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By: FRESNO COG

CITY of CLOVIS

REPORT TO THE CITY COUNCIL

TO: Mayor and City Council

FROM: Finance Department

DATE: December 15, 2025

SUBJECT: Finance - Approval – Res. 25-____, Approving the submittal of the 2025-2026 Transportation Funding Claim, in the amount of \$18,585,056 to the Fresno Council of Governments.

ATTACHMENTS: 1. Res. 25-____, Submission of Transportation Funding Claim Forms

RECOMMENDATION

That the Council approve Resolution 25-____, approving the submittal of the 2025-2026 Transportation Funding Claim, in the amount of \$18,585,056 to the Fresno Council of Governments.

EXECUTIVE SUMMARY

Each year the City of Clovis is required to submit an annual transportation claim for the Local Transportation Fund of Fresno County to the Fresno Council of Governments (COG) to receive funds provided through the Transportation Development Act (TDA) of 1971. The claim is prepared in accordance with the City's annual budget. After the TDA claim is adopted by the Resolution of the City Council, the claim is submitted to COG for adoption by Resolution of the COG board. After approval, the City will begin to receive the funds apportioned by COG for the 2025-2026 fiscal year.

BACKGROUND

Each year the City files a claim with the Fresno Council of Governments (COG) to receive funds provided through the Transportation Development Act (TDA) of 1971. The claim provides information on the various sources that are used to fund the transit operation and to fund bicycle/pedestrian projects.

The claim is normally based on the current year budget. If circumstances have changed since the budget was prepared, the claim will be based on the best available information.

In order for COG to allocate the TDA funds, the claim needs to be submitted to COG for approval. The claim allocates the available funds based on the final estimated allocation received from COG in May 2025.

FISCAL IMPACT

The TDA funds are budgeted in 2025-2026 based upon the final estimated allocation received from COG in May 2025. Approval of the claim by the Council will allow the City to receive the funds.

REASON FOR RECOMMENDATION

To allocate the funds in accordance with the 2025-2026 estimates, it is necessary to submit the TDA claim to COG for approval. Approval of the claim by the Council for submittal is required.

ACTIONS FOLLOWING APPROVAL

After Council approval, the claim will be filed with COG.

CONFLICT OF INTEREST

None.

Prepared by: Emily Pimentel, Accountant

Reviewed by: City Manager

CLERK'S CERTIFICATE

I, Diana Stice, Deputy City Clerk of the City of Clovis, State of California, do hereby certify that the foregoing is a full, true and correct copy of Res. 25-131 duly approved and adopted by the City Council of the City of Clovis on the date therein stated and as it appears in the Office of the City Clerk.

IN WITNESS WHEREOF, I hereunto set my hand and affix the seal of the City of Clovis on January 7, 2026.



Diana Stice

Diana Stice, Deputy City Clerk

RESOLUTION 25-131

**RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CLOVIS
APPROVING SUBMISSION OF THE 2025-2026 TRANSPORTATION FUNDING CLAIM TO
THE FRESNO COUNCIL OF GOVERNMENTS**

WHEREAS, the City of Clovis is required to submit an annual transportation claim for the Transportation Funding through the Fresno Council of Governments for the fiscal year 2025-2026; and

WHEREAS, the Fresno Council of Governments has the authority to review claims and allocate such funds in accordance with the Transportation Development Act of 1971 and Chapter 3 of Title 30 of the California Administrative Code; and

WHEREAS, the City of Clovis has approved the 2025-2026 Budget for expenditures for 2025-2026; and

WHEREAS, the Transportation Act of 1971 requires certain findings and declarations regarding transit needs and conformance with Article 8, Chapter 1400, Statutes 1971 and applicable rules and regulations.

NOW, THEREFORE, BE IT RESOLVED, that the City of Clovis hereby authorizes submittal of its Claim for Local Transportation Funds, as Attachment A, in the amount of \$18,585,056 for purposes allowed under Articles 3, 4, 4.5, and 8 of the Transportation Development Act of 1971.

★ ★ ★ ★ ★

The foregoing resolution was introduced and adopted at a regular meeting of the City Council of the City of Clovis held on December 15, 2025, by the following vote, to wit:

AYES: Councilmembers Ashbeck, Basgall, Bessinger, Mayor Pro Tem Pearce, and Mayor Mouanoutoua

NOES: None

ABSENT: None

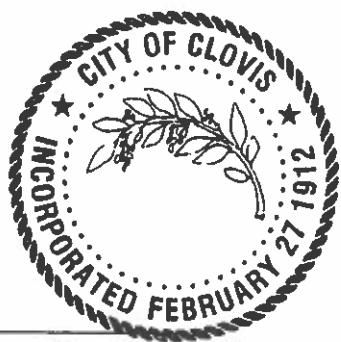
ABSTAIN: None

1990-1991

DATED: December 15, 2025


Steve Henshaw
Mayor

Brana Parra
City Clerk



Enter Date: **12/2/2025**Claimant Name: **City of Clovis**

TRANSPORTATION FUNDING CLAIM FOR FISCAL YEAR: 2025/26

Instructions: Please note that each page of this claim is a separate worksheet, please click through all tabs and complete. Also note that light yellow fields require an entry if applicable, light grey fields contain formulas that will automatically calculate based on corresponding entries. A date and claimant name field is at the top of the first page, and automatically repeats on following pages, (date should be formatted 00/00/0000)

