



## Public Utilities Commission

STATE OF CALIFORNIA

### **CITATION FOR VIOLATION OF PUBLIC UTILITIES CODE AND GENERAL ORDER**

To: The Lynx LLC dba LAX LINQ  
Attn: Adam Cross, CEO  
233 26<sup>th</sup> Street  
San Diego, CA 92102

File: PSC No. 40772  
Citation #: T.24.11-004  
Date: November 20, 2024  
Case #: CSE-000201

#### **VIOLATIONS**

You are hereby cited as having violated sections of the Public Utilities (Pub. Util.) Code and a General Order (G.O.) as described below. These violations occurred during the period of April 10, 2024, to September 10, 2024.

- (1) Failure to enroll eight employee-drivers in a mandatory Controlled Substance and Alcohol Testing Certification Program for Pre-Employment Testing as a Passenger Stage Corporation (PSC) in violation of Pub. Util. Code Section 1032.1 (1) and G.O. 158-A, Part 10.01 [1 count].
- (2) Operated outside the scope of the scheduled tariff as a PSC, in violation of Pub. Util. Code Section 494(a) and G.O. 158-A, Part 8.05 (B) [1 count].

**STATEMENT OF FACTS**

The above violations are documented in the attached Investigation Report, which consists of the carrier's records and substantiating documents obtained from other sources.

**RESPONSE**

You are hereby called upon to answer this citation on or before December 10, 2024. By way of such an answer, you may either:

- (1) Pay a fine of \$6,000 pursuant to Pub. Util. Code Section 5378. Submit your check or money order payable to California Public Utilities Commission using the attached *Citation Agreement*. Upon payment, the fine will be deposited in the State Treasury to the credit of the General Fund and the CPUC staff will deem the matter closed, **or**
- (2) Contact the Supervisor below to make payment arrangements, **or**
- (3) Contest this Citation by filing an Appeal. See the attached document "*How to File an Appeal and Instructions for Filing a Notice of Appeal and Certificate of Service for a Citation Appeal.*"

If you fail to respond by December 10, 2024, you will be in default and will have forfeited your right to appeal the Citation. In addition, your operating authority will be immediately suspended and may be subsequently revoked pursuant to Resolution ALJ-187. The CPUC may also act through a civil or criminal proceeding to recover any unpaid fine and ensure compliance with applicable statutes and CPUC orders.

*Eric Hooks*

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Eric Hooks  
Program and Project Supervisor  
Consumer Protection and Enforcement Division  
Transportation Enforcement Branch  
Telephone number: (415) 703-2302  
E-mail address: [eric.hooks@cpuc.ca.gov](mailto:eric.hooks@cpuc.ca.gov)

Attachments



## Public Utilities Commission

STATE OF CALIFORNIA

### CITATION COMPLIANCE AGREEMENT

File No.: PSC No. 40772  
Citation #: T.24.11-004  
Date: November 20, 2024  
Case # CSE-000201

I (we) hereby agree to comply with this citation dated Service November 18, 2024, and herewith pay the fine of \$6,000.

Adam Cross, CEO  
The Lynx LLC dba LAX LINQ  
233 26<sup>th</sup> Street  
San Diego, CA 92102

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

Payment is to be submitted online via TCP Portal ([Welcome to TCP Portal \(ca.gov\)](https://www.cpuc.ca.gov/tcp-portal)) using a credit card, ACH, or check. Payment via credit card is recommended as it provides real-time verification, whereas ACH payments take two days to clear with the bank.

Or

Payment (cashier check or money order) should be made payable to *California Public Utilities Commission* and sent to:

California Public Utilities Commission  
Attn: Fiscal Office  
505 Van Ness Avenue  
San Francisco, CA 94102-3298

### INVESTIGATION REPORT

**CARRIER:** The Lynx LLC dba LAX LINQ  
A California Corporation 202118210094 (Active)

**OFFICER:** Adam Cross, Chief Executive Officer

**AUTHORITY:** PSC 40772 (Active)

**MAILING ADDRESS:** 233 26<sup>th</sup> Steet, San Diego, CA 92102

**PHONE/EMAIL:**

[REDACTED]

**VEHICLES:** 5

**EMPLOYEE-DRIVERS:** 7

**PL&PD<sup>1</sup>  
INSURANCE:** Berkshire Hathaway Direct Insurance Company  
[REDACTED]  
Effective Date: 6.13.2023

**WORKERS'  
COMPENSATION  
INSURANCE:** The Pie Insurance Company  
Policy Number: [REDACTED]  
Effective Date: 4.15.2024

**DRUG CONSORTIUM:** Test On Time

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<sup>1</sup> Public Liability and Property Damage (PL&PD)



## INTRODUCTION

On July 26, 2024, I was assigned to investigate the operations and practices of Lynx LLC (hereinafter referred to as Lynx) because of a consumer complaint alleging that Lynx hired non-commercial drivers and charged a fuel surcharge that is neither included in Lynx's Passenger Stage Corporation (PSC) tariff nor approved by the California Public Utilities Commission (CPUC).

## VIOLATIONS

I investigated Lynx for the period of April 10, 2024, to September 10, 2024, and found violations of the following provisions of the Public Utilities (Pub. Util.) Code and a CPUC General Order (G.O.):

- **Failure to enroll eight employee-drivers in a mandatory Controlled Substance and Alcohol Testing Certification Program for Pre-Employment Testing as a PSC, in violation of Pub. Util. Code Section 1032.1 (1) and G.O. 158-A, Part 10.01 [1 count]**

Pub. Util. Code 1032.1(1) states in part that "Drivers should test negative for each of the controlled substances specified on Part 40 of Title 49 of the Code of Federal Regulations, before employment. Drivers shall test negative for these controlled substances and alcohol at such other times as the Commission, after consulting the Department of California Highway Patrol, as designated".

On September 10, 2024, I sent a data request [**Attachment 1**] via email to [REDACTED] and U.S. mail to 233 26th Street, San Diego, CA 92102. On September 19, 2024, I called Adam Cross on (425) 770-7107 to discuss the data request. I left a voicemail asking him to call me back. When Adam returned my call, he included his wife, Zuzana Cross, who handles the administrative duties of the business, in the conference call. I explained the reason for the data request and stressed the importance of responding to the requested items. Zuzanna stated that some of their paperwork was incomplete due to misinformation about the drivers' requirements for operating the vehicles. I granted a one-time extension until October 1, 2024, by the close of business. Zuzanna emailed me all the requested documents [**Attachment 2**] on September 30, 2024. Based on the evidence provided from the data request, eight of the employee-drivers were not drug tested before employment. According to the documentation from Lynx, these eight drivers were tested between September 17, 2024, through September 25, 2024 [**Attachment 3**].

- **Operated outside the scope of the scheduled tariff as a PSC, in violation of Pub. Util. Code Section 494(a) and G.O. 158-A, Part 8.05 (B). [1 count]**

The complaint against Lynx alleged that they charged passengers a fuel surcharge, which was advertised on the LAX LINQ website at <https://laxlinq.com/faq/> [Attachment 4]. Lynx provided a copy of its tariff when requested in the data request, but the tariff did not include the fuel charges. On October 4, 2024, I contacted CPUC's Transportation and Licensing Analysis Branch (TLAB) via email to confirm whether the missing surcharge was a possible violation of its authority. TLAB's representative, Brian Kahrs, responded by email that Lynx was operating outside the scope of its authority because the tariff [Attachment 5] does not include provisions for charging passengers' fuel surcharges.

### **DECLARATION**

I have read the foregoing and know the contents thereof and I declare under penalty of perjury that the foregoing is true and correct, except as to those matters stated on information and belief, and to those matters, I believe to be true.

Executed on November 20, 2024, at Los Angeles, California.

*LaTasha James*

LaTasha James, Enforcement Analyst  
Consumer Protection & Enforcement Division  
Transportation Enforcement Branch

## List of Attachments

- Attachment 1. Data Request
- Attachment 2. The Lynx LLC data received
- Attachment 3. [REDACTED] Drug & Alcohol Test Certification
- Attachment 4. LAX LINQ-Evidence from the website of fuel surcharge
- Attachment 5. The Lynx LLC PSC Tariff

# Attachment One

**PUBLIC UTILITIES COMMISSION**505 VAN NESS AVENUE  
SAN FRANCISCO, CA 94102-3298

September 10, 2024

PSC: 40772-Active  
Case No.: CSE-000201The Lynx LLC  
dba LAX LINQ  
233 26<sup>th</sup> Street  
San Diego, California 92102Subject: Data Request-Lynx

Dear Adam Cross:

The California Public Utilities Commission's (CPUC) Consumer Protection and Enforcement Division (CPED) Transportation Enforcement Branch (TEB) is currently reviewing the CPUC's records for intrastate transportation carriers that are regulated by the CPUC.

Public Utilities (Pub. Util.) Code Section 314 authorizes the Commission and its staff to inspect the accounts, books, papers, and documents of any public utility.

Pub. Util. Code Section 582 states that whenever required by the commission, every public utility shall deliver to the Commission copies of any or all maps, profiles, contracts, agreements, franchises, reports, books, accounts, papers, and records in its possession or in any way relating to its property or affecting its business, and a complete inventory of its property in such form as the commission may direct.

Pursuant to Pub. Util. Code Sections 314 and 582, the Commission is requesting a review of the passenger stage corporation's intrastate transportation records for The Lynx LLC dba LAX LINQ. Failure to provide access to records is a misdemeanor punishable by a maximum of \$5,000, where each violation is a separate and distinct offense (Pub. Util. Code Section 2110).

We are requesting that you present your documents listed below in electronic form. Please scan the following documents and email a copy to LaTasha James at [Latasha.James@cpuc.ca.gov](mailto:Latasha.James@cpuc.ca.gov) by September 24, 2024:

1. Your current public liability and property damage insurance policy showing a schedule of vehicles and drivers insured,
2. Current service agreement with your Drug Consortium and a list of all drivers enrolled showing dates added and/or deleted,

3. List of all drivers and driver's licenses,
4. The latest California Highway Patrol (CHP) report of all vehicles,
5. List all drivers' names and the date of hire and termination,
6. All pre-employment and random drug test results for all your drivers within the last six (6) months,
7. A copy of your original Tariff approved by the Commission.

CPED reserves the right to amend, add to, or revise this Data Request in the future if necessary.

Any responsive records provided by you that have been properly labeled and submitted as confidential will be treated as such under Pub. Util. Code Section 583 (See also General Order 66-D). Confidential documents will not be released to the public except as required by law following a Public Records Request and redaction of confidential material.

If you have any questions, please do not hesitate to contact me via telephone number or e-mail address listed below.

Sincerely,

*LaTasha James*

LaTasha James  
California Public Utilities Commission  
Consumer Protection and Enforcement Division  
Transportation Enforcement Branch  
Email: [Latasha.James@cpuc.ca.gov](mailto:Latasha.James@cpuc.ca.gov)  
Telephone: 213-605-0652

cc: Eric Hooks, Program and Project Supervisor

# Attachment Two



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/20/2024

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

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

PRODUCER [REDACTED]	CONTACT NAME:	
	PHONE (A/C. No. Ext): [REDACTED]	FAX (A/C. No): [REDACTED]
E-MAIL ADDRESS: [REDACTED]		
INSURER(S) AFFORD NG COVERAGE		NAIC #
INSURER A: Berkshire Hathaway Direct Insurance Company		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED LYNX LLC DBA LAX LIHQ  
[REDACTED]  
United States

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	X	X	0016700-01-CA	10/29/2023	10/29/2024	COMB NED S NGL E L MIT (Ea accident) \$ [REDACTED] BOD LY INJURY (Per Person) \$N/A BOD LY INJURY (Per accident) \$N/A PROPERTY DAMAGE (Per accident) \$N/A
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROP R ETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					E. L. EACH ACC DENT \$ E. L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$

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

### CERTIFICATE HOLDER

See attached schedule for Lienholders.

### 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

[REDACTED]



**CERTIFICATE OF LIABILITY INSURANCE SCHEDULE**

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The certificate holder is recorded in the insurer's records as a loss payee for 2019 FORD TRANSIT 1FBAX2CG6KKA94238 with limit of \$33900 and a comprehensive deductible of \$500 or if different deductibles Comprehensive deductible of \$1,000.and a collision deductible of \$500 or if different deductibles Collision Deductible of \$1,000.

**CERTIFICATE HOLDER**

[REDACTED]

### SCHEDULE OF COVERED AUTOS

POLICY NUMBER: [REDACTED]

EFFECTIVE DATE: [REDACTED]

NAMED INSURED: LYNX LLC DBA LAX LINQ

NOTES:

VEHICLE INFORMATION:

Vehicle #	Year	Make and Model	VIN	Use* (C/S/R)	Radius	Garaging Territory	Garaging City, State	GVW or Seating Cap.
	Liability Premium	Medical Payments Premium	Personal Injury Protection Premium	Additional Insured Premium		In-Tow Premium	Cargo Premium	
	Stated Limit or ACV	Specified Causes (S) or Comprehensive (C)	Specified Causes or Comprehensive Premium	Specified Causes or Comprehensive Deductible		Collision Premium	Collision Deductible	
1	[REDACTED]	FORD TRANSIT	[REDACTED]	Business Use	101 to 300 miles		San Diego CA	5001-10000 lbs
	[REDACTED]	[REDACTED]	\$0.00	\$0.00		\$0.00	\$0.00	
	[REDACTED]	C	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	
2	[REDACTED]	FORD TRANSIT	[REDACTED]	Business Use	101 to 300 miles		San Diego CA	5001-10000 lbs
	[REDACTED]	[REDACTED]	\$0.00	\$0.00		\$0.00	\$0.00	
	[REDACTED]	C	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	
3	[REDACTED]	FORD TRANSIT	[REDACTED]	Business Use	101 to 300 miles		San Diego CA	5001-10000 lbs
	[REDACTED]	[REDACTED]	\$0.00	\$0.00		\$0.00	\$0.00	
	[REDACTED]	C	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	
4	[REDACTED]	FORD TRANSIT	[REDACTED]	Business Use	101 to 300 miles		San Diego CA	5001-10000 lbs
	[REDACTED]	[REDACTED]	\$0.00	\$0.00		\$0.00	\$0.00	
	[REDACTED]	C	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	
5	[REDACTED]	MERCEDES-BENZ SPRINTER	[REDACTED]	Business Use	101 to 300 miles		San Diego CA	5001-10000 lbs
	[REDACTED]	[REDACTED]	\$0.00	\$0.00		\$0.00	\$0.00	
	[REDACTED]	C	[REDACTED]	[REDACTED]		[REDACTED]	[REDACTED]	

[Redacted]

9/26/2024

Verification of enrollment

This letter is to certify that the below listed drivers are currently enrolled in the CPUC Drug & Alcohol testing program to comply with 49 CFR PART 40.

THE LYNX, LLC has been a part of our CPUC drug and alcohol testing program since 12/16/2021

Name

CDL #

Enrollment date

Name	CDL #	Enrollment date
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

[Redacted signature]



9/26/2024

Verification of enrollment

This letter is to certify that the below listed drivers are currently enrolled in the CPUC Drug & Alcohol testing program to comply with 49 CFR PART 40.

THE LYNX, LLC has been a part of our CPUC drug and alcohol testing program since 12/16/2021

Name	CDL #	Enrollment date
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]



Drivers Name	Drivers License #	Hire Date	Terminated
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**SAFETY COMPLIANCE REPORT/  
TERMINAL RECORD UPDATE**

CHP 343 (Rev. 12-17) OPI 062

NEW TERMINAL INFORMATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CA NUMBER [REDACTED]	FILE CODE NUMBER [REDACTED]	COUNTY CODE [REDACTED]	BED [REDACTED]
TERMINAL TYPE <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Bus <input type="checkbox"/> Mod Limo	CODE [REDACTED]	OTHER PROGRAM(S) [REDACTED]	LOCATION CODE [REDACTED]	SUBAREA [REDACTED]

CARRIER LEGAL NAME <b>THE LYNX LLC</b>	TERMINAL NAME (IF DIFFERENT) <b>LINQ BUS</b>	TELEPHONE NUMBER (W/ AREA CODE) [REDACTED]
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TERMINAL STREET ADDRESS (NUMBER, STREET, CITY, ZIP CODE) <b>233 26TH ST, SAN DIEGO, CA 92102</b>	INSPECTION LOCATION (NUMBER, STREET, CITY OR COUNTY) <b>233 26TH ST, SAN DIEGO, CA 92102</b>
MAILING ADDRESS (NUMBER, STREET, CITY, ZIP CODE) (IF DIFFERENT FROM ABOVE) <b>233 26TH ST, SAN DIEGO, CA 92102</b>	

**LICENSE, FLEET AND TERMINAL INFORMATION**

HM LIC. NO.	HWT REG. NO.	IMS LIC. NO.	TRUCKS AND TYPES	TRAILERS AND TYPES	PASS VEHs BY TYPE I II I Mod Limo	DRIVERS 2	BIT FLEET SIZE Powered
EXP. DATE	EXP. DATE	EXP. DATE	REG. CT.	HW VEH.	HW CONT.	PPB/CSAT <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Towed
TERMINALS IDENTIFIED IN SECTION 34515(b) CVC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			FILE CODE NUMBERS OF TERMINALS INCLUDED IN INSPECTION AS A RESULT OF SECTION 34515(b) CVC				

**EMERGENCY CONTACTS (In Calling Order of Preference)**

EMERGENCY CONTACT (NAME) <b>ADAM CROSS</b>	DAY TELEPHONE NO. (W/ AREA CODE) <b>(425) 770-7107</b>	NIGHT TELEPHONE NO. (W/ AREA CODE) <b>(425) 770-7107</b>
EMERGENCY CONTACT (NAME)	DAY TELEPHONE NO. (W/ AREA CODE)	NIGHT TELEPHONE NO. (W/ AREA CODE)

**ESTIMATED CALIFORNIA MILEAGE FOR THIS TERMINAL FOR LAST YEAR [ 2023 ]**

A UNDER 15,000	B 15,001 - 50,000	C 50,001 - 100,000	D 100,001 - 500,000	E 500,001 - 1,000,000	F 1,000,001 - 2,000,000	G 2,000,001 - 5,000,000	H 5,000,001 - 10,000,000	I MORE THAN 10,000,000
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OPERATING AUTHORITIES OR PERMITS**

