-date are encouraged to contact the OSHA field office or state plan agency which originated the entry.

### UNITED STATES DEPARTMENT OF LABOR

Occupational Safety and Health Administration  
200 Constitution Ave NW  
Washington, DC 20210  
☎ 800-321-6742 (OSHA)  
TTY  
www.OSHA.gov

#### FEDERAL GOVERNMENT

White House  
Severe Storm and Flood Recovery Assistance  
Disaster Recovery Assistance  
DisasterAssistance.gov  
USA.gov  
No Fear Act Data  
U.S. Office of Special Counsel

#### OCCUPATIONAL SAFETY AND HEALTH

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#### ABOUT THE SITE

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Plug-Ins Used by DOL  
Accessibility Statement

**From:** [Osorno-Belleme, Angela](#)  
**To:** [HQS-SMB-FOIA](#)  
**Subject:** Freedom of Information Act Request  
**Date:** Tuesday, September 29, 2020 4:35:13 PM  
**Attachments:** [image002.png](#)

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Please accept this email as a Freedom of Information Act request for information on any environmental infractions, fines, penalties, and resolutions associated with the following companies:

Farovi Shipping Corporation  
2541 S.W. 27th Ave  
Miami, FL 33133

Moran Shipping Agencies, Inc.  
106 Francis Street  
Providence, RI 02903

Master, Owner & Operator c/o Valls Ship Agencies, LP  
2550 Eisenhower Blvd, Suite 210  
Ft. Lauderdale, FL 33316

USA Maritime Enterprises, Inc.  
P.O. Box 22723  
Ft. Lauderdale, FL 33335

Christian Bay Shipping Company  
dba/ Fillette Green Shipping Services (USA) Corp  
3333 W. Kennedy Blvd., Suite 207  
Tampa, FL 33609

Rehoboth Terminal LLC  
1025 Gateway Blvd Suite 303-107  
Boynton Beach, FL 33426

World Petroleum Corp.  
P.O. Box 291197  
Davie, FL 33329

The period of this request is January 1, 2015 through October 1, 2020.

Your response may include redactions (removal) of Personal Information(5 U.S.C. 552(b)(6) and (b)(7)(c) information.

Thank you.



**Angela Osorno Belleme, PMP**

**Franchise & Business Permit Manager**

Broward County Port Everglades Department

1850 Eller Drive, Suite 603

Fort Lauderdale, FL 33316

Ph (954) 468-0112 Fx (954) 468-525-1910

[aosornobelleme@broward.org](mailto:aosornobelleme@broward.org)

[www.broward.org](http://www.broward.org)

# VALLS SHIP AGENCIES, L.P.

POST OFFICE BOX 23405 • TAMPA, FLORIDA 33623  
TEL: 813-639-4300 • FAX: 813-639-0409  
Email: [agency.tampa@vallsgroup.com](mailto:agency.tampa@vallsgroup.com)

## Health, Safety and Environment Commitment Statement

The executive leadership team, management and employees at Valls Ship Agencies are committed to being an industry leader in Health, Safety and Environmental practices, to maintaining a safe and healthy workplace, and to protecting the environment. We believe excellence in Health, Safety and Environmental practices is vital to the wellbeing of all people everywhere and essential to all aspects of our port business.

The following principles guide and measure our corporate goals and objectives in Health, Safety and Environment:

We conduct our business so it meets or exceeds all applicable laws and regulations and minimizes risk to our employees, the public and the environment;  
We are committed to continuously improving our Health, Safety and Environment performance;  
We continually promote employee safety on and off the job;  
We believe all occupational injuries and illnesses are preventable;  
We respect the diverse environments and cultures in which we operate;  
We endeavor to do business with companies and contractors which share our Health, Safety and Environment commitment and we regularly assess their performance;  
We use our influence with companies in which we have partial ownership, to meet our Health, Safety and Environment commitment;  
We support open communication between Valls Ship Agencies, our vendors, and the public; and we work with the port community, policy makers and public interest groups who research, develop and implement standards for Health, Safety and Environmental protection.  
We encourage reporting of all Health, Safety and Environment related hazards, potential hazards, incidents and near-hits. We take every report seriously, investigate to identify facts and ensure immunity for good-faith reporting of all incidents and issues.

Respectfully yours,

J.A. Peirano  
VP Operations

Valls Ship Agencies Business Statement for Port Everglades

Port Everglades Corporate Communications recently (in June 2020) released the Port Everglades Growth Plan through 2038. The Broward County Mayor is quoted, saying, “this 20-Year Master/Vision Plan update is comprehensive and strategically paves the way for future growth and progress at Port Everglades.” As a privileged Franchise holder, it is our duty to match the commitment of the County and our Port Everglades partners. Our Port Everglades office employs just three (3) of the 13,000 individuals that the port supports. We are grateful to be a small part of this tremendous port economic engine. We are committed to maintaining and renewing (when appropriate) our very convenient office location at the Amman Building, located at 2550 Eisenhower Blvd.

A majority of our agency business serves the tanker and petroleum trade in Port Everglades. A partial client list includes CITGO, Valero, Marathon, Freepoint Commodities, Racetrac, and Wawa. The COVID-19 pandemic has disrupted the ULSD and JET fuel deliveries for the last two business quarters. However, even if the face of this current challenge, our 2020 fiscal year receipts will outpace our original projections. Over the past five (5) years, our company has collected dockage and made payment of such to Broward County as follows:

2015: \$2.74 Million  
2016: \$2.24 Million  
2017: \$3.07 Million  
2018: \$3.55 Million  
2019: \$3.42 Million  
2020: TBA

For 2020 and beyond, we are actively soliciting ship owners/managers to utilize Port Everglades for pre-shipyard preparations. Crowley Petroleum Services has been sending tanker vessels to Freeport, Bahamas for their requisite shipyard periods. These same vessels are laying up in Port Everglades prior to sailing to the Bahamas. This provides an opportunity for vessels to de-slop, make crew changes, and load necessary equipment required for dry-docking. The Overseas Anacortes, an OSG operated vessel, recently (in June, 2020) utilized a lay berth for pre-shipyard preparations. We are asking the other U.S. owners/operators like Kirby Offshore, US Shipping, Keystone Shipping, Vane Brothers, and Moran Towing to consider Port Everglades for their pre-shipyard arrangements.

Also revealed in the 2038 Master Plan, is the widening and deepening of Slip 1. The private terminal operator has committed to relocating and upsizing loading arms and manifolds. These upgrades will improve discharge rates and the overall vessel turnaround at the petroleum berths. For our clients, these efficiencies provide real value and motivate the chartering of larger vessels to call Port Everglades. As the post-COVID-19 economy rounds the corner, we remain ready for the uptick in petroleum traffic. Freepoint Commodities recently purchased several North American crude oil streams. They are currently delivering bunkers into south Florida and remain ready to increase the volume. Energy companies like Valero and CITGO are prepared for south Florida’s high-growth market. These two petroleum entities in particular deliver large quantities of Jet fuel into Port Everglades.

Valls Ship Agencies opened its first office in Corpus Christi, Texas in 1978. Our leadership in the industry spans over forty-two years. We currently operate in twenty (20) deep water ports on the US Gulf, Mississippi River, and Florida. We are both pleased and excited to continue our partnership with Port Everglades in the growth and management of international and U.S. trade.