When completed, please print, sign and send signed original via mail to:

Les Beshears, Director of Finance, Fresno Council of Governments, 2035 Tulare Street, Suite 201, Fresno, CA 93721

From: Applicant:	City of Clovis
Address:	1033 Fifth Street
City/State/Zip:	Clovis, CA 93612
Contact Phone/email:	Jay Schengel / 559-324-2113

This applicant is an eligible claimant pursuant to Section 99203 of the Public Utilities Code and certifies that the following transportation funds are available to be claimed:

Local Transportation Fund

Apportionment:	\$ 7,321,916
Unexpended, Held by Claimant:	\$ 9,662,708
County 4.5 Contribution	\$ 17,408
County Contract for Tarpey Roundup:	\$ 171,793

State Transit Assistance Fund

Estimate:	\$ 1,411,231
Other Agency:	

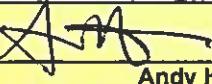
Other

Audit Exception/Impairment (required General Fund Payback):	
Other:	

Eighteen Million, Five Hundred Eighty Five Thousand, Fifty Six	TOTAL
	\$ 18,585,056

*spell out total amount in above cell
for the purposes and respective amounts specified in the attached claim be drawn from the Local
Transportation Fund and State Transit Assistance Fund.*

Please print and sign after completing form

Authorized Signature:	
Name/Title:	Andy Haessler, City Manager
Date:	12/15/2025



2035 Tulare St., Ste. 201 tel 559-233-4148
Fresno, California 93721 fax 559-233-9645

www.fresnocog.org

Enter Date:

Claimant Name: **City of Clovis**

TRANSPORTATION FUNDING CLAIM DETAIL FOR FISCAL YEAR: 2025/26

Allocation instructions and payment by the Fresno County Auditor-Controller to the applicant is subject to such monies being available for distribution, and to the provisions that such monies will be used only in accordance with the rules and regulations of the Transportation Development Act.

Enter Date: **12/2/2025**

Claimant Name: **City of Clovis**

BICYCLE AND PEDESTRIAN FACILITIES FOR FISCAL YEAR: 2025/26

Two percent (2%) of the claimant's Local Transportation Fund apportionment must be spent on bicycle and pedestrian facilities (PUC 99233.3 and 99234); such claims are to be filed as Article 3. Claims for projects in excess of 2% may be filed as Article 8a (PUC 99400(a)). If other funding is to be used with Local Transportation Funds to implement projects, such funding should be shown on the claim form.

PROJECT TITLE & BRIEF DESCRIPTION	PROJECT COST
Various Bicycle & Pedestrian Facilities throughout the claimant's jurisdiction:	\$ 146,469.00
AND/OR:	
Other - describe briefly if applicable:	\$ -
Other - describe briefly if applicable:	\$ -
Other - describe briefly if applicable:	\$ -
TOTAL PROJECT COSTS	\$ 146,469.00

Enter Date: **12/2/2025**Claimant Name: **City of Clovis**

PUBLIC AND SPECIALIZED TRANSPORTATION SERVICE CLAIM FOR OPERATING AND CAPITAL EXPENSES FY: 2025/26

GENERAL TRANSPORTATION SERVICE PROPOSED 2025/26		PROJECT COSTS	TOTALS
<i>(Information needed per PUC 99266, which states no moneys may be allocated in excess of 15% above preceding year unless claim is accompanied by supporting documentation)</i>		TOTAL PROJECT COSTS	\$ 9,174,346.00
Prior Year		\$ 5,530,781.00	
Percentage Change		66%	
<i>more than prior year</i>			
Revenue Source & Amount	Operating	Capital	Total
LTF Article 4:	\$ 3,874,338.00		\$ 3,874,338.00
LTF Article 4.5 or 8c:			\$ -
STA:		\$ 1,034,543.00	\$ 1,034,543.00
Fares:	\$ 5,000.00	N/A	\$ 5,000.00
Local Support:	\$ 1,411,960.00	N/A	\$ 1,411,960.00
Fed/State Grants:	\$ 1,715,000.00	\$ 888,005.00	\$ 2,603,005.00
Measure C:	\$ -	\$ 167,000.00	\$ 167,000.00
Interest:	\$ 78,500.00		\$ 78,500.00
Unexpended Funds Held By Claimant:			\$ -
Audit Exception - General Payback Fund:			\$ -
SUB-TOTALS		\$ 7,084,798.00	\$ 2,089,548.00
			\$ 9,174,346.00