PUC	<input type="checkbox"/> T	<input checked="" type="checkbox"/> TCP <input type="checkbox"/> PSC 40772	MOTOR CARRIER OF PROPERTY PERMIT ACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	IMS FITNESS EVALUATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
USDOT	USDOT NUMBER [REDACTED]	<input type="checkbox"/> MC <input type="checkbox"/> MX	<input type="checkbox"/> MC <input type="checkbox"/> MX	REASON FOR INSPECTION <b>TOUR BUS TERMINAL</b>

INSPECTION FINDINGS	INSPECTION RATINGS: S = Satisfactory U = Unsatisfactory C = Conditional UR = Unrated N/A = Not Applicable						
	REQUIREMENTS	VIOL	MAINTENANCE PROGRAM	DRIVER RECORDS	REG. EQUIPMENT	HAZARDOUS MATERIALS	TERMINAL
MAINTENANCE PROGRAM			1 UR 2 S 3 S 4 S	1 UR 2 S 3 S 4 S	1 UR 2 S 3 S 4 S	1 N/A 2 N/A 3 N/A 4 N/A	1 UR 2 S 3 S 4 S
DRIVER RECORDS			No. 1 Time 0.5	No. 2 Time 0.5	No. 1 Time 1.0	TIME	TOTAL TIME 2.0
DRIVER HOURS			HAZARDOUS MATERIALS <input checked="" type="checkbox"/> No H/M Transported <input type="checkbox"/> No H/M violations noted		CONTAINERS/TANKS No. Time	VEHICLES PLACED OUT-OF-SERVICE Vehicles 0 Units	
BRAKES			REMARKS				
LAMPS & SIGNALS			See attached pages (part B and part C) for inspection findings, actions necessary to gain compliance and directives.  Based on this inspection, a recommendation for approval of your operating authority will be forwarded to the Public Utilities Commission (PUC).				
CONNECTING DEVICES							
STEERING & SUSPENSION							
TIRES & WHEELS							
EQUIPMENT REQUIREMENTS							
CONTAINERS & TANKS							
HAZARDOUS MATERIALS							

INSPECTION TYPE <input type="checkbox"/> I <input type="checkbox"/> R <input checked="" type="checkbox"/>	NON-BIT <input checked="" type="checkbox"/>	CPSS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CHP 345 <input type="checkbox"/>	CHP 100D COL. <input type="checkbox"/>	INSPECTION DATE(S) <b>05/23/2024</b>	TIME IN	TIME OUT
INSPECTED BY (NAME(S)) [REDACTED]					ID NUMBER(S) [REDACTED]	SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None	

**MOTOR CARRIER CERTIFICATION**

I hereby certify that all violations described hereon and recorded on the attached pages (2 through \_\_\_), will be corrected in accordance with applicable provisions of the California Vehicle Code and the California Code of Regulations. I understand that I may request a review of an unsatisfactory rating by contacting the Motor Carrier Safety Unit Supervisor at [REDACTED] within 5 business days of the rating.

CURRENT TERMINAL RATING <b>SATISFACTORY</b>	[REDACTED]	DATE <b>05/23/2024</b>
CARRIER REPRESENTATIVE'S PRINTED NAME <b>ZUZANNA CROSS</b>	TITLE <b>CHIEF OPERATING OFFICER</b>	DRIVER LICENSE NUMBER STATE

**California Highway Patrol**



**US DOT #**  
3702182

**Legal:** THE LYNX LLC  
**Operating (DBA):** LAX LINQ AND LINQ BUS

**MC/MX #:** [REDACTED]      **State #:** [REDACTED]      **Federal Tax ID:** [REDACTED]  
**Review Type:** [REDACTED]  
**Scope:** [REDACTED]      **Location of Review/Audit:** [REDACTED]      **Territory:** [REDACTED]

**Operation Types**    Interstate    Intrastate

**Carrier:** N/A      Non-HM  
**Shipper:** N/A      N/A  
**Cargo Tank:**      N/A

**Business:** Other  
**Gross Revenue:**      for year ending:

**Company Physical Address:**

233 26TH ST  
 SAN DIEGO, CA 92102-3019

**Contact Name:**

**Phone numbers:** (1) [REDACTED]      (2) [REDACTED]      Fax [REDACTED]  
**E-Mail Address:** [REDACTED]

**Company Mailing Address:**

233 26TH ST  
 SAN DIEGO, CA 92102-3019

**Carrier Classification**

Authorized for Hire      Other: TBUS

**Cargo Classification**

Passengers

**Equipment**

Owned			Term Leased			Trip Leased			Owned			Term Leased			Trip Leased		
[REDACTED]	[REDACTED]	[REDACTED]	0	0	0	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

Power units used in the U.S.: [REDACTED]

Percentage of time used in the U.S.: [REDACTED]

**Does carrier transport placardable quantities of HM?**    No  
**Is an HM Permit required?**      N/A

**Driver Information**

	Inter	Intra	Average trip leased drivers/month: 0		
< 100 Miles:		2	Total Drivers: 2		
>= 100 Miles:			CDL Drivers: 2		





LAX LINQ AND LINQ BUS (THE LYNX LLC dba) - Terminal

U.S. DOT #: [REDACTED]

State #: [REDACTED]

Review Date:

05/23/2024

**Part A**

QUESTIONS regarding this report may be directed to the Border  
Division Motor Carrier Safety Unit at:



**This TERMINAL REVIEW deals only with safety compliance at this terminal.**

**Person(s) Interviewed**

**Name:** ZUZANNA CROSS

**Title:** CHIEF OPERATING OFFICER

**Name:**

**Title:**







LAX LINQ AND LINQ BUS (THE LYNX LLC dba) - Terminal

U.S. DOT #: [REDACTED]

State #: [REDACTED]

Review Date:

05/23/2024

**Part B Violations**

**Safety Fitness Rating Information:**

Total Miles Operated 40,000  
Recordable Accidents 0

OOS Vehicle (CR): 0

Number of Vehicle Inspected (CR): 1

OOS Vehicle (MCMIS): 0

Number of Vehicles Inspected (MCMIS): 0

Your proposed safety rating is :

**This Review is not Rated.**





LAX LINQ AND LINQ BUS (THE LYNX LLC dba) - Terminal

U.S. DOT #: [REDACTED]

State #: [REDACTED]

Review Date:

05/23/2024

**Part B Requirements and/or Recommendations**

1. For questions about Motor Carrier of Property Permit : 916-657-7092  
For questions about Employer Pull Notice Program: 916-657-6346  
For questions about California Public Utilities Commision: 1-800-848-5580





LAX LINQ AND LINQ BUS (THE LYNX LLC dba) - Terminal

U.S. DOT #: [REDACTED]

State #: [REDACTED]

Review Date:

05/23/2024

**Part C**

**Reason for Review:** Other TOUR BUS TERMINAL  
**Planned Action:** Compliance Monitoring

**Parts Reviewed Certification:**

**Prior Reviews**

11/15/2022

8/4/2022

**Prior Prosecutions**

**Reason not Rated:** Special Study

**Study Code:** CA

**Unsat/Unfit Information**

Is the motor carrier of passengers subject to the safety fitness procedures contained in 49 CFR part 385 subpart A, AND does it transport passengers in a commercial motor vehicle?

Yes - Intrastate

Does carrier transport placardable quantities of hazardous materials?

Unsat/Unfit rule:

Not Applicable

**Corporate Contact:** ZUZANNA CROSS  
**Corporate Contact Title:** CHIEF OPERATING OFFICER

**Special Study Information:**

**Remarks:**

Terminal Name: LINQ BUS  
Terminal Address: 233 26TH ST, SAN DIEGO, CA 92102  
CA # - [REDACTED]  
FCN - [REDACTED]

**RATING INFORMATION**





Part C

DIRECTIONS TO THE MOTOR CARRIER

1. Periodically inspect all vehicles subject to its control, at least every 45 days or more often, if necessary, to ensure safe and proper operation. Records of periodic inspections shall be maintained on file for two years.
2. Implement a means to indicate the type of inspection, maintenance, and lubrication operations to be performed on each vehicle and the date or mileage when these operations are due.
3. Document each systematic inspection and all repairs performed. Retain these records for a minimum of one year.
4. Require drivers to perform adequate daily vehicle inspections to ensure safe and proper vehicle operation.
5. Obtain a signed statement, from any driver used for the first time or intermittently., showing the total time on-duty during the preceding seven (7) days and the time at which the driver was last relieved from duty.
6. Ensure a Department of Motor Vehicles public record is obtained, with an issue date less than 30 days prior to the date the carrier employs the driver.
7. Require all drivers to prepare complete accurate records of duty status for each day and the motor carrier shall maintained those records as required.
8. Obtain an application for employment for the preceding 10 years, including names and addresses of previous employers, dates of employment, and the reason for leaving from each driver they employ.
9. Ensure a proficiency statement is maintained on file for each driver indicating the different types of vehicles the driver is capable of operating on-highway unsupervised.
10. Review driver qualification files to ensure current medical certifications are a part of the driver qualification files.
11. Immediately enroll all drivers in the Department of Motor Vehicles Pull Notice System.
12. Immediately obtain DMV Pull Notice periodic (up-to-date) printouts for all drivers.
13. Motor Carrier shall ensure information associated with United States Department of Transportation number assigned to the motor carrier is true and accurate. The information shall be updated as required by Part 390.19 of Title 49 of the Code of Federal Regulations, before the motor carrier operates a commercial motor vehicle, at least once every two calendar years, and within 15 days of any change of information or cessation of regulated activity.
14. Carrier is directed to correct all violations and areas of non-compliance noted herein this report.
15. Carrier is directed to fully comply with all applicable Federal, State, Local laws / ordinances, statutory and regulatory requirements.

INSPECTION NOTES

Carrier operates one 14 passenger van that transports customers from the San Diego, CA area to LAX. The carrier is utilizing 2 commercial drivers.

ADDITIONAL NOTES

Based on this inspection, a recommendation for approval of your operating authority will be forwarded to the Public Utilities Commission (PUC).

<b>Upload Authorized:</b>	<b>Yes</b>	<b>No</b>
<b>Authorized by:</b>		<b>Date:</b>
<b>Uploaded:</b>	<b>Yes</b>	<b>No</b>
<b>Verified by:</b>		<b>Failure Code:</b>
		<b>Date:</b>





California Highway Patrol  
9330 Farnham Street  
San Diego, CA 92123  
Phone: [REDACTED]  
Internationally Accredited Agency CHP [REDACTED]

Report Number [REDACTED]  
Inspection Date: 05/23/2024  
Start: 8:30 AM PT End: 9:06 AM PT  
Inspection Level: V - Terminal  
HM Inspection Type: None

Carrier: THE LYNX LLC  
DBA: LAX LINQ AND LINQ BUS  
233 26TH ST  
SAN DIEGO, CA, 92102-3019  
USDOT: [REDACTED] Phone#: [REDACTED]  
MC/MX#: [REDACTED] Fax#: [REDACTED]  
State#: [REDACTED]

Driver: [REDACTED] State: [REDACTED]  
License#: [REDACTED]  
Date of Birth: [REDACTED]  
CoDriver: [REDACTED]  
License#: [REDACTED] State: [REDACTED]  
Date of Birth: [REDACTED]

Location: 233 26TH ST, SAN DIEGO  
Highway:  
County: SAN DIEGO  
Email: [REDACTED]

Milepost: [REDACTED] Shipper: N/A  
Origin: [REDACTED] Bill of Lading: N/A  
Destination: [REDACTED] Cargo: [REDACTED]

**VEHICLE IDENTIFICATION**

Unit Type Make Year State Plate Equipment ID VIN GVWR CVSA Existing CVSA #

**BRAKE ADJUSTMENTS**

Axle # 1 2  
Right N/A N/A  
Left N/A N/A  
Chamber HYDR HYDR

**VIOLATIONS:** No violations were discovered

**HazMat:** No HM transported

**Placard:** [REDACTED] **Cargo Tank:** [REDACTED]

**Special Checks:** No data for special checks

**State Information:**

Odometer: [REDACTED] File Code Number [REDACTED] PUC: 40772; Fuel Type: D; Passenger Capacity: 14; Bus Type: 2; Beat/Sub Area: B26; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 10



**TRUCKERS AGAINST TRAFFICKING**

If you suspect human trafficking please contact 911 and call the National Human Trafficking Hotline at 1-888-373-7888. Make the call, save lives! Go to~ <https://truckersagainsttrafficking.org/>~ to learn more.

Report Prepared By: [REDACTED] Unit #: [REDACTED] ID/Badge #: [REDACTED]

Copy Received By: [REDACTED]

X

X



LOCAL PASSENGER TARIFF  
CONTAINING  
PASSENGER FARES

AND

RULES AND REGULATIONS GOVERNING  
AN ON-CALL, DOOR-TO-DOOR, TRANSPORTATION  
OF PASSENGERS AND THEIR BAGGAGE

BETWEEN:

THE LOS ANGELES INTERNATIONAL AIRPORT (LAX)  
AND  
THE CITIES/COMMUNITIES OF  
SAN DIEGO (TRANSIT CENTER),  
OCEANSIDE, AND PALM SPRINGS.

Issued: October 28, 2022

Effective: November 8, 2022

Issued on 10-day notice under authority of and in compliance with California Public Utilities Commission Decision 22-10-018, issued October, 2022, in Application 22-06-014.

Issued by:  
THE LYNX LLC, dba LING,  
Attn: Adam Cross, Member/CEO  
233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:  
[REDACTED]





**SECTION 1 CHECKING SHEET OF PAGES AND SUPPLEMENTS**

Page number and revision number list all the pages contained herein, consecutively. All pages and applicable supplements, listed on this page, bear issued dates that are the same as, or are prior to, the issued date of this page. "0" in the revision column indicates an Original Page.

PAGE	REVISION	REMARKS	PAGE	REVISION	REMARKS
TITLE PAGE	0		6	0	
1	0		7	0	
2	0		8	0	
3	0		9	0	
4	0		10	0	
5	0		11	0	

Uniform Symbols shall be used to indicate changes in this tariff as follows:

Letter (A), (a) or ♦	to indicate increases.	+	to show "Applicable to intrastate traffic only."
Letter (R), (r) or ♣	to indicate reductions.	⊖	to indicate "Applicable interstate traffic only."
Letter (C), (c) or Δ	to indicate a change resulting in neither an increase nor a reduction	□	to indicate reissued matter.
*	to show new material added to tariff.		

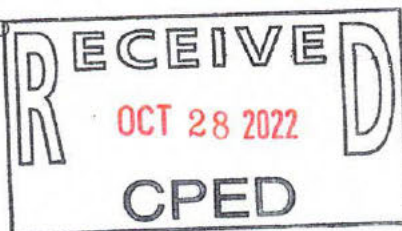
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233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:



SECTION 1

RULES AND REGULATIONS

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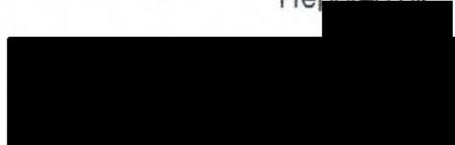
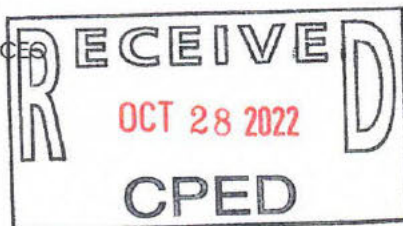
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233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:





SECTION 1

RULES AND REGULATIONS

ITEM NO. 2

**GENERAL AUTHORIZATIONS, RESTRICTIONS,  
LIMITATIONS, AND SPECIFICATIONS.**

THE LYNX LLC, a California limited liability company, doing business as LINQ, by the certificate of public convenience and necessity granted by the decision noted in the foot of the margin, is authorized to transport passengers, their baggage, and express on a scheduled basis between the points described in Item No. 3, over the route described in Item No. 4, subject, however, to the authority of this Commission to change or modify this authority at any time and subject to the following provisions:

- a. When a route description is given in one direction, it applies to operation in either direction unless otherwise indicated.
- b. The term "on-call," as used, refers to service which is authorized to be rendered dependent on the demands of passengers. The tariffs shall show the conditions under which each authorized on-call service will be provided, and shall include the description of the boundary of each fare zone, except when a single fare is charged to all points within a single incorporated city.
- c. No passengers shall be transported except those having a point of origin or destination as described in Item No. 3.
- d. This certificate does not authorize the holder to conduct any operation on the property of any airport unless such operation is authorized by the airport authority involved.
- e. Stop points established by the carrier to load and discharge passengers shall conform to all applicable parking or passenger loading zone regulations adopted by local authorities.

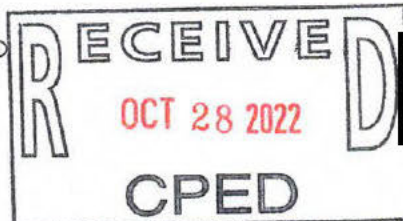
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233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:



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SECTION 1 RULES AND REGULATIONS

---

ITEM NO. 3

**SERVICE AREA DESCRIPTION**

A. City/Community:

- 1. City of Oceanside
- 2. City of Palm Springs
- 3. City of San Diego (Old Town Transit Center)

B. Airports:

Los Angeles International Airport (LAX)

---

ITEM NO. 4

ROUTE DESCRIPTIONS

Commencing from points described in Section 3A, then over the most convenient streets and highways to points described in Section 3B, and return.

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Issued: October 28, 2022

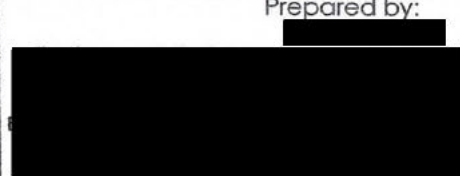
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233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:





SECTION 1

RULES AND REGULATIONS

APPLICATION OF TARIFF, FARES AND CHARGES

The fares and charges shown in this proposed Tariff and Timetable are for the transportation of passengers and their baggage, and are one-way adult fares, shown in United States of America dollars, and are made payable in lawful United States money. Any fares or charges for additional Service will be in addition to the fares and charges stated herein. Upon Commission authorization copies of the Tariff and Timetables will be available for inspection by any person or persons at any time during regular office hours or by appointment other than regular office hours at the address noted in the bottom margin of the tariff.

