



BROKERAGE • LOGISTICS • TRANSPORTATION

CARRIER CONTACT/COMPANY PROFILE SHEET

DISPATCH/ CONTACT INFORMATION:

Dispatch: Ashli Ceasar

Phone Number: 951.684.3444

Fax Number: 951.684.3443

Email Address: Dispatch@platinum-enterprises.com

CORPORATE OFFICE INFORMATION:

President: Victor Tomas **Victor@platinum-enterprises.com**

Office Manager: Ashli Ceasar **Ashli@platinum-enterprises.com**

Account Payables: Michelle Olivarez **Michelle@platinum-enterprises.com**

Accounts Receivable: Allison Foisy **Payables@platinum-enterprises.com**

Outside Sales: Corrie Mckinley **Corrie@platinum-enterprises.com**

EQUIPMENT:

6 LANDOLLS, 2 RGNs, 2 ROLLBACKS

COMPANY INFORMATION:

MC NUMBER: 753919

DOT NUMBER: 2170424

FEDERAL EIN: 26-4019092

SCAC CODE: PENB



July 29, 2016

VICTOR TOMAS
PLATINUM ENTERPRISES
8606 VICTORIA AVE.
RIVERSIDE, CA 92504

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) RENEWAL

The Standard Carrier Alpha Code of **PENB** has been renewed for:

PLATINUM ENTERPRISES
8606 VICTORIA AVE.
RIVERSIDE, CA 92504
MC- 753919
US DOT- 2170424

This Alpha Code will apply only to the company name shown above through June 30, 2017. **Approximately two months prior to expiration of this SCAC, NMFTA will provide an invoice for renewal which must be promptly returned together with payment to ensure its continued validity.** Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address below.

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, etc.

If you participate in the Bureau of Customs and Border Protection (BCBP) automated programs (ACE, AMS, CAFES, FAST, PAPS), your SCAC and related company information has been sent to BCBP electronically and is updated on a nightly basis. If you have encountered a problem using your SCAC with BCBP, or a copy this letter has been requested by BCBP, only then should you forward the requested information (email preferred as a PDF or TIF attachment) to the following address:

Customs and Border Protection
Attention: SCAC Beauregard, Cube C-231-1
1801 N. Beauregard Street
Alexandria, VA 20598-1350
AMS.SCAC@DHS.GOV

NOTICE: Renewal of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
VICCO INC

2 Business name/disregarded entity name, if different from above
PLATINUM ENTERPRISES

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate
☐ Other (see instructions) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
8606 VICTORIA AVE

6 City, state, and ZIP code
RIVERSIDE, CA 92504

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

or

Employer identification number

2	6	-	4	0	1	9	0	9	2
---	---	---	---	---	---	---	---	---	---


Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶  Date ▶ **1/11/18**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Policy Number:

Date Entered: 08/22/2017

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
8/22/2017

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

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

PRODUCER Network Truck Insurance Services, Inc. 120 Main Street Roseville, Ca. 95678 #0D48006	CONTACT NAME:	PHONE: (916) 780-2535	FAX: (916) 780-5720
	E-MAIL ADDRESS: MAILROOM@TRUCKERINSURANCE.COM		
INSURED VICCO INC DBA PLATINUM ENTERPRISES 8606 VICTORIA AVE RIVERSIDE, CA 92504	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: PROGRESSIVE CASUALTY INSURANCE COMPANY		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

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 SUBR RECD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		03898752-1	8/24/2017	8/24/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> COMP <input checked="" type="checkbox"/> COLL		03898752-1 03898752-1	8/24/2017 8/24/2017	8/24/2018 8/24/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ DEDUCTIBLE \$ 2,500
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CARGO		03898752-1	08/24/2017	08/24/2018	LIMIT \$250,000 DEDUCTIBLE \$2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
AS PER VEHICLE SCHEDULE ON FILE WITH THE COMPANY.

CERTIFICATE HOLDER

"FOR YOUR INFORMATION"

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2016 ACORD CORPORATION. All rights reserved.

ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

Produced using Forms Boss Plus software. www.FormsBoss.com; Impressive Publishing 800-208-1977



BROKERAGE • LOGISTICS • TRANSPORTATION

SHIPPER PROFILE FORM

Main/Corporate Office Information:	
Company Name:	
Billing Address:	
Phone Number:	
Fax Number:	
Admin Contact:	
Accounting Contact:	
Federal EIN #:	
Bank References:	
Financial Institution Name:	
Phone Number:	
Account Number:	
Contact Name:	
Trade References (2 must be motor carriers):	
Reference #1 (Contact Name/Co. Name/ Phone Number:	
Reference #2 (Contact Name/Co. Name/ Phone Number:	
Reference #3 (Contact Name/Co. Name/ Phone Number:	
Reference #4 (Contact Name/Co. Name/ Phone Number:	

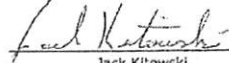
California Environmental Protection Agency
Air Resources Board

Certificate of Reported Compliance
Truck and Bus Regulation
Issued to:

VICCO INC. DBA Platinum Enterprises
Motor Carrier: USDOT-2170424 CA-427873 IRP-64577
4 Vehicles Reported

This certificate confirms that the fleet owner has attested under penalty of perjury that the statements and information they provided to the Air Resources Board (ARB) are true, accurate, and complete regarding all relevant vehicles in the fleet required to show compliance. ARB hereby finds that the fleet listed above has reported compliance with title 13, California Code of Regulations, section 2025 of the Truck and Bus Regulation. If ARB subsequently finds that the statements and information that have been provided are not true, accurate, and complete, this certificate shall be effectively revoked and the fleet subject to noncompliance penalties.

This certificate is valid until **December 31, 2017**



Jack Kitowski
Division Chief, Mobile Source Control Division
California Air Resources Board

Truck and Bus Fleet Identification
73554

To verify the authenticity of this certificate, visit
www.arb.ca.gov/msprog/cardiesel/tblookup.php



BROKERAGE • LOGISTICS • TRANSPORTATION

REFERENCES:

HERC EQUIPMENT CORPORATION

P.O.C. ZACK PEARLMAN

714.381.6446

CIRCLE M

29712 AVENIDA DE LAS BANDERA

RANCHO SANTA MARGARITA

P.O.C. TONY

949.589.1034

CREATIVE BUS SALES

14740 RAMONA AVENUE

CHINO, CA 91710

P.O.C. ART ROMO

PH.# 909.993.5040

FAX# 909.993.5766

VANS BROKERAGE

P.O. BOX 630

COMSTOCK PARK, MI 49321

616.365.3200



BROKERAGE • LOGISTICS • TRANSPORTATION



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

1200 New Jersey Ave., S.E.
Washington, DC 20590

SERVICE DATE
January 17, 2013

DECISION
MC-753919
VICTOR TOMAS
D/B/A PLATINUM ENTERPRISES
RIVERSIDE, CA
REENTITLED
VICCO INC
D/B/A PLATINUM ENTERPRISES

On January 4, 2013, applicant filed a request to have the Federal Motor Carrier Safety Administration's records changed to reflect a name change.

It is ordered:

The Federal Motor Carrier Safety Administration's records are amended to reflect the carrier's name as VICCO INC, D/B/A PLATINUM ENTERPRISES.

Within 30 days after this decision is served, the applicant must establish that it is in full compliance with the statute and the insurance regulations by having amended filings on prescribed FMCSA forms (BMC91 or 91X or 82 for bodily injury and property damage liability, BMC 34 or 83 for cargo liability, or a BMC 84 or 85 for broker security and BOC-3 for designation of agents upon whom process may be served) submitted on its behalf. Copies of Form MCS-90 or other "certificates of insurance" are not acceptable evidence of insurance compliance. Insurance and BOC-3 filings should be sent to Federal Motor Carrier Safety Administration, 1200 New Jersey Ave., S.E., Washington, DC 20590.

The applicant is notified that failure to comply with the terms of this decision shall result in revocation of its operating rights registration, effective 30 days from the service date of this decision.

To verify that the applicant is in full compliance, call (202)358-7000 or visit our web site at: <http://fi-public.fmcsa.dot.gov>. Any other questions regarding the action taken should be directed to (202)366-9805.

Decided: January 14, 2013
By the Federal Motor Carrier Safety Administration

Jeffrey L. Secrist, Chief
Information Technology Operations Division
NCA



BROKERAGE • LOGISTICS • TRANSPORTATION

CREDIT CARD BILLING AUTHORIZATION

Credit card billing information:	
Your Company Name/Name:	
Person Authorizing:	
Credit Card Type:	Visa [] MasterCard [] AMEX []
Credit Card Number:	
Expiration Date:	
Enter CVC Number (last three digits from the back of the card or for AMEX the 4 digits on the front of the card):	
Zip/Postal Code:	
Email Address:	
Please select one of the following payment options:	
Bill My Credit Card Once for the Following Amount:	
Applicant agrees that all information provided is accurate and complete. Customer also acknowledges that all requests for services may be immediately terminated at Platinum Enterprises discretion if any charges are declined. Disputes to amounts invoiced should immediately be reported to ap@Platinum-Enterprises.com or by calling Platinum Enterprises at 951-684-3444.	

The undersigned is the duly authorized representative of the company above mentioned.

Authorized Signature: _____ Date: _____