ELDERLY/HANDICAPPED SERVICE PROPOSED 2025/26		PROJECT COSTS	TOTALS
<i>(Information needed per PUC 99266, which states no moneys may be allocated in excess of 15% above preceding year unless claim is accompanied by supporting documentation)</i>		TOTAL PROJECT COSTS	\$ 6,761,512.00
Prior Year		\$ 5,951,122.00	
Percentage Change		14%	
<i>more than prior year</i>			
Revenue Source & Amount	Operating	Capital	Total
LTF Article 4:	\$ 3,670,067.00		\$ 3,670,067.00
Tarpey Roundup:	\$ 171,793.00		\$ 171,793.00
STA:		\$ 500,000.00	\$ 500,000.00
Fares:		N/A	\$ -
Local Support:	\$ 626,152.00	N/A	\$ 626,152.00
Fed/State Grants:	\$ 1,715,000.00		\$ 1,715,000.00
Measure C:	\$ -		\$ -
Interest:	\$ 78,500.00		\$ 78,500.00
Unexpended Funds Held By Claimant:			\$ -
Audit Exception - General Payback Fund:			\$ -
SUB-TOTALS		\$ 6,261,512.00	\$ 500,000.00
			\$ 6,761,512.00

CONSOLIDATED TRANSIT SERVICE AGENCY PROPOSED 2025/26		PROJECT COSTS	TOTALS
<i>(Information needed per PUC 99266, which states no moneys may be allocated in excess of 15% above preceding year unless claim is accompanied by supporting documentation)</i>		TOTAL PROJECT COSTS	\$ 832,698.00
Prior Year		\$ 827,269.00	
Percentage Change		1%	
<i>more than prior year</i>			
Revenue Source & Amount	Operating	Capital	Total
LTF Article 4.5:	\$ 374,714.00		\$ 374,714.00
LTF Article 8c:			\$ -
STA:			\$ -
Fares:		N/A	\$ -
Local Support:	\$ 457,984.00	N/A	\$ 457,984.00
Fed/State Grants:			\$ -
Other - describe briefly if applicable:			\$ -
Other - describe briefly if applicable:			\$ -
Unexpended Funds Held By Claimant:			\$ -
Audit Exception - General Payback Fund:			\$ -
SUB-TOTALS		\$ 832,698.00	\$ -
			\$ 832,698.00

GRAND TOTALS:	OPERATING	CAPITAL	TOTAL
	\$ 14,179,008.00	\$ 2,589,548.00	\$ 16,768,556.00

Enter Date: **12/2/2025**Claimant Name: **City of Clovis**

PUBLIC AND SPECIALIZED TRANSPORTATION SERVICE FAREBOX CALCULATION FOR FISCAL YEAR: 2025/26

REQUIRED OPERATING/FAREBOX CALCULATIONS

General Transportation Service:

1. Total Operating Expenses Minus Exclusions
2. Farebox Revenues
3. Other Local Support
4. Total Local Support (Adds Lines 2 + 3)
5. Farebox Revenue/Operating Expense Ratio (Line 2 Divided By Line 1)
6. Required Minimum Ratio Verification: Enter 1 for Urban, 2 for Rural
7. Total Local Support/Operating Expense Ratio (Line 4 Divided By Line 1)
8. Required Minimum Ratio Criteria:

URBAN 20%
RURAL 10%

	Operating Expenses:	\$ 7,084,798.00
Amount Excluded		\$ 7,084,798.00
		\$ 5,000.00
		\$ 1,411,960.00
		\$ 1,416,960.00
		0%
		20%
		20%
		20%

Meets Minimum Requirements

1

Elderly/Handicapped Service:

1. Total Operating Expenses Minus Exclusions
2. Farebox Revenues
3. Other Local Support
4. Total Local Support (Adds Lines 2 + 3)
5. Farebox Revenue/Operating Expense Ratio (Line 2 Divided By Line 1)
6. Required Minimum Ratio Verification:
7. Total Local Support/Operating Expense Ratio (Line 4 Divided By Line 1)
8. Required Minimum Ratio Criteria:

10%

	Operating Expenses:	\$ 6,261,512.00
Amount Excluded		\$ 6,261,512.00
		\$ -
		\$ 626,152.00
		\$ 626,152.00
		0%
		10%
		10%
		10%

Meets Minimum Requirements

Consolidated Transportation Service Agency:

1. Total Operating Expenses Minus Exclusions
2. Farebox Revenues
3. Other Local Support
4. Total Local Support (Adds Lines 2 + 3)
5. Farebox Revenue/Operating Expense Ratio (Line 2 Divided By Line 1)
6. Required Minimum Ratio Verification:
7. Total Local Support/Operating Expense Ratio (Line 4 Divided By Line 1)
8. Required Minimum Ratio Criteria:

Fares 10%

Other Local Support 45%

	Operating Expenses:	\$ 832,698.00
Amount Excluded		\$ 832,698.00
		\$ -
		\$ 457,984.00
		\$ 457,984.00
		0%
		55%
		55%
		55%

Meets Minimum Requirements

SUMMARY TOTALS:

1. Total OF ALL Operating Expenses **PLUS** Exclusions

Total Operating Expenses:	\$ 14,179,008.00
Total Amount Excluded:	\$ - \$ 14,179,008.00

Must Agree With TOTAL, Project Detail Operator Tab: **\$ 2,589,548.00**
2. Total of All Capital Projects: \$ 2,589,548.00

Must Agree With CAPITAL PROJECTS, Project Detail Operator Tab: **\$ 16,768,556.00**
3. GRAND TOTAL: \$ 16,768,556.00