ITEM NO. 10

SPECIAL DISCOUNT FARES

(a) FARE FOR FIRST AND ADDITIONAL PASSENGERS:

The fares in this proposed Tariff represent authorized fares for a single adult passenger only. Additional passengers traveling together will pay 50% of the adult, one-way, fare per person.

(b) TRAVEL AGENCIES AND SALES PROMOTERS:

The wholesale cost per fare or fare level when agencies such as travel agencies, hotels, airlines, organizations, etc., sell tickets and their retail or effective retail price, when offered within a travel package, will be as follows: 20% discount given on the price of every agency or hotel group.

(c) TRAVEL AGENCIES AND SALES PROMOTERS:

20% discount will also be offered to individual passengers or groups traveling between hotels, conventions or other events and the Airport.

ITEM NO. 15

ADVANCE NOTIFICATION

A minimum of four (4) hours advance notice is required by telephone to guarantee daily pick-up except on major holidays and on such days, a minimum of 24 hours advance reservations will be required.

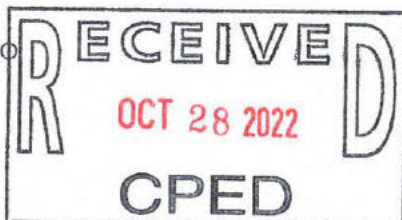
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SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:



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SECTION 1 RULES AND REGULATIONS

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ITEM NO. 20

MAXIMUM STOPS

The maximum number of stops vehicle will make on any single run will be three (3).

MAXIMUM NUMBER OF LOOPS WITHIN AIRPORTS

The maximum number of loops within the Airport will Two (2): subject to airport rules and regulations.

---

ITEM NO. 25

CHILDRENS' FARES

(a) Children under six years of age when accompanied by an adult passenger and not occupying seats to the exclusion of other passengers, will be carried free of charge.

(b) Children between six (6) years of age and up to twelve (12) years of age will be charged one-half the adult fare: 13 years and older will be charge the full adult fare.

---

ITEM NO. 30

DISCRIMINATION PROHIBITED

As a motor common carrier of passengers subject to "49 U.S.C. subtitle IV, part B" related State Laws this carrier prohibits discrimination in the seating of passengers on our motor vehicles based upon race, color, creed, or national origin.

Ref: [36 FR 1338, Jan. 28, 1971. Redesignated at 61 FR 54709, Oct. 21, 1996, as amended at 62 FR 15423, Apr. 1, 1997]

---

ITEM NO. 35

OBJECTIONABLE PERSONS

This carrier reserves the right to refuse to transport any persons having in his or her possession explosive, inflammable or other unsafe or objectionable objects of material, or under the influence of intoxicants or drugs, or anyone incapable of taking ordinary care of himself or herself, or one whose behavior is such as to be objectionable to passengers or prospective passengers. If such a person endeavors to use his or her transportation same will be taken up and refund made in accordance with Item No. 6.

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Issued: October 28, 2022

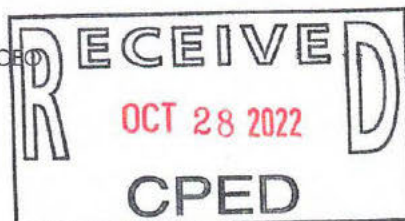
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T-425-770-7107

Prepared by:





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SECTION 1 RULES AND REGULATIONS

---

ITEM NO. 40

REDEMPTION OF TICKETS

Cash fares or tickets sold under this tariff will be redeemed to the person entitled to the refund at fare paid when no portion of the trip has been made, and at the difference between the fare paid and the published fare between the points used if trip is discontinued and not completed.

---

ITEM NO. 45

BAGGAGE

Hand baggage not exceeding fifty (50) pounds in weight for each adult fare, and not exceeding twenty-five (25) pounds in weight for each half fare, will be carried free.

1. Baggage in excess of 2 will be carried for a minimum charge as follows:
 

a. Boxes, Suitcases, Cartoons, Musical Instruments, Electronic Appliances and Equipment, Foot Lockers, Golf Bags or other large bags	\$3.00 each
b. Pets in travel containers	\$5.00 each
c. Skis and poles, wrapped or tied	\$5.00 each
d. Surfboards	\$5.00 each
  
2. Passengers are responsible for keeping track of their baggage.
3. The liability of this carrier for the loss or for damage to any baggage shall not exceed the sum of \$250 for each trunk, valise, suitcase or traveling bag, box, bundle, or package and its contents, unless a higher value is declared at the time of delivery of such baggage to the carrier and assented thereto in writing by the carrier.

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Issued: October 28, 2022

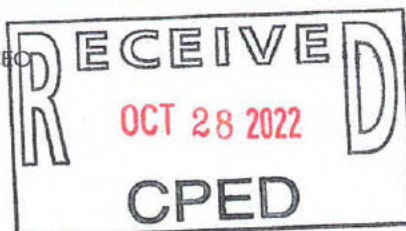
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THE LYNX LLC, dba LINQ,  
Attn: Adam Cross, Member/CFO  
233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:



SECTION 1

RULES AND REGULATIONS

ITEM NO. 50

MISCELLANEOUS RULES AND REGULATIONS

- (a) Dogs, cats, birds or other animals will not be carried except as provided herein below:

A dog trained for the purpose of accompanying a blind person (paying full fare) not accompanied by a seeing attendant, will be carried free of charge. Such dog must be properly harnessed and muzzled, and must lie or stand at the feet of the blind person.

- (b) This company will not be liable for delays caused by accident, breakdown, bad conditions of the roads, or other causes beyond its control, and it does not guarantee arrival at or departure from any point at a special time.

- (c) If an Act of God, public enemies, authority of law, quarantine, perils of navigation, riots, strokes, the hazards of dangers incident to a state of war, accidents, breakdowns, bad conditions of the road, snow storms and other conditions beyond this carrier's control make it, in the opinion of the carrier, inadvisable to operate equipment (buses or other vehicles) either from the place of origin or any point en route, the carrier shall not be liable therefore, or be caused to be held for damages for any reason whatsoever.

ITEM NO. 55

SMOKING

Under no condition will smoking be allowed on board the vehicles; and, no smoking stops will be made on any given run.

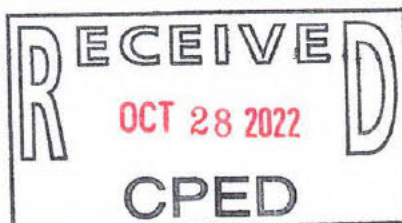
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233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:



SECTION 1  
ITEM NO. 60

RULES AND REGULATIONS

COMPLAINT FILING PROCEDURE

A complaint regarding this carrier's service must be submitted in writing to:

THE LYNX LLC, dba LINQ,  
Attn: Adam Cross, Member/CEO  
233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

The carrier will respond in writing to all such complaints within 15 days of receipt of the complaint. If complaint is not resolved by carrier to complainant's satisfaction, complainant may contact:

Public Utilities Commission  
Transportation Consumer complaint unit  
505 Van Ness Avenue, 2nd Floor  
San Francisco, CA 94102  
Phone: (800) 894-9444

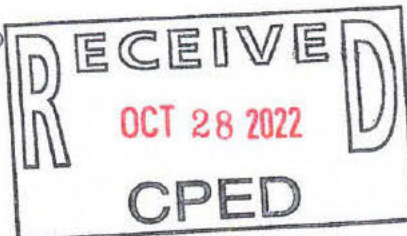
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233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:





**SECTION 2 FARES AND CHARGES**

**ITEM NO. 65 FARES, CHARGES AND TIMETABLES**

Daily Service charges shown in this Section apply for the on-call transportation of Passengers and their Baggage as authorized by the California Public Utilities Commission Decision, described in the margin below.

**ITEM NO. 70 EXPLANATION OF ABBREVIATIONS:**

POINT	DESCRIPTION
-	OCEANSIDE
-	PALM SPRINGS
-	CITY OF SAN DIEGO (OLD TOWN TRANSIT CENTER)
<b>LAX</b>	LOS ANGELES INTERNATIONAL AIRPORT

**EXPLANATION OF "ZONE OF RATE FREEDOM (ZORF)"**

<b>ZORF</b>	ZORF stands for "Zone-Of-Rate-Freedom" and essentially means a "Sliding Rate Window" within which this carrier is authorized by the California Public Utilities Commission (PUC) in the decision described in the margin to raise or lower its fares: with no fare allowed below \$5. As applied in this Tariff, ZORF defines the Lowest and Highest possible Fares authorized by the PUC; and, identifies the standard (current) Fare THE LYNX LLC, a limited liability company, dba LINQ, is authorized to charge.				
<b>L</b>	Lowest Authorized Fare Limit	<b>S</b>	STANDARD OR CURRENT AUTHORIZED FARE	<b>H</b>	Highest Authorized Fare Limit

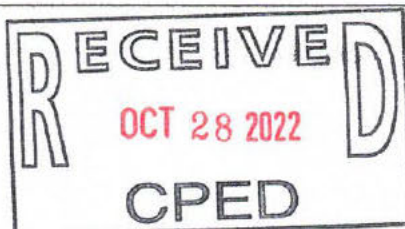
Issued: October 28, 2022

Effective: November 8, 2022

Issued on 10-day notice under authority of and in compliance with California Public Utilities Commission Decision 22-10-018, issued October, 2022, in Application 22-06-014.

Issued by:  
THE LYNX LLC, dba LINQ,  
Attn: Adam Cross, Member/CEO  
233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:





SECTION 2

FARES AND CHARGES

ITEM NO. 80

**FARES & TIMETABLE**  
**ADULT PASSENGER, ONE-WAY, FARES**  
**IN USA DOLLARS (\$\$)**

CITY/COMMUNITY	LAX		
	L	S	H
San Diego (Old Town Transit Center)	55.25	<b>65</b>	74.75
Oceanside	42.50	<b>50</b>	57.50
Palm Springs	55.25	<b>65</b>	74.75

Issued: October 28, 2022

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Issued on 10-day notice under authority of and in compliance with California Public Utilities Commission Decision 22-10-018, issued October, 2022, in Application 22-06-014.

Issued by:  
THE LYNX LLC, dba LINQ,  
Attn: Adam Cross, Member/CEO  
233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2024

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

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

PRODUCER [REDACTED]	CONTACT NAME:	
	PHONE (A/C. No. Ext): [REDACTED]	FAX (A/C. No): [REDACTED]
E-MAIL ADDRESS: [REDACTED]		
INSURER(S) AFFORD NG COVERAGE		NAIC #
INSURER A: Berkshire Hathaway Direct Insurance Company		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED LYNX LLC DBA LAX LIHQ

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE AUTHORITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		X	0016700-01-CA	10/29/2023	10/29/2024	COMB NED S NGLE L MIT (Ea accident) \$ [REDACTED] BOD LY INJURY (Per Person) \$N/A BOD LY INJURY (Per accident) \$N/A PROPERTY DAMAGE (Per accident) \$N/A
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E. L. EACH ACC DENT \$ E. L. DISEASE - EA EMPLOYEE \$ E. L. DISEASE - POLICY LIMIT \$

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

## CERTIFICATE HOLDER

See attached schedule for Lienholders.

## 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

### SCHEDULE OF COVERED AUTOS

POLICY NUMBER: ██████████

EFFECTIVE DATE: 09/28/2024

NAMED INSURED: LYNX LLC DBA LAX LINQ

NOTES:

VEHICLE INFORMATION:

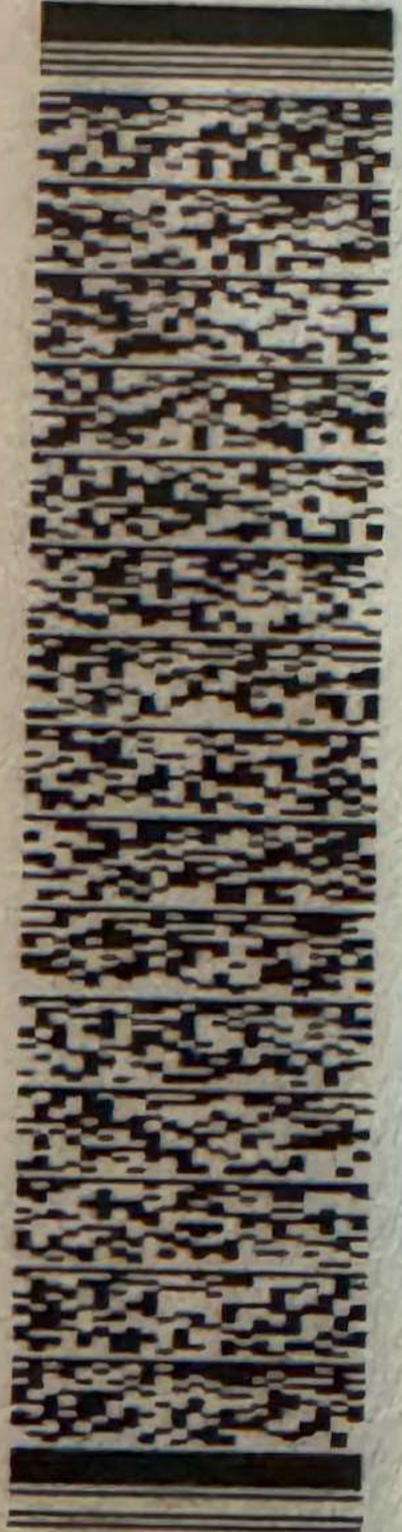
Vehicle #	Year	Make and Model	VIN	Use* (C/S/R)	Radius	Garaging Territory	Garaging City, State	GVW or Seating Cap.
	Liability Premium	Medical Payments Premium	Personal Injury Protection Premium	Additional Insured Premium		In-Tow Premium	Cargo Premium	
	Stated Limit or ACV	Specified Causes (S) or Comprehensive (C)	Specified Causes or Comprehensive Premium	Specified Causes or Comprehensive Deductible		Collision Premium	Collision Deductible	
1	██████	FORD TRANSIT	████████████████████	Business Use	101 to 300 miles		San Diego CA	5001-10000 lbs
	████████	██████	\$0.00	\$0.00		\$0.00	\$0.00	
	██████	C	██████	██████		██████	██████	
2	██████	FORD TRANSIT	████████████████████	Business Use	101 to 300 miles		San Diego CA	5001-10000 lbs
	████████	██████	\$0.00	\$0.00		\$0.00	\$0.00	
	██████	C	██████	██████		██████	██████	
3	██████	FORD TRANSIT	████████████████████	Business Use	101 to 300 miles		San Diego CA	5001-10000 lbs
	████████	██████	\$0.00	\$0.00		\$0.00	\$0.00	
	██████	C	██████	██████		██████	██████	
4	██████	FORD TRANSIT	████████████████████	Business Use	101 to 300 miles		San Diego CA	5001-10000 lbs
	████████	██████	\$0.00	\$0.00		\$0.00	\$0.00	
	██████	C	██████	██████		██████	██████	
5	██████	MERCEDES-BENZ SPRINTER	████████████████████	Business Use	101 to 300 miles		San Diego CA	5001-10000 lbs
	████████	██████	\$0.00	\$0.00		\$0.00	\$0.00	
	██████	C	██████	██████		██████	██████	
6	██████	MERCEDES-BENZ SPRINTER	████████████████████	Business Use	101 to 300 miles		San Diego CA	5001-10000 lbs
	████████	██████	\$0.00	\$0.00		\$0.00	\$0.00	
	██████	C	██████	██████		██████	██████	



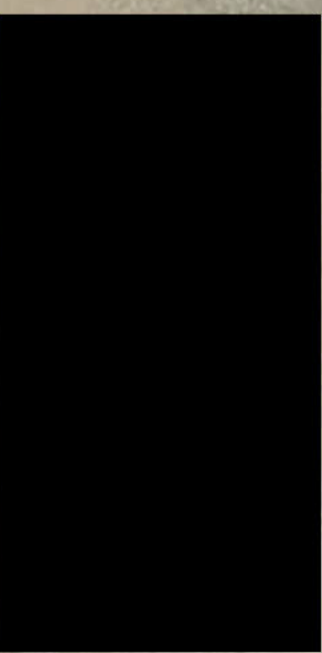


CLASS: Class C & M1-Veh w/GVWR ≤26000; No A; 2whl M/C, Mtr-drvn Cycle, Scooter  
ENDORSEMENTS: P-Psgr

RESTRICTIONS: L/48-Limited to vehicles without air brakes when driving  
commercially  
N/49-May not operate Class A or B passenger vehicles



This license is issued as a license to  
drive a motor vehicle; It does not  
establish eligibility for employment,  
voter registration, or public benefits.



COLE





**FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM**



**STEP 1 : COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

LAB ACCESSION NO.

<p><b>A. Employer Name, Address, I.D. No.</b>                  [Redacted]                  EMPLOYER THE LYNX, LLC</p> <p><b>C. Donor SSN or Employee I.D. No.</b> [Redacted]</p> <p><b>D. Reason for Test:</b> [Redacted]</p> <p><b>E. Drug Tests to be Performed:</b> [Redacted]</p> <p><b>F. Collection Site Address</b>                  [Redacted]</p> <p><b>Collector Phone No.</b> [Redacted]</p> <p><b>Collector Fax No.</b> [Redacted]</p>	<p><b>B. MRO Name, Address, Phone and Fax</b>                  [Redacted]</p>
--	---

**STEP 2 : TO BE COMPLETED BY COLLECTOR**

<p>Read specimen temperature within 4 minutes.                  Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. Enter Remark</p>	<p>Specimen Collection <input type="checkbox"/> Split <input checked="" type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) <input type="checkbox"/> Observed (Enter Remark)</p>
<p>Specimen Type: Urine</p>	
<p>REMARKS:</p>	

**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5**

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification on Step 5 of the custody control form, that it bears the same specimen identification number as that sealed as in accordance with applicable requirements.