Enter Date: **12/2/2025**

Claimant Name: **City of Clovis**

CONTINGENCY PROJECT LISTING FOR FISCAL YEAR: 2025/26

Should additional Local Transportation Fund or State Transit Assistance Fund monies be made available during the current fiscal year, they are hereby also claimed for the following purposes:

CHECK ALL THAT APPLY (Enter "X" in yellow box)

BICYCLE AND PEDESTRIAN FACILITIES PUBLIC TRANSPORTATION

Article 3

Article 4

SUPPLEMENTAL INFORMATION REQUIRED OF TRANSIT CLAIMANTS (CCR 6632)

ATTACHED TO THIS CLAIM ARE SUBMITTED THE FOLLOWING DOCUMENTS:

(initial yellow box all that apply)

Budget or proposed budget for the 2025/26 fiscal year. Statement for prior year revenues and expenditures (projections acceptable).

California Highway Patrol Certification pursuant to PUC 99251 (no claim may be approved unless accompanied by this certification). Date on this certification must be within 13 months of the proposed claim approval date.

STANDARD ASSURANCES FOR TRANSIT CLAIMANTS

CLAIMANT ASSURANCES: (initial yellow box all that apply)

A. Claimant certifies that it has submitted a satisfactory, independent fiscal audit, with required certification statement, to the RTPA and to the State Controller, pursuant to PUC 99245 and 21 Cal. Code of Regulations Section 6664 for the prior fiscal year (project year minus two). Claimant assures that this audit requirement will be completed for the current fiscal year (project year minus one).

B. Claimant certifies that it has submitted a State Controller Report, in conformance with the uniform system of accounts and records, to the RTPA, and to the State Controller, pursuant to PUC 99243, for the prior year (project year minus two). Beginning with the 1979-80 fiscal year, claimant assures that this report will be audited by an independent CPA. Claimant assures that this report will be completed for the current fiscal year (project year minus one).

C. Claimant certifies in accordance with PUC Section 99314.5(b) that it is not precluded by any contract entered into on or after June 28, 1979, from employing part-time drivers or contracting with common carriers of persons operating under a franchise or license. Claimant further certifies that no person who was a full-time employee on June 28, 1979, shall have his or her employment terminated or his or her regular hours of employment, excluding overtime, reduced by the operator as a result of it employing part-time drivers or contracting with such common carriers.

D. Claimant filing claim pursuant to PUC Section 99260 certifies that:

(check one by entering "X" in yellow cell):

1. the current cost of its retirement system is fully funded with respect to the officers and employees of its public transportation system (PUC Section 99271a); or

2. the operator is implementing a plan approved by the transportation planning agency which will fully fund the retirement system for such officers and employees within 40 years (PUC Section 99271a); or

3. the operator has a private pension plan which sets aside and invests on a current basis funds sufficient to provide for the payment of future pension benefits and which is fully compliant with the requirements stated in PUC Sections 99272 and 99273.

E. Claimant certifies that it is in compliance with PUC Section 99264 that it does not routinely staff, with two or more persons, a vehicle for public transportation purposes designed to be operated by one person.

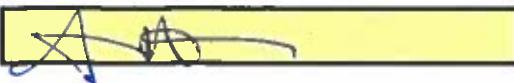
F. Claimant certifies that it is making full use of federal funds available under the Urban Mass Transportation Act of 1964, as amended in accordance with Section 6754(a)(3).

G. Claimant certifies that this is in compliance with PUC Section 99155 that if it offers reduced fares to seniors, the same reduced rate is offered to disabled persons, handicapped persons, and disabled veterans and it honors the federal Medicare card for identification to receive reduced fares.

H. Claimant certifies that it is in compliance with PUC Section 99155.5 regarding dial-a-ride and paratransit services being accessible to handicapped persons and that the service is provided to persons without regard to vehicle ownership and place of residence.

The undersigned hereby certifies that the above statements are true and correct.
Please print and sign after completing form

Authorized Signature:



Name/Title: **Andy Haussler, City Manager**
Date: **12/15/2025**

City of Clovis

Budget Worksheet by Department

Ledger: GL

Section: 00515	TRANSIT FUND	Object Type: Revenue Accounts	Object Type: SpecObj	Prior Year	Adjusted	Actuals	Estimate	Department
				Actual	Budget	Through	to Close	EC to D
				FY 2025	FY 2026	12-8-25	FY 2026	FY 2026
				Ver (PY)	Ver (WB)	Ver (AD)	Ver (EC)	Ver (DR)

44015	INTEREST INCOME-PROPRIETARY	235,630.73	157,000.00	158,732.37	0.00	0.00	0.00	0.00
Object Type: Expenditure Accounts								
622015	COMPENSATED FUTURE ABSENCES	-205.00	0.00	0.00	0.00	0.00	0.00	0.00
64801	INTEREST EXPENSE - SBITA	2,923.00	0.00	0.00	0.00	0.00	0.00	0.00
65202	SUBSCRIPTIONS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
66758	PENSION EXPENSE	182,605.00	0.00	0.00	0.00	0.00	0.00	0.00
68760	PROPRIETARY CONTRA ASSET	-694,608.00	0.00	0.00	0.00	0.00	0.00	0.00
68950	DEPRECIATION-ROLLING STOCK	650,363.00	0.00	0.00	0.00	0.00	0.00	0.00
68951	DEPRECIATION EQUIPMENT	19,233.00	0.00	0.00	0.00	0.00	0.00	0.00
68971	AMORTIZATION-INT SBITA	103,241.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Revenue for 00515:		235,630.73	157,000.00	158,732.37	0.00	0.00	0.00	0.00
Total Expenditures for 00515:		152,769.00	0.00	0.00	0.00	0.00	0.00	0.00
Expense Less Revenue Total:		82,861.73	-157,000.00	-158,732.37	0.00	0.00	0.00	0.00