<p><input checked="" type="checkbox"/> [Redacted Signature]                  Signature of Collector</p>	<p>Time and Date of Collection                  10:17:35 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM                  01 / 18 / 2024                  Date (Mo./Day/Yr.)</p>	<p><b>SPECIMEN BOTTLE(S) RELEASED TO:</b>  <input type="checkbox"/> Fed Ex  <input type="checkbox"/> UPS  <input type="checkbox"/> Courier <input type="checkbox"/> Other</p>
---	---	---

**RECEIVED AT LAB**

<p><input checked="" type="checkbox"/> [Redacted Signature]                  Signature of Accessioner</p>	<p><b>Primary Specimen Bottle Seal Intact</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No, enter remarks below</p>	<p><b>SPECIMEN BOTTLE(S) RELEASED TO:</b></p>
<p>(PRINT) Accessioner's Name (First, MI, Last)</p>	<p>Date (Mo./Day/Yr.)</p>	

**STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, that the specimen container used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and on the label affixed to the specimen container is correct.

<p><input checked="" type="checkbox"/> [Redacted Signature]                  Signature of Donor</p>	<p>ADAM CROSS                  (PRINT) Donor's Name (First, MI, Last)</p>	<p>01 / 18 / 2024                  Date (Mo./Day/Yr.)</p>	<p>Daytime Phone No. (425) 770-7107 Evening Phone No. ( ) Not Provided Date of Birth 12 / 27 / 1982                  Date (Mo./Day/Yr.)</p>
---	---	---	---

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

In accordance with applicable requirements, my determination/verification is:

Negative  Dilute  Positive  Test Cancelled  Refusal to Test Because:  Adulterated  Substituted

REMARKS:

<p><input checked="" type="checkbox"/> [Redacted Signature]                  Signature of Medical Review Officer</p>	<p>(PRINT) Medical Review Officer's Name (First, MI, Last)</p>	<p>Date (Mo./Day/Yr.)</p>
--	--	---------------------------

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN**

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM - REASON

<p><input checked="" type="checkbox"/> [Redacted Signature]                  Signature of Medical Review Officer</p>	<p>(PRINT) Medical Review Officer's Name (First, MI, Last)</p>	<p>Date (Mo./Day/Yr.)</p>
--	--	---------------------------



**MEDICAL REVIEW OFFICER REPORT - Confidential**

**Donor:** ADAM CROSS

**Donor ID:** [Redacted]

[Redacted]

**Lab Accession #:** [Redacted]

**Specimen ID:** [Redacted]

**Specimen Type:** Urine

**Substances test panel:** [Redacted]

**Regulatory Mode:**

[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]

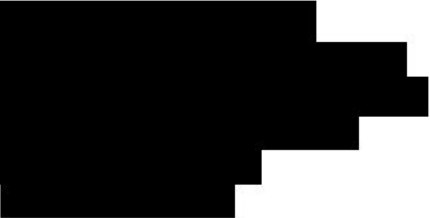
**Collected Date/Time:** 01/18/2024 10:17 AM  
**Lab Reported Date:** 01/20/2024  
**MRO Received Date:** 01/20/2024  
**MRO Date CCF2:**  
**MRO Verification Date:** 01/20/2024 03:59 PM  
**MRO Report Date/Time:** 01/20/2024 03:59 PM

**Overall verified result:** **\*\*\*Negative\*\*\***

*Donald [Signature]*

[Redacted]

**Collection Site:** [Redacted]      **Laboratory:** Quest Diagnostics



**Comments:**

### DRIVER EXCLUSION ENDORSEMENT (Specified Operator(s) Excluded)

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement changes the policy effective on the inception date of the policy or as of the date shown below, if later.

Except as respects the liability of the named insured, this policy does not apply to any claim or loss arising from accidents or occurrences involving any covered auto while being driven or operated by:

\_\_\_\_\_  
(Name of Excluded Operator)

\_\_\_\_\_  
(Driver's License Number)

No relationship / not hired  
(Relationship to Named Insured)

\_\_\_\_\_  
(Name of Excluded Operator)

\_\_\_\_\_  
(Driver's License Number)

No relationship / not hired  
(Relationship to Named Insured)

\_\_\_\_\_  
(Name of Excluded Operator)

\_\_\_\_\_  
(Driver's License Number)

No relationship / Not hired  
(Relationship to Named Insured)

At any time the covered auto is being driven or operated by an excluded operator, the liability limits as respects the named insured will not exceed the Financial Responsibility limits of the State where the accident occurred.

Signed as accepted by the Named Insured, representing all insureds:

\_\_\_\_\_  
(Name of Named Insured)

01/10/2024  
(Date)

\_\_\_\_\_  
(Signature)

All other terms, conditions and agreements of the policy shall remain unchanged.

Company Name	Policy Number
	Endorsement Effective
Named Insured	Countersigned by

(Authorized Representative)

(The Attaching Clause need be completed only when this endorsement is issued subsequent to preparation of the policy.)

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. [REDACTED]

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO. [REDACTED]

A. Employer Name, Address, I.D. No. [REDACTED]

EMPLOYER THE LYNX, LLC

B. [REDACTED]

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Reason for Test: Pre Employment

E. Drug Tests to be Performed: [REDACTED]

F. Collection Site Address [REDACTED]

Collector Phone No. [REDACTED]

Collector Fax No. [REDACTED]

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes.

Is temperature between 93° and 103° F?  Yes  No. Enter Remark

Specimen Collection

Spill

Single

None Provided  
(Enter Remark)

Observed  
(Enter Remark)

Specimen Type: Urine

REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen presented to me by the donor (including the certification on Step 5 of this custody control form), that it bears the same specimen identification number as that set forth above, and sealed as in accordance with applicable requirements.

X

Time and Date of Collection

8:26:13  AM  PM

SPECIMEN BOTTLE(S) RELEASED TO:

Fed Ex

UPS

Courier

Other

[REDACTED]  
Signature of Collector  
[REDACTED]  
(PRINT) Collector's Name (First, MI, Last)

09 / 13 / 2024  
Date (Mo./Day/Yr.)

RECEIVED AT LAB

X

Signature of Accessioner

[REDACTED]  
(PRINT) Accessioner's Name (First, MI, Last)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Mo./Day/Yr.)

Primary Specimen  
Bottle Seal Intact

Yes  No. enter remarks below

SPECIMEN BOTTLE(S)  
RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated in any manner, that the specimen container used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and the specimen container is correct.

X

[REDACTED]  
(PRINT) Donor's Name (First, MI, Last)

09 / 18 / 2024  
Date (Mo./Day/Yr.)

Daytime Phone No. [REDACTED]

Evening Phone No. ( ) Not Provided

Date of Birth 01 / 22 / 1996  
Date (Mo./Day/Yr.)

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

Negative  
 Dilute

Positive

Test Cancelled

Refusal to Test Because:

Adulterated

Substituted

REMARKS:

X

Signature of Medical Review Officer

[REDACTED]  
(PRINT) Medical Review Officer's Name (First, MI, Last)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED

FAILED TO RECONFIRM REASON \_\_\_\_\_

X

Signature of Medical Review Officer

[REDACTED]  
(PRINT) Medical Review Officer's Name (First, MI, Last)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Mo./Day/Yr.)

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

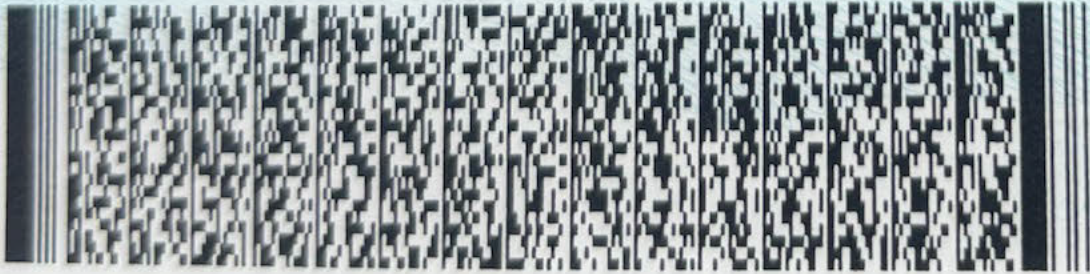
eCCF # generated in eScreen123® software system



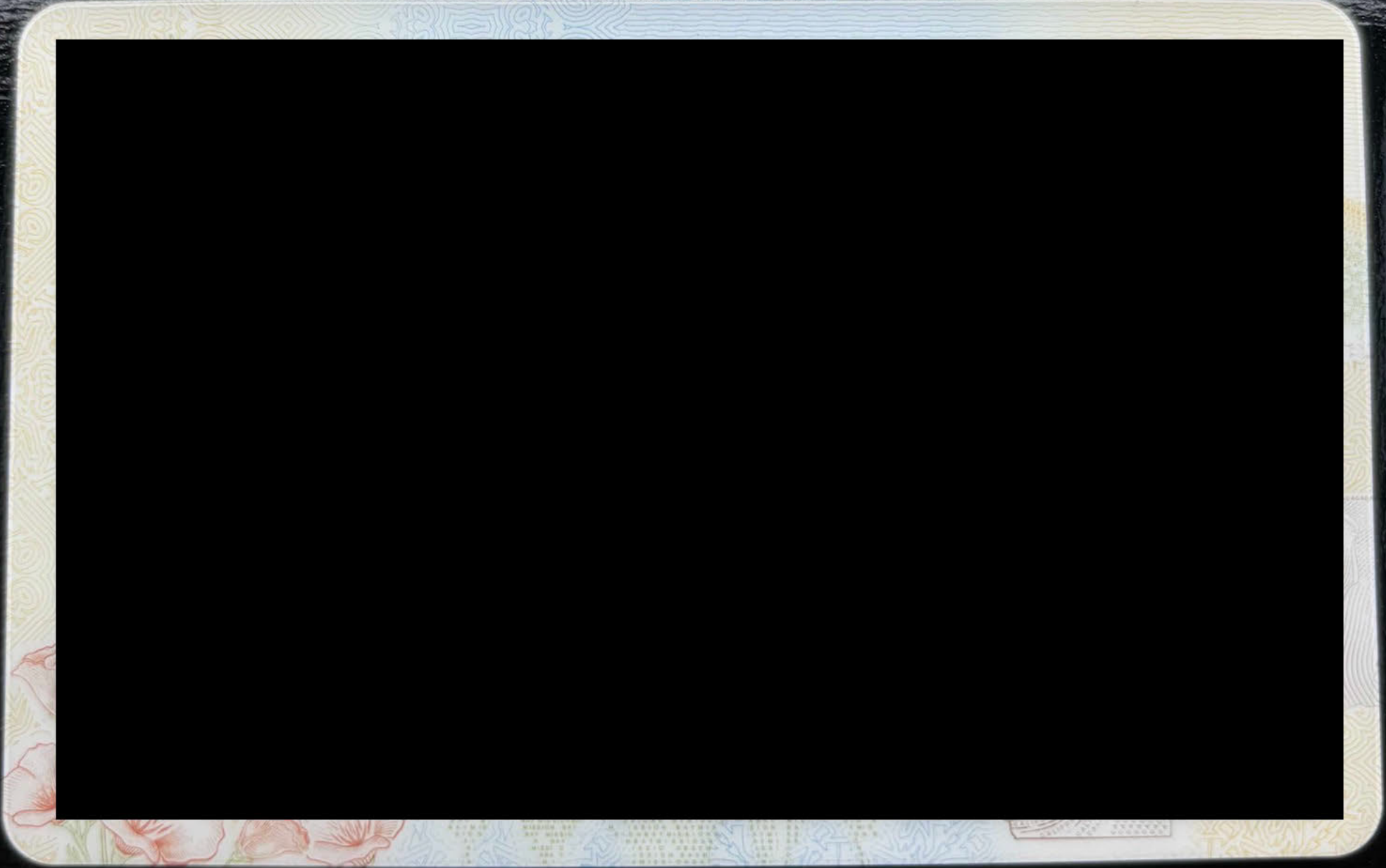


CLASS: Class C & M1-Veh w/GVWR ≤26000; No A; 2whl M/C, Mtr-drvn Cycle, Scooter  
ENDORSEMENTS: P-Psgr

RESTRICTIONS: 46-Must wear corrective lenses when driving commercially  
L/48-Limited to vehicles without air brakes when driving commercially  
N/49-May not operate Class A or B passenger vehicles



This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public benefits.





**Medical Review Officer Report**

**-Confidential-**

**From** [REDACTED] AMERICAN MEDICAL REVIEW OFFICER [REDACTED] [REDACTED] [REDACTED]

This is a notification of a controlled substance test result on:

SPECIMEN INFORMATION	DONOR INFORMATION	CLIENT INFORMATION
Requisition #: [REDACTED]	Name: [REDACTED]	[REDACTED]
Accession #: [REDACTED]	Primary ID: [REDACTED]	TEST ON TIME SAP FULL MRO
Collected: 9/18/2024 8:26:00 AM PT	Reason: PRE-EMPLOYMENT	[REDACTED]
Specimen ID: [REDACTED]	Collection Site: [REDACTED]	[REDACTED]
MRO Received: 09/20/2024 9:35 AM ET	Test Ordered: [REDACTED]	
MRO Reported: 09/20/2024 9:35 AM ET	Laboratory: [REDACTED]	
MRO Copy [REDACTED]		

EMPLOYER T E LYNX, LLC

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

The verified specimen result is: [REDACTED]

[REDACTED]  
[REDACTED]

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



OF [Redacted]

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO. [Redacted]

A. Employer Name, Address, I.D. No. [Redacted]

Lab Act # [Redacted]
EMPLOYER THE WYNX, LLC

C. Donor SSN or Employee I.D. No. [Redacted]

D. Reason for Test: Pre Employment

E. Drug Tests to be Performed [Redacted]

F. Collection Site Address 55784 - CA716

Collector Phone No. [Redacted]

Collector Fax No. 6 [Redacted]

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? [X] Yes [ ] No. Enter Remark

Specimen Collection [ ] Spill [X] Single [ ] None Provided [ ] Observed

Specimen Type: Urine

REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

Verify that the specimen identified on this form is the specimen presented to me by the donor, including the certification on Step 5 of this custody control form, that it bears the same specimen identification number as that set forth above, and, labeled and sealed as in accordance with applicable requirements.

[X] [Redacted]
(Print) Collector's Name (First, MI, Last)

Time and Date of Collection 12:05:39 [ ] AM [X] PM
09 / 11 / 2024
Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:
[ ] Fed Ex
[ ] UPS
[ ] Courier [ ] Other

RECEIVED AT LAB

[X] Signature of Accessioner
(Print) Accessioner's Name (First, MI, Last)

Primary Specimen Bottle Seal Intact: [ ] Yes [ ] No, enter remarks below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated in any manner, that the specimen container used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and on the label affixed to the specimen container is correct.

[X] [Redacted]

Jose Cariman
(Print) Donor's Name (First, MI, Last)

09 / 16 / 2024
Date (Mo./Day/Yr.)

Daytime Phone No. [Redacted] Evening Phone No. [Redacted] Not Provided

Date of Birth 07 / 06 / 1957
Date (Mo./Day/Yr.)

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

[ ] Negative [ ] Dilute [ ] Positive [ ] Test Cancelled [ ] Refusal to Test Because: [ ] Adulterated [ ] Substituted

REMARKS:

[X] Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

[ ] RECONFIRMED [ ] FAILED TO RECONFIRM REASON

[X] Signature of Medical Review Officer

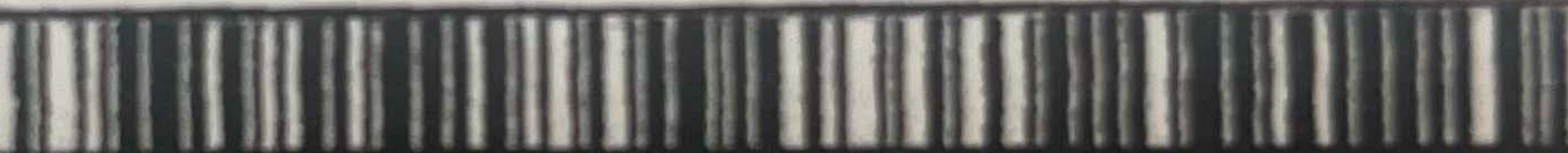
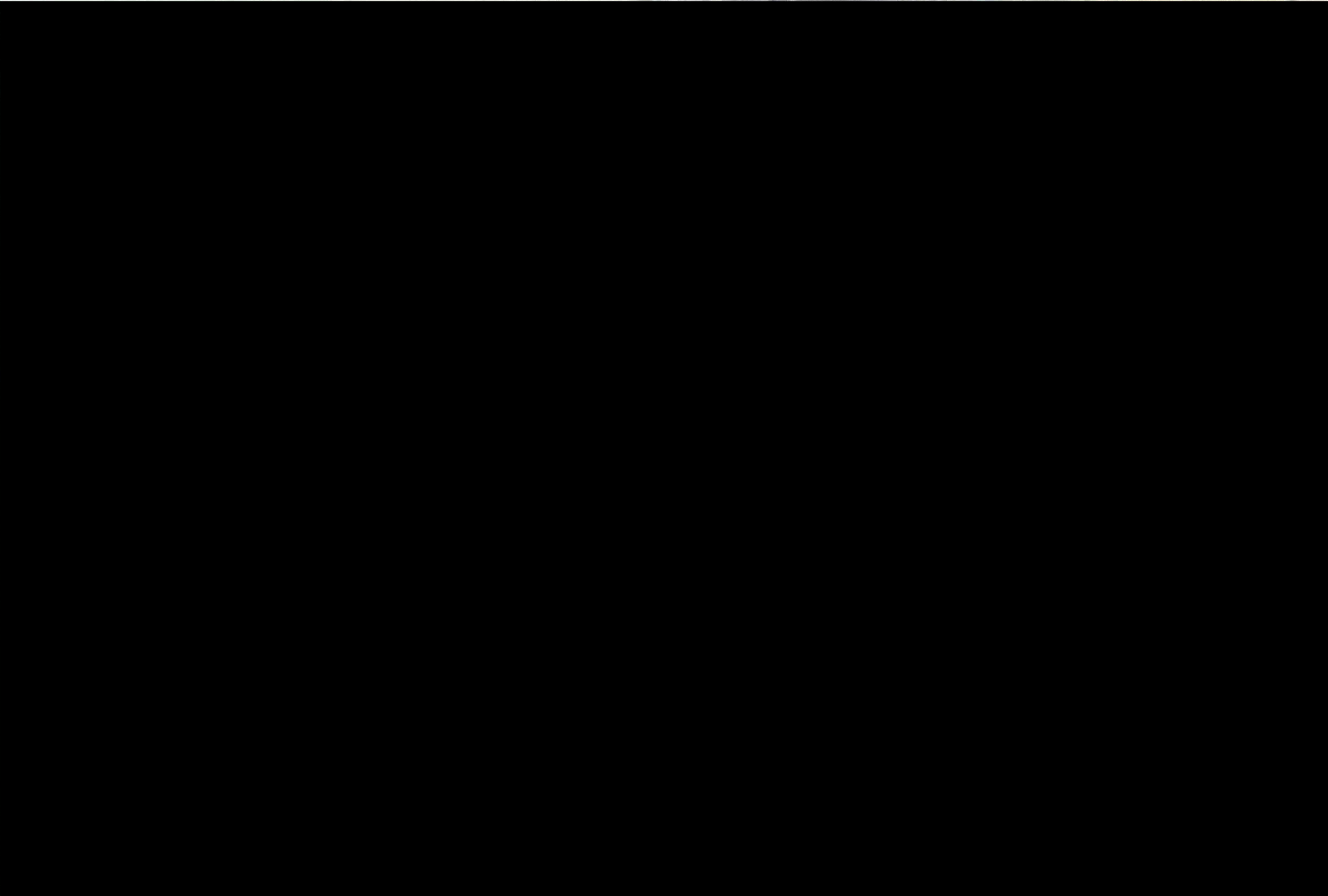
(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

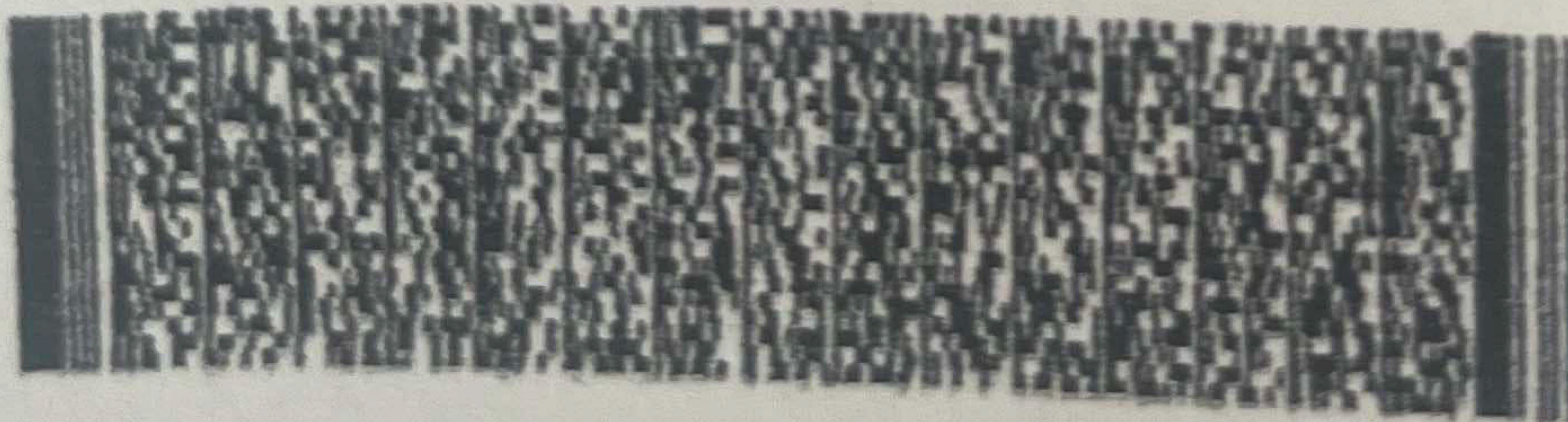
FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

eCCF #: generated in eScreen123® software system





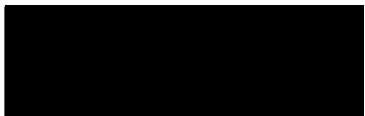
**CLASS:** Class A and M1 - Veh, Comb of Veh; 2whl M/C, Mtr-drvn Cycle, Scooter  
**ENDORSEMENTS:** T-Db/Trl, P-Psgr, X-Tnk/Haz  
**RESTRICTIONS:** None



This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public







**Medical Review Officer Report**  
**-Confidential-**

**From** [REDACTED] AMERICAN MEDICAL REVIEW OFFICER [REDACTED] [REDACTED] [REDACTED]

This is a notification of a controlled substance test result on:

SPECIMEN INFORMATION	DONOR INFORMATION	CLIENT INFORMATION
Requisition #: [REDACTED]	Name: [REDACTED]	[REDACTED]
Accession #: [REDACTED]	[REDACTED]	[REDACTED]
Collected: 9/16/2024 12:05:00 PM PT	[REDACTED]	[REDACTED]
Specimen ID: [REDACTED]	[REDACTED]	[REDACTED]
MRO Received: 09/17/2024 4:44 PM ET	Test Ordered: [REDACTED]	
MRO Reported: 09/17/2024 4:44 PM ET	Laboratory: [REDACTED]	
MRO Copy CCF2:	[REDACTED]	

EMPLOYER T E LYNX, LLC

Substance included in test profile: Urine

Substance	Screen	Confirm
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

This controlled substances test was conducted in accordance with applicable screen and confirmation cutoff levels as determined by the test performed on this applicant/employee.

The verified specimen result is: [REDACTED]



FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. [REDACTED]

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

Lab Act #: 10836092

B. MPO Name, Address, Phone, Fax

EMPLOYER: THE LYNX, LLC

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Reason for Test: Pre Employment

E. Drug Tests to be Performed: [REDACTED]

F. Collection Site Address [REDACTED]

Collector Phone No. [REDACTED]

Collector Fax No. [REDACTED]

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes.

Is temperature between 93° and 103° F?  Yes  No. Enter Remark

Specimen Collection

Spill

Single

None Provided  
(Enter Remark)

Observed  
(Enter Remark)

Specimen Type: Urine

REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

Verify that the specimen identified on this form is the specimen presented to me by the donor (during the certification on Step 5 of this custody control form), that it bears the same specimen identification number as that seal and sealed as in accordance with applicable requirements.

X [REDACTED]  
Signature of Collector

Time and Date of Collection

2:09:50  AM  PM

SPECIMEN BOTTLE(S) RELEASED TO:

Fed Ex

UPS

Courier

Other

[REDACTED]  
(PRINT) Collector's Name (First, MI, Last)

09 / 11 / 2024  
Date (Mo./Day/Yr.)

RECEIVED AT LAB

X [REDACTED]  
Signature of Accessioner

Primary Specimen  
Bottle Seal Intact

SPECIMEN BOTTLE(S)  
RELEASED TO:

Yes  No, enter remarks below

[REDACTED]  
(PRINT) Accessioner's Name (First, MI, Last)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Mo./Day/Yr.)

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, that the specimen container used was sealed with a tamper-evident seal in my presence, and that the information provided on this form is true and correct.

X [REDACTED]  
Signature of Donor

[REDACTED]  
(PRINT) Donor's Name (First, MI, Last)

09 / 16 / 2024  
Date (Mo./Day/Yr.)

Daytime Phone No. ( [REDACTED] )

Evening Phone No. ( ) Not Provided

Date of Birth 12 / 20 / 1986  
Date (Mo./Day/Yr.)

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

Negative  Dilute  Positive  Test Cancelled  Refusal to Test Because:  Adulterated  Substituted

REMARKS:

X [REDACTED]  
Signature of Medical Review Officer

[REDACTED]  
(PRINT) Medical Review Officer's Name (First, MI, Last)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM REASON \_\_\_\_\_

X [REDACTED]  
Signature of Medical Review Officer

[REDACTED]  
(PRINT) Medical Review Officer's Name (First, MI, Last)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Mo./Day/Yr.)

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

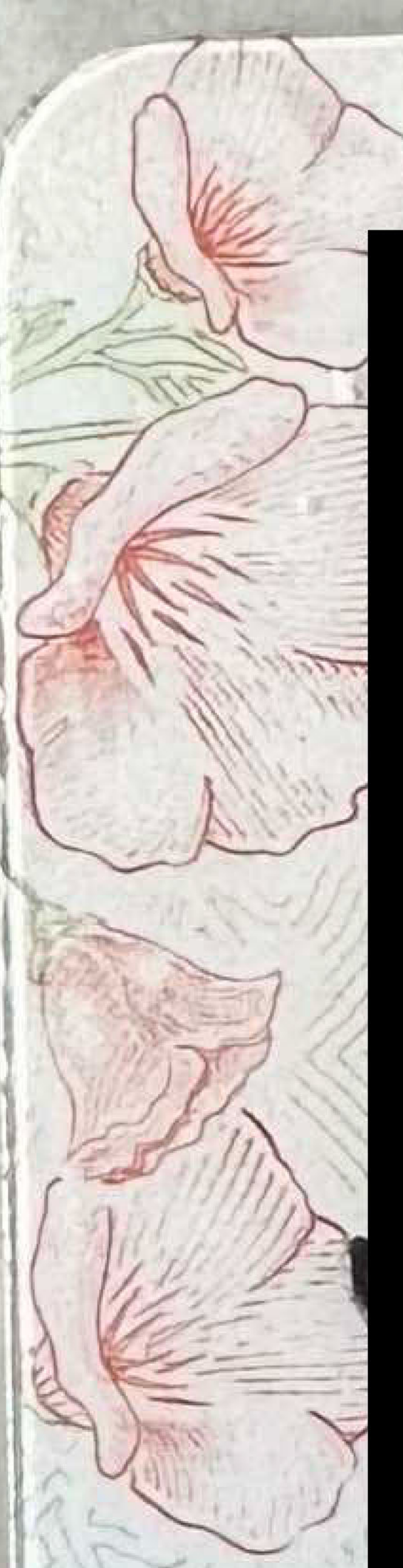
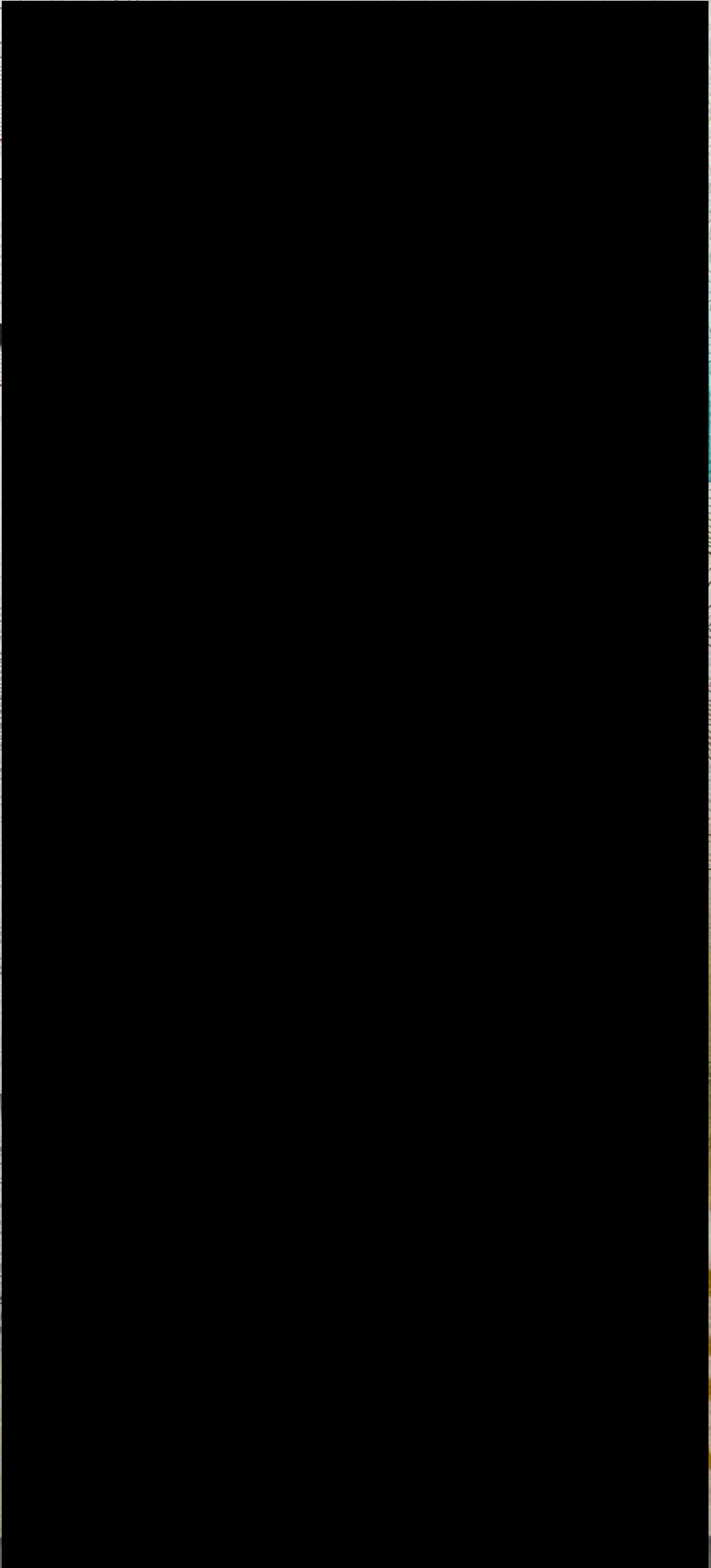
eCCF #: generated in eScreen123® software system



California

USA

DRIVER LICENSE



DD 08/27/2021669F2/DDFD/26

08/27/2021



Medical Review Officer Report

-Confidential-

From [REDACTED] AMERICAN MEDICAL REVIEW OFFICER [REDACTED] [REDACTED] [REDACTED]

This is a notification of a controlled substance test result on:

SPECIMEN INFORMATION

DONOR INFORMATION

CLIENT INFORMATION

Requisition #: [REDACTED] Name: [REDACTED]
Accession #: [REDACTED] Primary ID: [REDACTED]
Collected: 9/16/2024 2:03:00 PM PT Reason: PRE-EMPLOYMENT
Specimen ID: [REDACTED] Collection Site: [REDACTED]
MRO Received: 09/17/2024 8:41 PM ET Test Ordered: [REDACTED]
MRO Reported: 09/17/2024 8:41 PM ET Laboratory: [REDACTED]
MRO Copy CCF2: [REDACTED]

EMPLOYER T E LYNX, LLC

Substance included in test profile: Urine

Table with 3 columns: Substance, Screen, Confirm. Contains multiple rows of redacted data.

This controlled substances test was conducted in accordance with applicable screen and confirmation cutoff levels as determined by the test performed on this applicant/employee.

The verified specimen result is: [REDACTED]

[REDACTED]

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. [REDACTED]

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. [REDACTED]

Lab Acc. [REDACTED]  
EMPLOYER THE LYNX, LLC

LAB ACCESSION NO.

B. MRO Name, Address, Phone and Fax [REDACTED]

TEST ON TIME SAP FULL MHO - 1083600?

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Reason for Test: Pre Employment

E. Drug Tests to be Performed: [REDACTED]

F. Collection Site Address [REDACTED]

5286 - CA548

Collector Phone No. [REDACTED]

Collector Fax No. [REDACTED]

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes.

Is temperature between 93° and 103° F?  Yes  No. Enter Remark

Specimen Collection

Spill

Single

None Provided  
(Enter Remark)

Observed  
(Enter Remark)

Specimen Type: Urine

REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

Certify that the specimen identified on this form is the specimen presented to me by the donor, enclosing the certification on Step 5 of this custody control form, that it bears the same specimen identification number as that sealed as in accordance with applicable requirements.

X

[REDACTED Signature]

Signature of Collector

Time and Date of Collection

2:31:48

AM  PM

SPECIMEN BOTTLE(S) RELEASED TO:

Fed Ex

UPS

Courier

Other

09 / 11 / 2024  
Date (Mo./Day/Yr.)

RECEIVED AT LAB

X

[REDACTED Signature]

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen  
Bottle Seal Intact

Yes  No, enter remarks below

SPECIMEN BOTTLE(S)  
RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated in any manner, that the specimen container used was sealed with a tamper-evident seal in my presence, and that the information provided on this form is true and correct to the best of my knowledge.

X

[REDACTED Signature]

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

09 / 16 / 2024  
Date (Mo./Day/Yr.)

Daytime Phone No. [REDACTED]

Evening Phone No. ( ) Not Provided

Date of Birth 01 / 20 / 1994  
Date (Mo./Day/Yr.)

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

Negative  
 Dilute

Positive

Test Cancelled

Refusal to Test Because:

Adulterated

Substituted

REMARKS:

X

[REDACTED Signature]

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED

FAILED TO RECONFIRM REASON

X

[REDACTED Signature]

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

eCCF # generated in eScreen123® software system

Medical Review Officer Report

-Confidential-

From [REDACTED] AMERICAN MEDICAL REVIEW OFFICER [REDACTED] [REDACTED] [REDACTED]

This is a notification of a controlled substance test result on:

SPECIMEN INFORMATION

DONOR INFORMATION

CLIENT INFORMATION

Requisition #: [REDACTED] Name: [REDACTED]
Accession #: [REDACTED] Primary ID: [REDACTED] TEST ON TIME SAP FULL MRO
Collected: 9/16/2024 2:31:00 PM PT Reason: PRE-EMPLOYMENT [REDACTED]
Specimen ID: [REDACTED] Collection Site: [REDACTED]
MRO Received: 09/17/2024 9:33 PM ET Test Ordered: [REDACTED]
MRO Reported: 09/17/2024 9:33 PM ET Laboratory: [REDACTED]
MRO Copy CCF2: [REDACTED]

EMPLOYER T E LYNX, LLC

Substance included in test profile: Urine

Table with 3 columns: Substance, Screen, Confirm. All cells are redacted.

This controlled substances test was conducted in accordance with applicable screen and confirmation cutoff levels as determined by the test performed on this applicant/employee.