Section: 34700 TRANSIT-ROUND UP-CTSA

Object Type: Revenue Accounts	SpecObj							
Object Type: SpecObj								
45031	1/2 % SALES TAX-MEASC	1,080,000.00	1,107,000.00	0.00	0.00	0.00	0.00	0.00
45038	OTHER GRANTS-CAP	91,916.00	0.00	0.00	0.00	0.00	0.00	0.00
45053	CMAQ-FEDERAL FUNDING-CAP	0.00	1,205,500.00	0.00	0.00	0.00	0.00	0.00
45061	LTFR-ARTICLE 4 TRANSIT	4,486,675.89	3,788,300.00	542,295.00	0.00	0.00	0.00	0.00
45062	LTF-ART 4.5-SPEC TRANSIT	372,271.00	374,000.00	0.00	0.00	0.00	0.00	0.00
45066	STATE TRANSIT ASSISTANCE (STA)	605,113.27	555,200.00	0.00	0.00	0.00	0.00	0.00
45201	FEDERAL TRANSIT ADMIN (FTA)	0.00	1,715,000.00	0.00	0.00	0.00	0.00	0.00
Object Type: Expenditure Accounts	SpecObj							

City of Clovis

Budget Worksheet by Department

Ledger: GL

	Prior Year Actual	Adjusted Budget	Actuals Through 12-8-25	Encumb Balance	Estimate to Close FY 2026	Department Requested FY 2026		EC to D Percer Chang			
						Ver (PY)	Ver (WB)	Ver (AD)	Ver (EC)	Ver (DR)	
61000	SALARIES REGULAR		1,278,842.13	1,736,100.00	549,553.49	0.00	0.00	0.00	0.00	0.00	0.00
61200	OVERTIME REGULAR		24,584.18	28,000.00	21,782.82	0.00	0.00	0.00	0.00	0.00	0.00
61207	OVERTIME-CALLOUT		12,491.77	13,500.00	4,207.68	0.00	0.00	0.00	0.00	0.00	0.00
61216	CTO BUYBACK		7,860.09	11,500.00	4,370.69	0.00	0.00	0.00	0.00	0.00	0.00
61300	EXTRA HELP		1,246,550.04	1,370,000.00	674,507.78	0.00	0.00	0.00	0.00	0.00	0.00
62001	RETIREMENT-MISC		274,639.69	364,100.00	114,974.69	0.00	0.00	0.00	0.00	0.00	0.00
62004	DEFERRED COMP CONTRIBUTION		19,054.76	27,900.00	7,876.66	0.00	0.00	0.00	0.00	0.00	0.00
62005	WORKER'S COMPENSATION		43,386.86	50,500.00	16,270.94	0.00	0.00	0.00	0.00	0.00	0.00
62006	HEALTH BENEFIT PLAN		244,651.95	289,900.00	103,929.52	0.00	0.00	0.00	0.00	0.00	0.00
62007	MEDICARE		20,243.26	25,900.00	8,918.08	0.00	0.00	0.00	0.00	0.00	0.00
62010	SICK LEAVE INCENTIVE		11,326.97	15,700.00	10,797.02	0.00	0.00	0.00	0.00	0.00	0.00
62011	SOC SEC/PERS-EXTRA HELP		274,924.50	307,200.00	142,902.33	0.00	0.00	0.00	0.00	0.00	0.00
62012	OTHER BENEFITS		3,400.00	2,800.00	932.00	0.00	0.00	0.00	0.00	0.00	0.00
62013	WORKER'S COMP-EH		50,354.24	55,300.00	23,923.52	0.00	0.00	0.00	0.00	0.00	0.00
62014	HEALTH INS REBATE		64,727.89	34,400.00	30,056.94	0.00	0.00	0.00	0.00	0.00	0.00
62016	HEALTH INS-EH		0.00	150,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
63004	VEHICLE ALLOWANCE		13,222.69	22,800.00	6,231.30	0.00	0.00	0.00	0.00	0.00	0.00
63009	FLEET ADMIN CHARGES		189,800.00	200,800.00	66,932.00	0.00	0.00	0.00	0.00	0.00	0.00
63010	FLEET CHARGES-ACTUAL BASIS CHR		810,185.90	846,200.00	367,091.43	0.00	0.00	0.00	0.00	0.00	0.00
63205	TELEPHONE-COMM SERVICES		159,161.73	160,000.00	100,979.96	0.00	0.00	0.00	0.00	0.00	0.00
63304	MARKETING SERVICES		19,083.22	40,000.00	4,764.83	211.01	0.00	0.00	0.00	0.00	0.00
63305	DEVELOPMENT SERVICES		5,075.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
63308	AUDITING & ACCOUNTING		0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	0.00	0.00
63315	OTHER SERVICES		69,574.48	90,000.00	32,207.78	1,857.43	0.00	0.00	0.00	0.00	0.00
63350	TEMP PERSONNEL SERVICES		0.00	5,600.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
65001	TRAVEL-CONFERENCES		11,445.54	11,600.00	4,738.15	365.00	0.00	0.00	0.00	0.00	0.00
65101	TRAINING-EDUCATIONAL INCENTIVE		4,955.00	8,000.00	997.50	0.00	0.00	0.00	0.00	0.00	0.00
65102	TRAINING-CLASSES & SEMINARS		3,410.00	4,200.00	44.00	0.00	0.00	0.00	0.00	0.00	0.00
65201	MEMBERSHIP/ASSOCIATION DUES		1,395.00	1,400.00	940.00	0.00	0.00	0.00	0.00	0.00	0.00
66001	GENERAL ADMINISTRATION CHARGES		118,500.00	136,500.00	45,500.00	0.00	0.00	0.00	0.00	0.00	0.00
66003	GENERAL SERVICE CHARGES		749,500.00	822,100.00	274,032.00	0.00	0.00	0.00	0.00	0.00	0.00
66005	PROPERTY & LIABILITY INS CHGS		206,600.00	251,000.00	83,668.00	0.00	0.00	0.00	0.00	0.00	0.00

City of Clovis

Budget Worksheet by Department

Ledger: G

City of Clovis

Budget Worksheet by Department

Ledger: GL

	Prior Year Actual	Adjusted Budget	Actuals Through 12-8-25	Encumb Balance To Date	Estimate to Close FY 2026	Department Requested FY 2026		EC to D Percen Chang			
						Ver (PY)	Ver (WB)	Ver (AD)	Ver (EC)	Ver (DR)	
62004	DEFERRED COMP CONTRIBUTION		6,517.55	17,700.00	3,345.13	0.00	0.00	0.00	0.00	0.00	0.00
62005	WORKER'S COMPENSATION		35,201.67	38,700.00	16,208.44	0.00	0.00	0.00	0.00	0.00	0.00
62006	HEALTH BENEFIT PLAN		214,530.98	245,700.00	107,974.22	0.00	0.00	0.00	0.00	0.00	0.00
62007	MEDICARE		16,623.62	21,100.00	8,903.77	0.00	0.00	0.00	0.00	0.00	0.00
62010	SICK LEAVE INCENTIVE		5,908.63	9,500.00	5,734.34	0.00	0.00	0.00	0.00	0.00	0.00
62011	SOC SEC/PERS-EXTRA HELP		129,557.36	422,400.00	56,883.66	0.00	0.00	0.00	0.00	0.00	0.00
62012	OTHER BENEFITS		2,300.00	1,900.00	632.00	0.00	0.00	0.00	0.00	0.00	0.00
62013	WORKER'S COMP-EH		23,408.06	74,500.00	9,575.41	0.00	0.00	0.00	0.00	0.00	0.00
62014	HEALTH INS REBATE		26,031.61	13,200.00	13,719.56	0.00	0.00	0.00	0.00	0.00	0.00
63004	VEHICLE ALLOWANCE		11,600.00	21,300.00	5,612.50	0.00	0.00	0.00	0.00	0.00	0.00
63009	FLEET ADMIN CHARGES		140,100.00	143,200.00	47,732.00	0.00	0.00	0.00	0.00	0.00	0.00
63010	FLEET CHARGES-ACTUAL BASIS CHR		457,605.06	561,700.00	236,856.51	0.00	0.00	0.00	0.00	0.00	0.00
63205	TELEPHONE-COMM SERVICES		96,130.17	120,000.00	22,902.14	1,200.00	0.00	0.00	0.00	0.00	0.00
63304	MARKETING SERVICES		20,585.44	42,000.00	7,936.94	181.01	0.00	0.00	0.00	0.00	0.00
63308	AUDITING & ACCOUNTING		0.00	0.00	2,500.00	0.00	0.00	0.00	0.00	0.00	0.00
63315	OTHER SERVICES		75,091.76	80,000.00	39,421.24	1,926.20	0.00	0.00	0.00	0.00	0.00
63316	TRANSIT SERVICES		332,609.96	413,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
63350	TEMP PERSONNEL SERVICES		0.00	5,300.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
63390	CREDIT CARD CHARGES		81.94	1,600.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
65001	TRAVEL-CONFERENCES		10,961.14	11,600.00	4,616.42	365.00	0.00	0.00	0.00	0.00	0.00
65101	TRAINING-EDUCATIONAL INCENTIVE		4,955.00	8,500.00	997.50	0.00	0.00	0.00	0.00	0.00	0.00
65102	TRAINING-CLASSES & SEMINARS		3,410.00	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
65201	MEMBERSHIP/ASSOCIATION DUES		1,395.00	2,500.00	940.00	0.00	0.00	0.00	0.00	0.00	0.00
66001	GENERAL ADMINISTRATION CHARGES		118,500.00	136,500.00	45,500.00	0.00	0.00	0.00	0.00	0.00	0.00
66003	GENERAL SERVICE CHARGES		499,000.00	784,400.00	261,468.00	0.00	0.00	0.00	0.00	0.00	0.00
66005	PROPERTY & LIABILITY INS CHGS		180,600.00	266,200.00	88,732.00	0.00	0.00	0.00	0.00	0.00	0.00
66803	GEN LIABILITY CLAIM-PRP		10,536.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68131	LCTOP ROUTE IMPROVEMENTS 2018		4,375.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68132	LCTOP ROUTE IMPROVEMENTS 2019		0.00	5,000.00	35,243.75	0.00	0.00	0.00	0.00	0.00	0.00
68135	LCTOP CAPITAL		1,172.02	571,004.96	216,988.14	354,016.82	0.00	0.00	0.00	0.00	0.00
68151	STA CAPITAL OUTLAY		0.00	41,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
68160	SUSTAINABLE COMMUNITIES GRANT		0.00	90,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