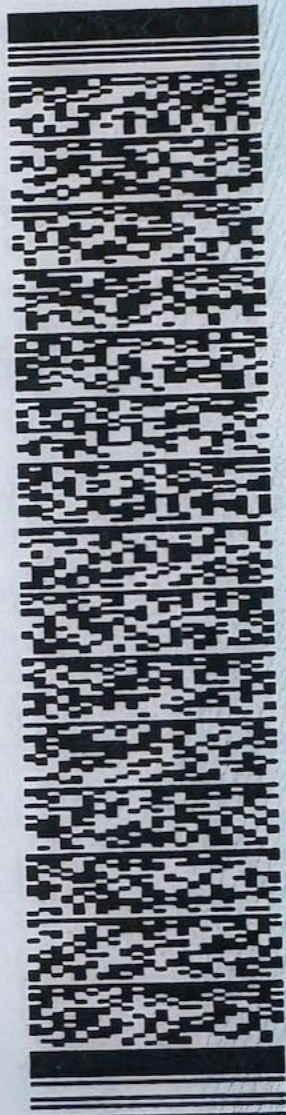
The verified specimen result is [REDACTED]

[REDACTED]

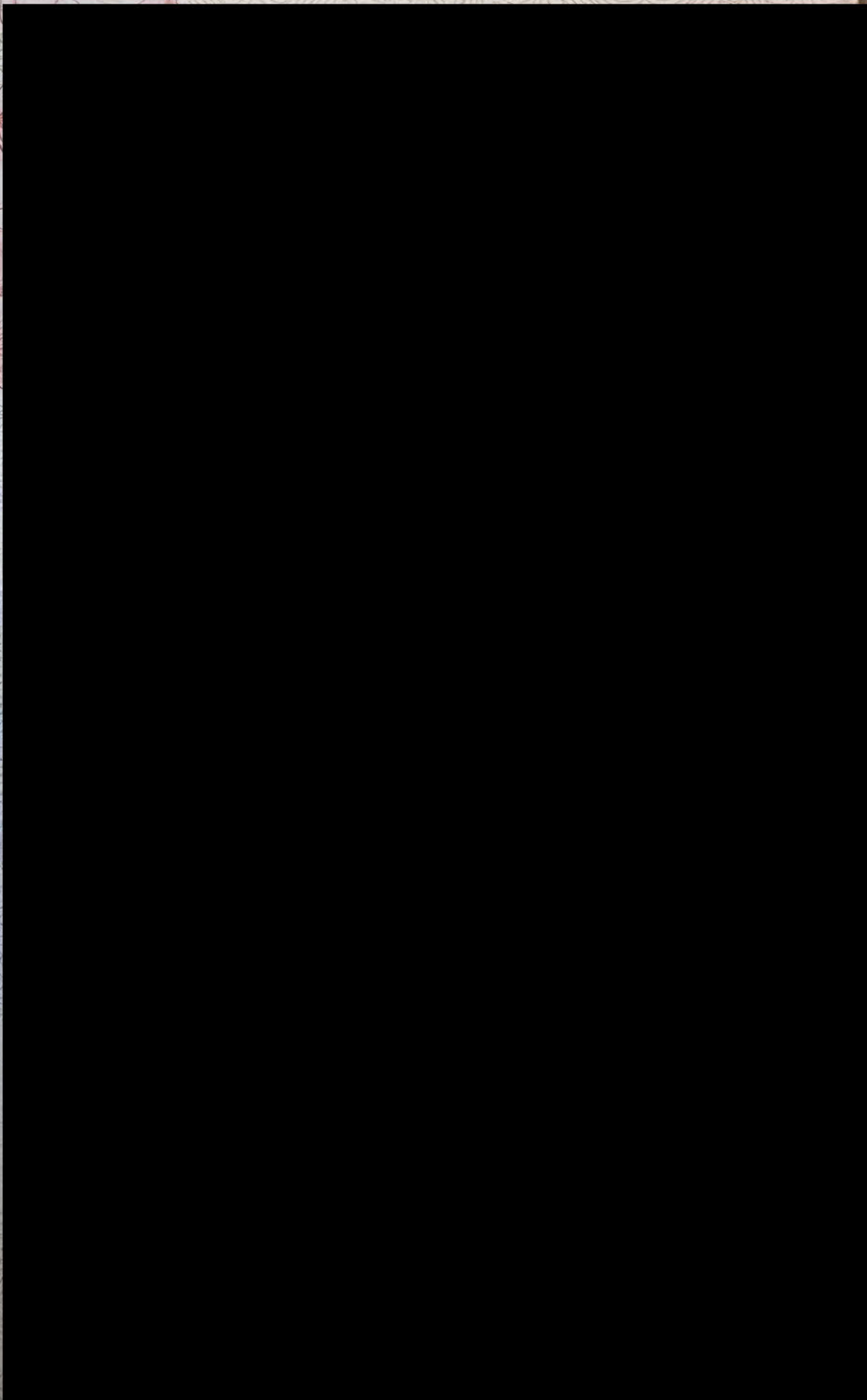
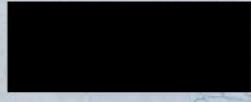




**CLASS: B - Veh, No A & No MIC**  
**ENDORSEMENTS: P-Psgr**  
**RESTRICTIONS: M/42-May not operate Class A passenger vehicles**  
**E/64-Class A/B-limited to vehicles with automatic transmission**



This license is issued as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration, or public benefits.





FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO. [REDACTED]

A. Employer Name, Address, I.D. No. [REDACTED] Lab Act #: [REDACTED]  
 EMPLOYER: THE LYNX, LLC

C. Donor SSN or Employee I.D. No. [REDACTED]

D. Reason for Test: Pre Employment

E. Drug Tests to be Performed: [REDACTED]

F. Collection Site Address [REDACTED]

Collector Phone No. [REDACTED]

Collector Fax No. [REDACTED]

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 93° and 103° F?  Yes  No. Enter Remark

Specimen Collection  Spill  Single  None Provided (Enter Remark)  Observed (Enter Remark)

Specimen Type: Urine

REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

Verify that the specimen identified on this form is the specimen presented to me by the donor, enclosing the certification on Step 5 of this custody control form, that it bears the same specimen identification number as that set forth in accordance with applicable requirements.

X [REDACTED] Signature of Collector  
 Time and Date of Collection: 09/11/2024 9:11:04 AM  
 (PRINT) [REDACTED] Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:  
 Fed Ex  
 UPS  
 Courier  Other

RECEIVED AT LAB

X [REDACTED] Signature of Accessioner  
 (PRINT) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact:  Yes  No. enter remarks below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated in any manner, that the specimen container used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and specimen container is correct.

X [REDACTED] Signature of Donor  
 Sara Guadarrama (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) 09/18/2024  
 Daytime Phone No. [REDACTED] Evening Phone No. [REDACTED] Not Provided Date of Birth 10/19/1974 Date (Mo./Day/Yr.)

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

Negative  Dilute  Positive  Test Cancelled  Refusal to Test Because:  Adulterated  Substituted

REMARKS:

X [REDACTED] Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED  FAILED TO RECONFIRM REASON

X [REDACTED] Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

eCCF #: generated in eScreen123® software system

Medical Review Officer Report

-Confidential-

From [REDACTED] AMERICAN MEDICAL REVIEW OFFICER [REDACTED] [REDACTED] [REDACTED]

This is a notification of a controlled substance test result on:

SPECIMEN INFORMATION

DONOR INFORMATION

CLIENT INFORMATION

Requisition #: [REDACTED] Name: [REDACTED]
Accession #: [REDACTED] Primary ID: [REDACTED] TEST ON TIME SAP FULL MRO
Collected: 9/18/2024 9:11:00 AM PT Reason: PRE-EMPLOYMENT [REDACTED]
Specimen ID: [REDACTED] Collection Site: [REDACTED] [REDACTED]
MRO Received: 09/19/2024 7:50 PM ET Test Ordered: [REDACTED]
MRO Reported: 09/19/2024 7:50 PM ET Laboratory: [REDACTED]
MRO Copy CCF2: [REDACTED]

EMPLOYER T E LYNX, LLC

Substance included in test profile: Urine

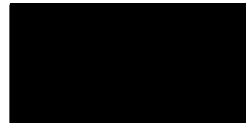
Table with 3 columns of redacted data, likely representing test results for various substances.

This controlled substances test was conducted in accordance with applicable screen and confirmation cutoff levels as determined by the test performed on this applicant/employee.

The verified specimen result is: [REDACTED]

[REDACTED]

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID: [Redacted]

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE
A. Employer Name, Address, I.D. No.
Lab Act: [Redacted]
EMPLOYER: THE LYNX, LLC

LAB ACCESSION NO.
[Redacted]

C. Donor SSN or Employee I.D. No. [Redacted]
D. Reason for Test: Pre Employment
E. Drug Tests to be Performed: [Redacted]

F. Collection Site Address: [Redacted]
Collector Phone No: [Redacted]
Collector Fax No: [Redacted]

STEP 2: TO BE COMPLETED BY COLLECTOR
Read specimen temperature within 4 minutes.
Is temperature between 93° and 103° F? [X] Yes [ ] No. Enter Remark
Specimen Collection: [ ] Spill [X] Single [ ] None Provided [ ] Observed

Specimen Type: Urine
REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY
I certify that the specimen identified on this form is the specimen presented to me by the donor, enclosing the certification on Step 5 of this custody control form, that it bears the same specimen identification number as that set forth above, and that it has been collected, labeled and sealed as in accordance with applicable requirements.

X [Redacted] Signature of Collector
Time and Date of Collection: 2:16:58 [ ] AM [X] PM
Date: 09 / 13 / 2024
SPECIMEN BOTTLE(S) RELEASED TO: [ ] Fed Ex [ ] UPS [ ] Courier [ ] Other

RECEIVED AT LAB
X [Redacted] Signature of Accessioner
Date: / /
Primary Specimen Bottle Seal Intact: [ ] Yes [ ] No, enter remarks below
SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR
I certify that I provided my specimen to the collector, that I have not adulterated in any manner, that the specimen container used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and the information on the specimen container is correct.
X [Redacted] Signature of Donor
(Print) Donor's Name (First, M., Last)
Date: 09 / 18 / 2024
Daytime Phone No. ( ) Evening Phone No. ( ) Not Provided
Date of Birth: 02 / 11 / 1973

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN
In accordance with applicable requirements, my determination/verification is:
[ ] Negative [ ] Dilute [ ] Positive [ ] Test Cancelled [ ] Refusal to Test Because: [ ] Adulterated [ ] Substituted
REMARKS:
X [Redacted] Signature of Medical Review Officer
(Print) Medical Review Officer's Name (First, M., Last)
Date: / /

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN
In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:
[ ] RECONFIRMED [ ] FAILED TO RECONFIRM REASON:
X [Redacted] Signature of Medical Review Officer
(Print) Medical Review Officer's Name (First, M., Last)
Date: / /

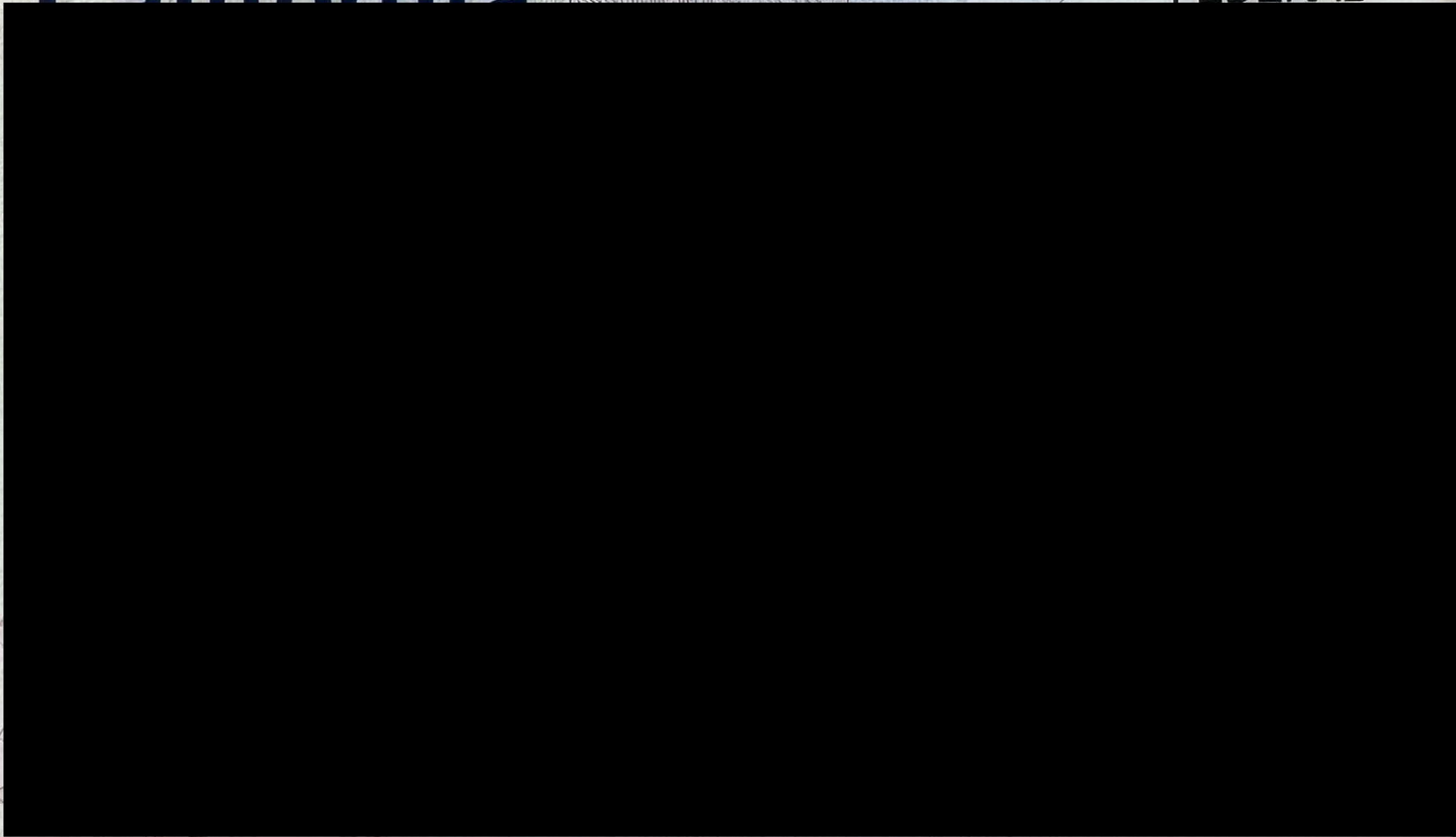


California

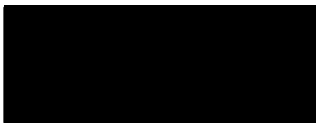
USA

DRIVER LICENSE

FEDERAL







# Medical Review Officer Report

-Confidential-

**From** [redacted] AMERICAN MEDICAL REVIEW OFFICER [redacted] [redacted] [redacted]

This is a notification of a controlled substance test result on:

**SPECIMEN INFORMATION**

**DONOR INFORMATION**

**CLIENT INFORMATION**

Requisition #: [redacted]

Name: [redacted]

[redacted]

Accession #: [redacted]

Primary ID: [redacted]

TEST ON TIME SAP FULL MRO

Collected: 9/18/2024 2:16:00 PM PT

Reason: PRE-EMPLOYMENT

[redacted]

Specimen ID: [redacted]

Collection Site: [redacted]

[redacted]

MRO Received: 09/20/2024 9:35 AM ET

Test Ordered: [redacted]

MRO Reported: 09/20/2024 9:35 AM ET

Laboratory: [redacted]

MRO Copy CCF2: [redacted]

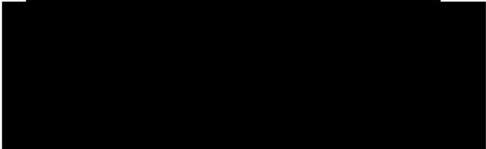
EMPLOYER T E LYNX, LLC

Substance included in test profile: Urine

[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

This controlled substances test was conducted in accordance with applicable screen and confirmation cutoff levels as determined by the test performed on this applicant/employee.

The verified specimen result is: [redacted]





FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

Lab Act #

EMPLOYER THE LYNX, LLC

C. Donor SSN or Employee I.D. No.

D. Reason for Test: Pre Employment

E. Drug Tests to be Performed:

F. Collection Site Address

Collector Phone No.

Collector Fax No.

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes.

Is temperature between 90° and 100° F?  Yes  No. Enter Remark

Specimen Collection

Spill

Single

None Provided  
(Enter Remark)

Observed  
(Enter Remark)

Specimen Type: Urine

REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

Certify that the specimen identified on this form is the specimen presented to me by the donor, enclosing the certification on Step 5 of this custody control form, that it bears the same specimen identification number as that specimen as it is sealed as in accordance with applicable requirements.

X [Redacted] Time and Date of Collection 2:11:18 [ ] AM [x] PM 09 / 17 / 2024 Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:

Fed Ex

UPS

Courier

Other

RECEIVED AT LAB

X

Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact

Yes  No. enter remarks below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, that the specimen container used was sealed with a tamper-evident seal in my presence, and that the information provided on this form and on the seal affixed to the specimen container is correct.

X [Redacted] Daytime Phone No. [Redacted] Evening Phone No. ( ) Not Provided Date of Birth 06 / 29 / 1955 Date (Mo./Day/Yr.)