City of Clovis

Budget Worksheet by Department

Ledger: GL

Prior Year Actual	Adjusted Budget	Actuals Through 12-8-25	Estimate to Close		Department Requested FY 2026	EC to D FY 2026 Percen
			Encumb Balance	FY 2026 To Date		
Ver (PY)	Ver (WB)	Ver (AD)	Ver (EC)	Ver (DR)	Change	
68208	DEPT HW/SW SYSTEMS	45,243.51	187,000.00	75,380.45	0.00	0.00
68725	TRANSIT BUSES/VANS	0.00	1,195,542.68	0.00	695,542.68	0.00
Total Revenue for 34800:		4,397,678.52	7,735,700.00	10,319,144.75	0.00	0.00
Total Expenditures for 34800:		4,403,225.60	9,161,647.64	2,294,724.18	1,053,231.71	0.00
Expense Less Revenue Total:		5,547.08	1,425,947.64	-8,024,420.57	1,053,231.71	0.00
					0.00	0.00

City of Clovis

Budget Worksheet by Department

Ledger: GL

	Prior Year Actual	Adjusted Budget	Actuals Through 12-8-25	Estimate Encumb Balance To Date	Department to Close FY 2026	EC to D FY 2026	Department Requested FY 2026	EC to D FY 2026	Department Percen
Grand Total Revenue:	11,269,285.41	16,637,700.00	11,020,172.12	0.00	0.00	0.00	0.00	0.00	0.00%
Grand Total Expenditures:	11,191,970.76	18,106,347.64	5,000,385.29	1,055,665.15	0.00	0.00	0.00	0.00	0.00%
Expense Less Revenue Grand Total:	-77,314.65	1,468,647.64	-6,019,786.83	1,055,665.15	0.00	0.00	0.00	0.00	0.00%

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
CARRIER INSPECTION
CHP 343D (Rev. 2-99) OPI 062

This report contains CONFIDENTIAL pages.

Page 1 of 6

CARRIER NAME	CA NUMBER	LOC. CODE	SUBAREA
City of Clovis Public Transit	43134	435	05
STREET ADDRESS, CITY, STATE, ZIP CODE	PHONE NUMBER	DATE	
155 N Sunnyside Ave Clovis, CA 93611	(559) 324-2770	12/11-16-18/2025	
CARRIER REPRESENTATIVE	TITLE	TIME IN	TIME OUT
Bethany Berube	Transit Manager	15 00	16 00
INSPECTION LOCATION (if other than the carrier's principal place of business)	U.S. DOT NUMBER	MC NUMBER	
Same	2808119		

On this date, the above named motor carrier was inspected by the California Highway Patrol. The inspection evaluated the carrier's compliance with the following requirements:

CONTROLLED SUBSTANCES & ALCOHOL TESTING PROGRAM [VC 34520 & 49 CFR 382]
 OTHER: _____

REMARKS

The carrier is currently enrolled in a random DOT controlled substance and alcohol testing program

with the consortium listed below:

Preferred Alliance Inc
16960 S Harlan Rd
Lathrop CA 95330
(877) 272-5227
Michelle Vincent

See Part B

As a result of the inspection noted above, this carrier was assigned a compliance rating of SATISFACTORY
This rating applies only to carrier requirements - Terminals are rated separately.

RATING HISTORY 1 <u>S</u> 2 <u>S</u> 3 <u>S</u> 4 <u>S</u>	NO. OF RECORDS INSPECTED 60	NO. OF VIOLATIONS	CHP 345 ISSUED <input type="checkbox"/>	SUSPENSE DATE <input checked="" type="checkbox"/> Auto <input type="checkbox"/> None	CHP 1000 COLUMN NO.
INSPECTED BY (Name) Daniel Ortiz	ID NUMBER A11992			CARRIER TYPE <input type="checkbox"/> Truck <input checked="" type="checkbox"/> Bus	

MOTOR CARRIER CERTIFICATION

I hereby certify that all violations recorded hereon and on the attached pages (2 through 6) 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 CENTRAL Division Motor Carrier Safety Unit Supervisor at (559) 453-3130 within 5 calendar days of the rating.