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

Negative  Dilute

Positive

Test Cancelled

Refusal to Test Because:

Adulterated

Substituted

REMARKS:

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED

FAILED TO RECONFIRM REASON

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

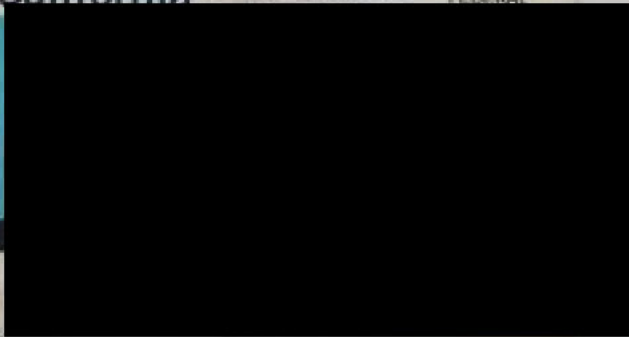
eCCF # generated in eScreen123® software system

California

USA

DRIVER LICENSE

FEDERAL



Medical Review Officer Report

-Confidential-

From [REDACTED] AMERICAN MEDICAL REVIEW OFFICER [REDACTED] [REDACTED] [REDACTED]

This is a notification of a controlled substance test result on:

SPECIMEN INFORMATION

DONOR INFORMATION

CLIENT INFORMATION

Requisition #: [REDACTED] Name: [REDACTED]
Accession #: [REDACTED] Primary ID: [REDACTED] TEST ON TIME SAP FULL MRO
Collected: 9/17/2024 2:11:00 PM PT Reason: PRE-EMPLOYMENT 11322 IDA O AVE STE 103
Specimen ID: [REDACTED] Collection Site: [REDACTED] LOS ANGELES, CA 90025
MRO Received: 09/19/2024 9:18 AM ET Test Ordered: [REDACTED]
MRO Reported: 09/19/2024 9:18 AM ET [REDACTED]-Lenexa
MRO Copy CCF2: [REDACTED] 10101 Henner Blvd
Lenexa, KS 66219

EMPLOYER T E LYNX, LLC

Substance included in test profile: Urine

Table with 3 columns: Substance, Screen, Confirm. Contains multiple rows of redacted data.

This controlled substances test was conducted in accordance with applicable screen and confirmation cutoff levels as determined by the test performed on this applicant/employee.

The verified specimen result is: [REDACTED]

[REDACTED]

FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No.

Lab Act #: 1

LAB ACCESSION NO.

EMPLOYER: THE LYNX, LLC

C. Donor SSN or Employee I.D. No.

D. Reason for Test: Pre Employment

E. Drug Tests to be Performed

F. Collection Site Address

Collector Phone No.

Collector Fax No.

STEP 2: TO BE COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes.

Is temperature between 93° and 103° F?  Yes  No. Enter Remark

Specimen Collection

Spill

Single

None Provided (Enter Remark)

Observed (Enter Remark)

Specimen Type: Urine

REMARKS:

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

Verify that the specimen identified on this form is the specimen presented to me by the donor (including the certification on Step 5 of this custody control form), that it bears the same specimen identification number as that set forth on the laboratory requisition, and that it is sealed as in accordance with applicable requirements.

X [Signature]

Time and Date of Collection

11:06:19  AM  PM

SPECIMEN BOTTLE(S) RELEASED TO:

Fed Ex

UPS

Courier

Other

[Signature of Collector]  
(PRINT) Collector's Name (First, MI, Last)

09 / 24 / 2024  
Date (Mo./Day/Yr.)

RECEIVED AT LAB

X [Signature]  
(PRINT) Accession's Name (First, MI, Last)

Primary Specimen Bottle Seal Intact

Yes  No, enter remarks below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector, that I have not adulterated it in any manner, that the specimen container used was sealed with a tamper-evident seal in my presence, and that the information provided is true and correct.

X [Signature]  
(PRINT) Donor's Name (First, MI, Last)

09 / 24 / 2024  
Date (Mo./Day/Yr.)

Daytime Phone No. [Redacted] Evening Phone No. ( ) Not Provided

Date of Birth 08 / 26 / 1995  
Date (Mo./Day/Yr.)

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

Negative

Positive

Test Cancelled

Refusal to Test Because:

Dilute

Adulterated

Substituted

REMARKS:

X [Signature]  
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

RECONFIRMED

FAILED TO RECONFIRM REASON

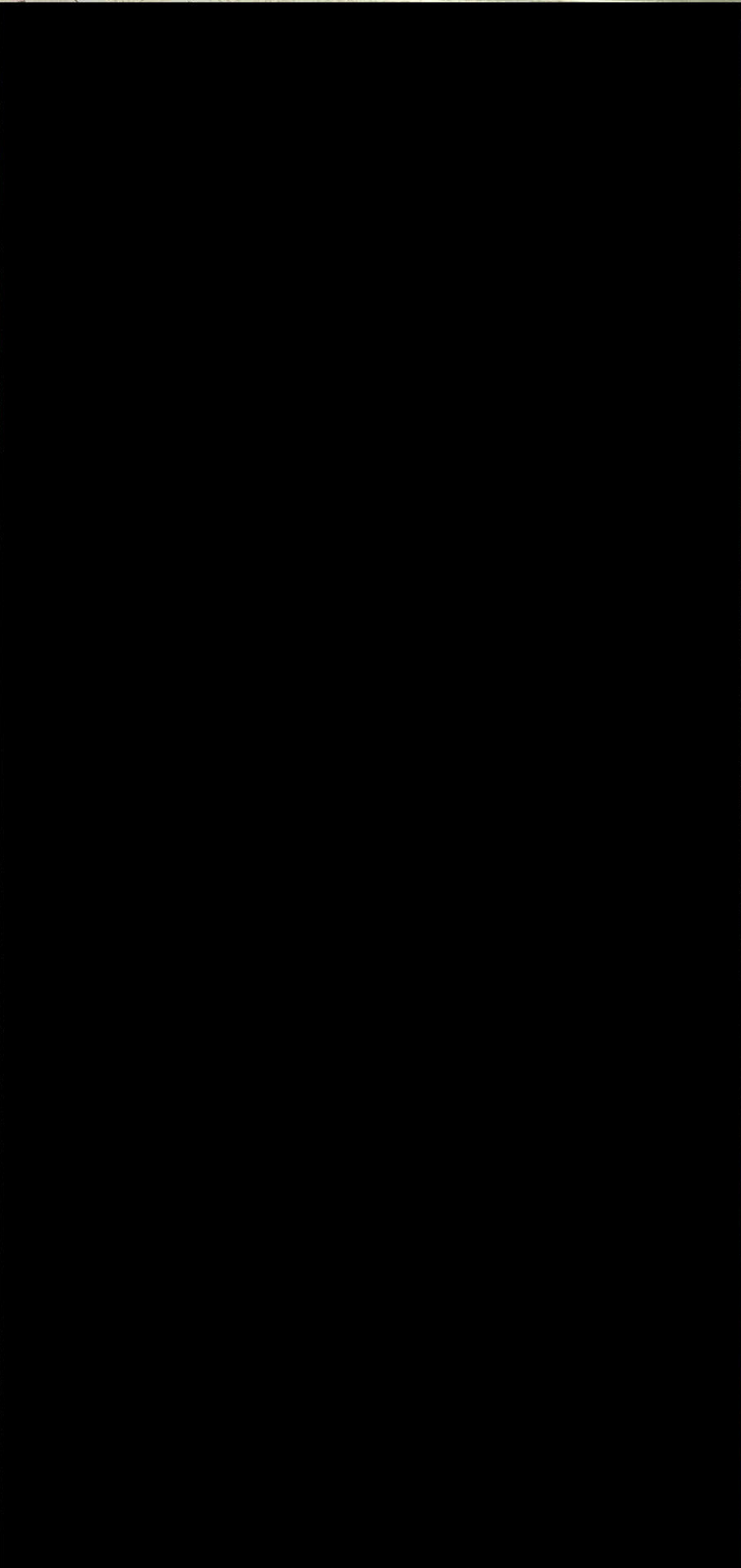
X [Signature]  
Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**California** USA

**COMMERCIAL  
DRIVER LICENSE**



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**Medical Review Officer Report**  
**-Confidential-**

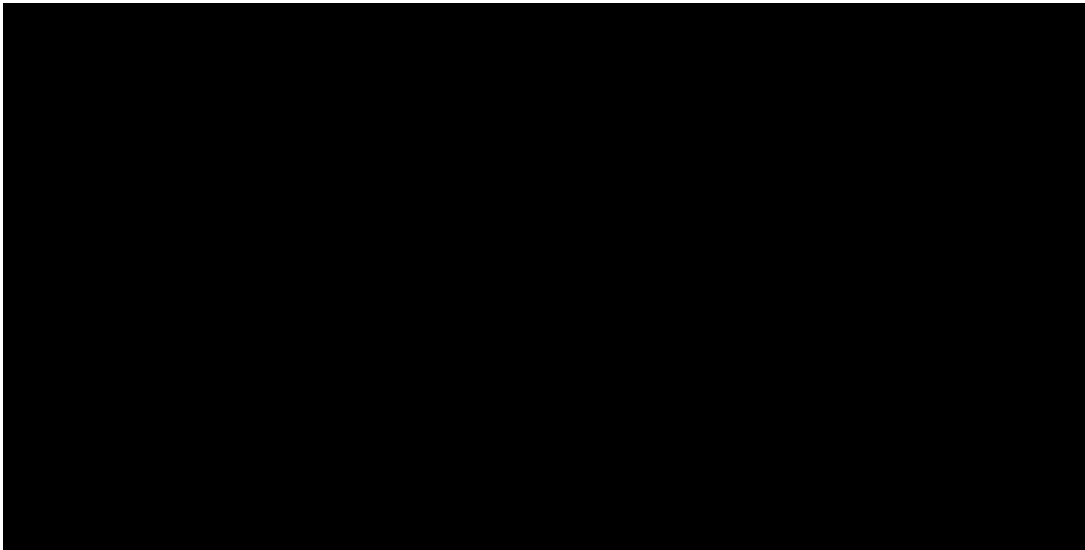
**From** [REDACTED] AMERICAN MEDICAL REVIEW OFFICER [REDACTED] [REDACTED] [REDACTED]

This is a notification of a controlled substance test result on:

SPECIMEN INFORMATION	DONOR INFORMATION	CLIENT INFORMATION
Requisition #: [REDACTED]	Name: [REDACTED]	[REDACTED]
Accession #: [REDACTED]	Primary ID: [REDACTED]	TEST ON TIME SAP FULL MRO
Collected: 9/24/2024 11:06:00 AM PT	Reason: PRE-EMPLOYMENT	[REDACTED]
Specimen ID: [REDACTED]	Collection Site: [REDACTED]	[REDACTED]
MRO Received: 09/25/2024 3:43 PM ET	Test Ordered: [REDACTED]	
MRO Reported: 09/25/2024 3:43 PM ET	Laboratory: [REDACTED]	
MRO Copy CCF2:	[REDACTED]	

EMPLOYER T E LYNX, LLC

Substance included in test profile: Urine



This controlled substances test was conducted in accordance with applicable screen and confirmation cutoff levels as determined by the test performed on this applicant/employee.

The verified specimen result is: [REDACTED]

[REDACTED]

# Attachment Three



Application/Proposal to Join [REDACTED] testing program to meet the requirements of Public Utilities Commission Drug & Alcohol regulations.

Date: Sep 14, 2024

From: Name: [REDACTED]  
Title: [REDACTED]  
Subject: [REDACTED]  
Organization: [REDACTED]

To: Zuzanna Jankowska  
THE LYNX, LLC

Dear Zuzanna,

[REDACTED] is delighted to have the opportunity to respond to your request and to submit this proposal for services that will help you meet federal requirements and keep you and full compliance with PUC.

[REDACTED] Service provider that provides all the services involved in the drug testing process. Coordinates for an employer the entire process of the specimen collection, breath alcohol testing, the laboratory testing, audit support, educational materials, the review and reporting by the Medical Review Officer (MRO) thereby providing all of these services under a one stop shop. We provide everything to the employer client to keep the client in compliance with the applicable regulations – DOT, State Laws etc

The founders of [REDACTED] have years of experience in program administration for Private companies as well as government agencies. We help businesses comply with Federal regulations, prepare for audits, overcoming difficult obstacles and discouraging Drug and Alcohol use in the Workplace.

[REDACTED] is a nationwide service provider that can help you find the right drug and alcohol testing facility in your area. With our help, you can sit back and care for your business, without having to worry about any hassles or delays.



*Drug & Alcohol testing services for compliance with DOT & PUC*

**Fees, Services and Compliance Information for:  
THE LYNX, LLC**

<b>Item</b>	<b>Cost</b>	<b>Description</b>
Negative Drug Test	\$70.00 Each	DOT look alike Panel
Alcohol Test	\$60.00 Each	Breath Alcohol Test
<b>*Policy Book</b>	\$40.00 Each (Optional)*	DOT Policy book
<b>*Supervisor Book &amp; Training</b>	\$90.00 Each (Optional)*	Supervisor book & Certificate
<b>*Covered Worker Book</b>	\$40.00 Each (Optional)*	Educational Materials
Enrollment Fee	\$150.00	To start the program
Renewal Fee	\$150.00	Annual fee
Prices are subject to change		

**\*Policy Book**

The CPUC regulations require employers to provide a **written policy** on controlled substances use and alcohol misuse in the workplace and that the policy be provided to every driver. You must make sure that your drivers are aware of the policy and the effect it will have on them.

**\*Supervisor Book & Training** *(Does not apply to owner operators)*

Employers must provide training to all persons who supervise drivers subject to the regulations, in accordance with §382.603.

It must include training on reasonable suspicion, alcohol misuse and controlled substances use. The training may consist of formal classroom training, videos, **written materials**, online training, or other appropriate methods.

**\*Covered Worker Book**

Employers must also provide **educational materials** that explain the regulations, policy, and corresponding procedures to all drivers and representatives of employee organizations.



*Drug & Alcohol testing services for compliance with DOT & PUC*

**APPLICATION TO JOIN [REDACTED] DRUG AND ALCOHOL TESTING PROGRAM**

**Business Contact Information**

Company Name: THE LYNX, LLC
Contact names: Zuzanna Jankowska
Phone: [REDACTED] 425-770-7107
Email: zuza@laxlinq, adamjamescross@gmail.com

**Address**

Address: 233 26th Street	Attn: [REDACTED]
San Diego, CA 92102	

Your card will be charged on the first of every month only if there is a balance on the account. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "TEST ON TIME" Debit or Credit.

I authorize TEST ON TIME to keep this card on file for future payments.  
I authorize TEST ON TIME to charge this card for my invoices & renewals.

CARD TYPE:  - VISA    - MASTER CARD    - DISCOVER    - AMX

CARD #:	
EXPIRATION DATE:	CVV #: (3 digits on the back of the card)
BILLING ZIP CODE:	
NAME:	Signature:

**Signup Charges**

Enrollment Fee: \$150.00	
Policy Book: 1 PDF included	
Covered Worker Books:	
Supervisor Book/Training:	
Drug Tests:	Total Cost: \$150.00






*Drug & Alcohol testing services for compliance with DOT & PUC*

---

### Recurring Payment Authorization

Your card will be charged on the first of every month.

A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an  Debit or Credit.

Your card will not be charged if there is no balance on your account.


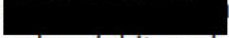
**I authorize TEST ON TIME to keep this card on file for future payments**

**I authorize TEST ON TIME to charge this card for my invoices & renewals**

**CARD TYPE:**  - VISA     - MASTER CARD     - DISCOVER     - AMX

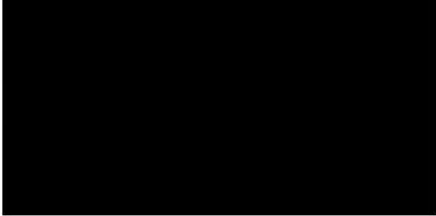


I authorize regularly scheduled charges to my credit card or debit card.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify  in writing of any changes in my credit or debit card information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that because these are electronic transactions, these funds may be charged to my credit or debit card as soon as the above noted periodic transaction dates. If the transaction was rejected for Non Sufficient Funds (NSF) I understand that I must provide  other form of payment. I certify that I am an authorized user of this credit card or debit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

Name of the company: The Lynx LLC, DBA LAX LINQ

Print your full name: Zuzanna Gross



*Drug & Alcohol testing services for compliance with DOT & PUC*

**THE LYNX, LLC  
SERVICE AGREEMENT (Part A)**

██████████ is a Third Party Administrator and a Consortium which manages a drug and alcohol testing program for PUC. This program was designed for regulated entities with drivers that perform safety sensitive operations.

This Agreement is made by and between ██████████ and the Company signing this Agreement shown on the last page hereinafter referred to as (Client).

By entering into this agreement, Client elects ██████████ to administer its drug and alcohol testing program that is compliant with the requirements of the 49 CFR, Parts 40, 382 & 655, PUC Charter Passenger Vehicles, Drug Free Workplace, and other regulated programs.

**To administer client's drug and alcohol testing program**

**TEST ON TIME agrees to:**

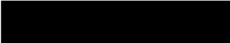
1. Generate random pulls for both drug and alcohol using DOT testing rates.
2. Provide the Client with an approved specimen collection sites for drug & alcohol tests.
3. Provide MIS reports and Statistical Summary reports for CHP audits.
4. Send List of services & drug test results to the PUC upon request.
5. Provide chain of custody forms (drug testing forms).
6. Keep all the records according to the PUC regulations.
7. Provide the client with Program Certification & Verification of enrollment.
8. Make sure all laboratory results go to MRO for verification before a company is informed of the result.

**Client's Obligations and Responsibilities.**

**Client agrees to:**

1. Immediately notify ██████████ of any changes in business such as address, phone numbers, company name, employee termination, authorized contact, company closure and if the company no longer requires to be in compliance with PUC or other agencies.
2. Pay for urine collections directly to the collection facility when using collection sites that are not affiliated with ██████████
3. Pay ██████████ for all the services provided to them (the client) 30 days from the date of the invoice.
4. Pay for renewal fees not later than 30 days after the account was expired.
5. Comply with all PUC drug and alcohol testing regulations.
6. Contact ██████████ at least 2 business days prior to scheduled audit.
7. Pay for services that are not included in standard collection procedures like: Observed collections, confirmation tests, onsite collections or after hours.





*Drug & Alcohol testing services for compliance with DOT & PUC*

**THE LYNX, LLC  
SERVICE AGREEMENT (Part B)**

This agreement is made between the parties with the following understanding:

- If no payment was made for the renewal of the account 7 days before it is due, client’s account will be terminated.
- If no payment was made for services previously provided 30 days from the date of the invoice, client’s account will be terminated for non payment. Client’s information will be sent to a collections agency for payment at which time client is responsible for all collections fees applied by the collection agency and legal fees incurred.
- All check returns will be subject to a \$35 handling fee.
- [Redacted] will not be responsible or liable to the Client for its failure or delay in performance, which results from or is due to, directly or indirectly, and in whole or part, any cause or circumstance which is beyond the reasonable control of [Redacted].
- If this Agreement is suspended or terminated for any reason, the Client assumes full responsibility for its own administration of Federally mandated drug and alcohol testing programs.

I hereby agree to allow the Company [Redacted] and its affiliates to collect urine and/or breath samples from myself or the employees of **THE LYNX, LLC** I further authorize and give full permission to have the Company [Redacted] and/or its affiliates send the specimen or specimens so collected to a laboratory for a screening test for the presence of any drugs and/or alcohol and for the laboratory or other testing facility to release a document on relating to such tests to the Company "**TEST ON TIME, INC.**" And CPUC, California Public Utilities Commission. Finally, I authorize [Redacted] to disclose any document on relating to such tests to any governmental entity for appropriate review or investigation connected with the tests.

**THE LYNX, LLC**

Title:

Accepted by: Zuzanna Cross

Date 9/14/2024

Signature



Title: President

Accepted by: Julian Preston

Date 9/14/2024

Signature

# Attachment Four





- ARE TICKETS REFUNDABLE? CAN I CANCEL MY TRIP? +
- CAN I CHANGE MY RESERVATION? ARE MODIFICATIONS ALLOWED? +
- WHERE DO I GET PICKED UP/ DROP OFF IN SAN DIEGO? +
- WHERE DO I GET PICKED UP/ DROP OFF IN OCEANSIDE? +
- HOW EARLY SHOULD I BUY A TICKET? +
- WHERE CAN I FIND YOUR TERMS & CONDITIONS? +
- ARE PETS ALLOWED WHILE TRAVELING ON THE BUS? +
- WHAT IS SAN DIEGO TO LAX AIRPORT SHUTTLE PRICE? +
- WHAT IS LAX TO SAN DIEGO SHUTTLE PRICE?** x
 

The LAX to San Diego shuttle one-way rate is \$59 per person (+ \$4.13 fuel surcharge). Round trip ticket is \$110 (+\$7.70 fuel surcharge).
- AM I ABLE TO CHOOSE MY SEATS? +
- CAN YOU PICK ME UP AT A DIFFERENT TIME? +
- DO YOU OFFER WHOLE VAN RENTAL? +



- ARE TICKETS REFUNDABLE? CAN I CANCEL MY TRIP? +
- CAN I CHANGE MY RESERVATION? ARE MODIFICATIONS ALLOWED? +
- WHERE DO I GET PICKED UP/ DROP OFF IN SAN DIEGO? +
- WHERE DO I GET PICKED UP/ DROP OFF IN OCEANSIDE? +
- HOW EARLY SHOULD I BUY A TICKET? +
- WHERE CAN I FIND YOUR TERMS & CONDITIONS? +
- ARE PETS ALLOWED WHILE TRAVELING ON THE BUS? +
- WHAT IS SAN DIEGO TO LAX AIRPORT SHUTTLE PRICE?** x
 

The San Diego to LAX shuttle one-way rate is \$59 per person (+ \$4.13 fuel surcharge). Round trip ticket price is \$110 (+\$7.70 fuel surcharge).

# Attachment Five



LOCAL PASSENGER TARIFF  
CONTAINING  
PASSENGER FARES

AND

RULES AND REGULATIONS GOVERNING  
AN ON-CALL, DOOR-TO-DOOR, TRANSPORTATION  
OF PASSENGERS AND THEIR BAGGAGE

BETWEEN:

THE LOS ANGELES INTERNATIONAL AIRPORT (LAX)  
AND  
THE CITIES/COMMUNITIES OF  
SAN DIEGO (TRANSIT CENTER),  
OCEANSIDE, AND PALM SPRINGS.

Issued: October 28, 2022

Effective: November 8, 2022

Issued on 10-day notice under authority of and in compliance with California Public Utilities Commission Decision 22-10-018, issued October, 2022, in Application 22-06-014.

Issued by:  
THE LYNX LLC, dba LINQ,  
Attn: Adam Cross, Member/CEO  
233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:

dba.transportationinformation.com LLC



**SECTION 1 CHECKING SHEET OF PAGES AND SUPPLEMENTS**

Page number and revision number list all the pages contained herein, consecutively. All pages and applicable supplements, listed on this page, bear issued dates that are the same as, or are prior to, the issued date of this page. "0" in the revision column indicates an Original Page.

PAGE	REVISION	REMARKS	PAGE	REVISION	REMARKS
TITLE PAGE	0		6	0	
1	0		7	0	
2	0		8	0	
3	0		9	0	
4	0		10	0	
5	0		11	0	

Uniform Symbols shall be used to indicate changes in this tariff as follows:

Letter (A), (a) or ♦	to indicate increases.	+	to show "Applicable to intrastate traffic only."
Letter (R), (r) or ♣	to indicate reductions.	∅	to indicate "Applicable interstate traffic only."
Letter (C), (c) or Δ	to indicate a change resulting in neither an increase nor a reduction	□	to indicate reissued matter.
*	to show new material added to tariff.		

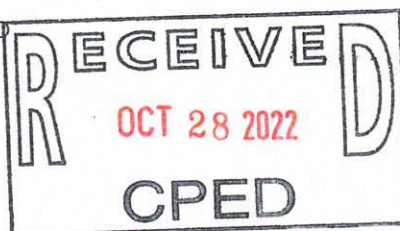
Issued: October 28, 2022

Effective: November 8, 2022

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233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:





SECTION 1

RULES AND REGULATIONS

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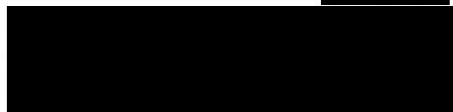
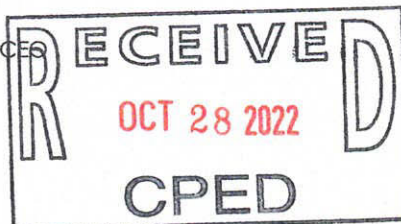
Issued: October 28, 2022

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Issued by:  
THE LYNX LLC, dba LINQ,  
Attn: Adam Cross, Member/CEO  
233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:



SECTION 1

RULES AND REGULATIONS

ITEM NO. 2

**GENERAL AUTHORIZATIONS, RESTRICTIONS,  
LIMITATIONS, AND SPECIFICATIONS.**

THE LYNX LLC, a California limited liability company, doing business as LINQ, by the certificate of public convenience and necessity granted by the decision noted in the foot of the margin, is authorized to transport passengers, their baggage, and express on a scheduled basis between the points described in Item No. 3, over the route described in Item No. 4, subject, however, to the authority of this Commission to change or modify this authority at any time and subject to the following provisions:

- a. When a route description is given in one direction, it applies to operation in either direction unless otherwise indicated.
- b. The term "on-call," as used, refers to service which is authorized to be rendered dependent on the demands of passengers. The tariffs shall show the conditions under which each authorized on-call service will be provided, and shall include the description of the boundary of each fare zone, except when a single fare is charged to all points within a single incorporated city.
- c. No passengers shall be transported except those having a point of origin or destination as described in Item No. 3.
- d. This certificate does not authorize the holder to conduct any operation on the property of any airport unless such operation is authorized by the airport authority involved.
- e. Stop points established by the carrier to load and discharge passengers shall conform to all applicable parking or passenger loading zone regulations adopted by local authorities.

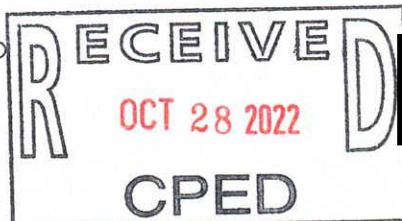
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Issued by:  
THE LYNX LLC, dba LINQ,  
Attn: Adam Cross, Member/CEO  
233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:





---

SECTION 1 RULES AND REGULATIONS

---

ITEM NO. 3

**SERVICE AREA DESCRIPTION**

A. City/Community:

- 1. City of Oceanside
- 2. City of Palm Springs
- 3. City of San Diego (Old Town Transit Center)

B. Airports:

Los Angeles International Airport (LAX)

---

ITEM NO. 4

ROUTE DESCRIPTIONS

Commencing from points described in Section 3A, then over the most convenient streets and highways to points described in Section 3B, and return.

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Issued: October 28, 2022

Effective: November 8, 2022

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Issued by:  
THE LYNX LLC, dba LINQ,  
Attn: Adam Cross, Member/CEO  
233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

Prepared by:



SECTION 1 RULES AND REGULATIONS

APPLICATION OF TARIFF, FARES AND CHARGES

The fares and charges shown in this proposed Tariff and Timetable are for the transportation of passengers and their baggage, and are one-way adult fares, shown in United States of America dollars, and are made payable in lawful United States money. Any fares or charges for additional Service will be in addition to the fares and charges stated herein. Upon Commission authorization copies of the Tariff and Timetables will be available for inspection by any person or persons at any time during regular office hours or by appointment other than regular office hours at the address noted in the bottom margin of the tariff.

ITEM NO. 10

SPECIAL DISCOUNT FARES

(a) FARE FOR FIRST AND ADDITIONAL PASSENGERS:

The fares in this proposed Tariff represent authorized fares for a single adult passenger only. Additional passengers traveling together will pay 50% of the adult, one-way, fare per person.

(b) TRAVEL AGENCIES AND SALES PROMOTERS:

The wholesale cost per fare or fare level when agencies such as travel agencies, hotels, airlines, organizations, etc., sell tickets and their retail or effective retail price, when offered within a travel package, will be as follows: 20% discount given on the price of every agency or hotel group.

(c) TRAVEL AGENCIES AND SALES PROMOTERS:

20% discount will also be offered to individual passengers or groups traveling between hotels, conventions or other events and the Airport.

ITEM NO. 15

ADVANCE NOTIFICATION

A minimum of four (4) hours advance notice is required by telephone to guarantee daily pick-up except on major holidays and on such days, a minimum of 24 hours advance reservations will be required.

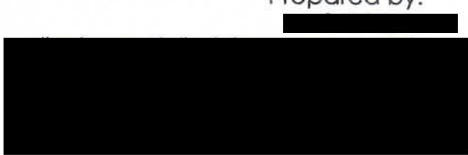
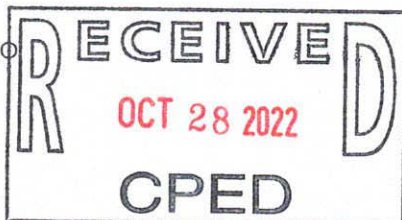
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SECTION 1 RULES AND REGULATIONS

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ITEM NO. 20

MAXIMUM STOPS

The maximum number of stops vehicle will make on any single run will be three (3).

MAXIMUM NUMBER OF LOOPS WITHIN AIRPORTS

The maximum number of loops within the Airport will Two (2): subject to airport rules and regulations.

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ITEM NO. 25

CHILDRENS' FARES

(a) Children under six years of age when accompanied by an adult passenger and not occupying seats to the exclusion of other passengers, will be carried free of charge.

(b) Children between six (6) years of age and up to twelve (12) years of age will be charged one-half the adult fare: 13 years and older will be charge the full adult fare.

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ITEM NO. 30

DISCRIMINATION PROHIBITED

As a motor common carrier of passengers subject to "49 U.S.C. subtitle IV, part B" related State Laws this carrier prohibits discrimination in the seating of passengers on our motor vehicles based upon race, color, creed, or national origin.

Ref: [36 FR 1338, Jan. 28, 1971. Redesignated at 61 FR 54709, Oct. 21, 1996, as amended at 62 FR 15423, Apr. 1, 1997]

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ITEM NO. 35

OBJECTIONABLE PERSONS

This carrier reserves the right to refuse to transport any persons having in his or her possession explosive, inflammable or other unsafe or objectionable objects of material, or under the influence of intoxicants or drugs, or anyone incapable of taking ordinary care of himself or herself, or one whose behavior is such as to be objectionable to passengers or prospective passengers. If such a person endeavors to use his or her transportation same will be taken up and refund made in accordance with Item No. 6.

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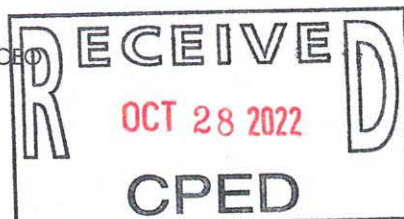
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SECTION 1 RULES AND REGULATIONS

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ITEM NO. 40

REDEMPTION OF TICKETS

Cash fares or tickets sold under this tariff will be redeemed to the person entitled to the refund at fare paid when no portion of the trip has been made, and at the difference between the fare paid and the published fare between the points used if trip is discontinued and not completed.

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ITEM NO. 45

BAGGAGE

Hand baggage not exceeding fifty (50) pounds in weight for each adult fare, and not exceeding twenty-five (25) pounds in weight for each half fare, will be carried free.

1. Baggage in excess of 2 will be carried for a minimum charge as follows:
  - a. Boxes, Suitcases, Cartoons, Musical Instruments, Electronic Appliances and Equipment, Foot Lockers, Golf Bags or other large bags \$3.00 each
  - b. Pets in travel containers \$5.00 each
  - c. Skis and poles, wrapped or tied \$5.00 each
  - d. Surfboards \$5.00 each
2. Passengers are responsible for keeping track of their baggage.
3. The liability of this carrier for the loss or for damage to any baggage shall not exceed the sum of \$250 for each trunk, valise, suitcase or traveling bag, box, bundle, or package and its contents, unless a higher value is declared at the time of delivery of such baggage to the carrier and assented thereto in writing by the carrier.

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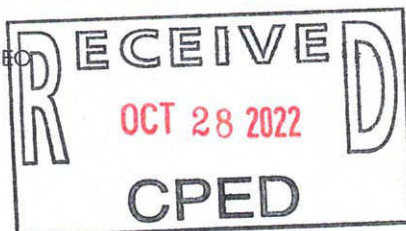
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SECTION 1  
ITEM NO. 50

RULES AND REGULATIONS

MISCELLANEOUS RULES AND REGULATIONS

- (a) Dogs, cats, birds or other animals will not be carried except as provided herein below:  
A dog trained for the purpose of accompanying a blind person (paying full fare) not accompanied by a seeing attendant, will be carried free of charge. Such dog must be properly harnessed and muzzled, and must lie or stand at the feet of the blind person.
- (b) This company will not be liable for delays caused by accident, breakdown, bad conditions of the roads, or other causes beyond its control, and it does not guarantee arrival at or departure from any point at a special time.
- (c) If an Act of God, public enemies, authority of law, quarantine, perils of navigation, riots, strokes, the hazards of dangers incident to a state of war, accidents, breakdowns, bad conditions of the road, snow storms and other conditions beyond this carrier's control make it, in the opinion of the carrier, inadvisable to operate equipment (buses or other vehicles) either from the place of origin or any point en route, the carrier shall not be liable therefore, or be caused to be held for damages for any reason whatsoever.

ITEM NO. 55

SMOKING

Under no condition will smoking be allowed on board the vehicles; and, no smoking stops will be made on any given run.

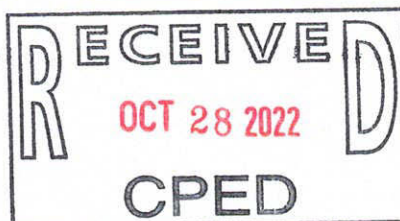
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SECTION 1  
ITEM NO. 60

RULES AND REGULATIONS

COMPLAINT FILING PROCEDURE

A complaint regarding this carrier's service must be submitted in writing to:

THE LYNX LLC, dba LINQ,  
Attn: Adam Cross, Member/CEO  
233 26th Street  
SAN DIEGO, CA 92102  
T-425-770-7107

The carrier will respond in writing to all such complaints within 15 days of receipt of the complaint. If complaint is not resolved by carrier to complainant's satisfaction, complainant may contact:

Public Utilities Commission  
Transportation Consumer complaint unit  
505 Van Ness Avenue, 2nd Floor  
San Francisco, CA 94102  
Phone: (800) 894-9444

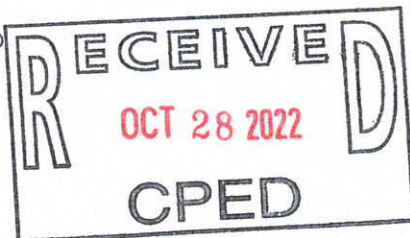
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**SECTION 2 FARES AND CHARGES**

**ITEM NO. 65 FARES, CHARGES AND TIMETABLES**

Daily Service charges shown in this Section apply for the on-call transportation of Passengers and their Baggage as authorized by the California Public Utilities Commission Decision, described in the margin below.

**ITEM NO. 70 EXPLANATION OF ABBREVIATIONS:**

POINT	DESCRIPTION
-	OCEANSIDE
-	PALM SPRINGS
-	CITY OF SAN DIEGO (OLD TOWN TRANSIT CENTER)
<b>LAX</b>	LOS ANGELES INTERNATIONAL AIRPORT

**EXPLANATION OF "ZONE OF RATE FREEDOM (ZORF)"**

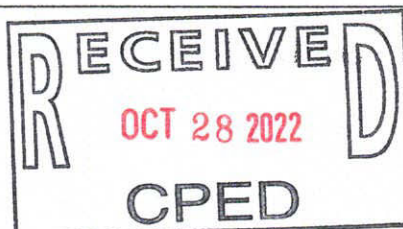
<b>ZORF</b>	ZORF stands for "Zone-Of-Rate-Freedom" and essentially means a "Sliding Rate Window" within which this carrier is authorized by the California Public Utilities Commission (PUC) in the decision described in the margin to raise or lower its fares: with no fare allowed below \$5. As applied in this Tariff, ZORF defines the Lowest and Highest possible Fares authorized by the PUC; and, identifies the standard (current) Fare THE LYNX LLC, a limited liability company, dba LINQ, is authorized to charge.				
<b>L</b>	Lowest Authorized Fare Limit	<b>S</b>	STANDARD OR CURRENT AUTHORIZED FARE	<b>H</b>	Highest Authorized Fare Limit

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Prepared by:



SECTION 2

FARES AND CHARGES

ITEM NO. 80

**FARES & TIMETABLE**  
**ADULT PASSENGER, ONE-WAY, FARES**  
**IN USA DOLLARS (\$\$)**

CITY/COMMUNITY	LAX		
	L	S	H
San Diego (Old Town Transit Center)	55.25	<b>65</b>	74.75
Oceanside	42.50	<b>50</b>	57.50
Palm Springs	55.25	<b>65</b>	74.75

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