CARRIER REPRESENTATIVE'S PRINTED NAME Nick Chin	TITLE Transit Manager	DRIVER LICENSE NUMBER STATE D4215230 CA
CARRIER REPRESENTATIVE'S SIGNATURE 	CURRENT CARRIER RATING Satisfactory	DATE 12/18/25

Destroy previous editions.

Chp343D_0613.pdf

California Highway Patrol

	US DOT # 2808119	Legal: CITY OF CLOVIS-PUBLIC TRANSIT Operating (DBA):CLOVIS TRANSIT						
MC/MX #:	State #: 43134	Federal Tax ID:94-6000311 (EIN)						
Review Type: Non-ratable Review - Special Study								
Scope:	Terminal	Location of Review/Audit: Company facility in the U. S.		Territory:				
Operation Types		Interstate	Intrastate					
Carrier:	N/A	Non-HM	Business: Corporation					
Shipper:	N/A	N/A	Gross Revenue: \$0.00					
Cargo Tank:	N/A		for year ending:					
Company Physical Address:								
155 N SUNYSIDE AVE CLOVIS, CA 93611								
Contact Name: BETHANY BERUBE Phone numbers: (1) 559- 324-2770 (2) Fax E-Mail Address: BETHANYB@CITY OF CLOVIS.COM								
Company Mailing Address:								
155 N SUNYSIDE AVE CLOVIS, CA 93611								
Carrier Classification								
State Government								
Cargo Classification								
Passengers								
Equipment								
			Owned	Term Leased	Trip Leased	Owned	Term Leased	Trip Leased
Minibus, 16+			36	0	0			
Power units used in the U.S.: 36								
Percentage of time used in the U.S.: 100								
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: 0 60			Total Drivers: 60					
>= 100 Miles: 0 0			CDL Drivers: 60					





CLOVIS TRANSIT (CITY OF CLOVIS-PUBLIC TRANSIT dba) - Terminal

U.S. DOT #: 2808119

State #: 43134

Review Date:

12/18/2025

Part A

QUESTIONS regarding this report
may be addressed to the Central Division Motor Carrier Safety Unit at:

5435 E Olive Ave
Fresno, CA 93727
(559)453-3130

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

Person(s) Interviewed

Name: BETHANY BERUBE

Title: TRANSIT MANAGER

Name: NICK CHIN

Title: TRANSIT MANAGER





CLOVIS TRANSIT (CITY OF CLOVIS-PUBLIC TRANSIT dba) - Terminal

U.S. DOT #: 2808119

State #: 43134

Review Date:

12/18/2025

Part B Violations

Safety Fitness Rating Information:

Total Miles Operated 400,001
Recordable Accidents 0

OOS Vehicle (CR): 0
Number of Vehicle Inspected (CR): 0
OOS Vehicle (MCMIS): 0
Number of Vehicles Inspected (MCMIS): 0

Your proposed safety rating is :

This Review is not Rated.



S55G3VCA1RKAA



CLOVIS TRANSIT (CITY OF CLOVIS-PUBLIC TRANSIT dba) - Terminal

U.S. DOT #: 2808119

State #: 43134

Review Date:

12/18/2025

Part B Requirements and/or Recommendations

1. Questions related to this inspection may be directed to the Central Division Motor Carrier Safety Unit Supervisor at (559) 453-3130
2. For questions about Motor Carrier of Property Permit : 916-657-8153





CLOVIS TRANSIT (CITY OF CLOVIS-PUBLIC TRANSIT dba) - Terminal

U.S. DOT #: 2808119

State #: 43134

Review Date:

12/18/2025

Part C

Reason for Review: Other

CSAT

Planned Action: Compliance Monitoring

Parts Reviewed Certification:

325 382 383 387 390 391 392 393 395 396 397 398 399 171 172 173 177 178 180

Prior Reviews

11/10/2022

11/10/2022

11/10/2022

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: BETHANY BERUBE

Special Study Information:

Corporate Contact Title: TRANSIT MANAGER

Remarks:

CARRIER NAME: CITY OF CLOVIS PUBLIC-TRANSIT

CA # 43134

CARRIER ADDRESS: 155 N SUNNYSIDE AVE CLOVIS CA 93611

RATING INFORMATION:

IN ACCORDANCE WITH 13 CCR 1233, THIS CARRIER IS NOW RATED SATISFACTORY AT THIS TIME.

CONSORTIUM INFORMATION:

PREFERRED ALLIANCE
16960 S HARLAN RD
LATHROP CA 95330
(209) 825-3425

NOTE: CARRIER IS PLANING ON IN THE NEXT FEW MONTHS TO START OPEARATING UNDER A FEDRAL GRANT FUNDING, SO CSAT REQUIREMNTS WILL CHANGE AND DRIVERS WILL BE SUJECT TO COMPLY AS COVERED EMPLOYES UNDER SUBPART 40 OF TITLE 49 CRF.

Upload Authorized:	Yes	No
Authorized by:		Date:
Uploaded:	Yes	No
Verified by:		Date:



California Highway Patrol

	US DOT # 2808119	Legal: CITY OF CLOVIS-PUBLIC TRANSIT Operating (DBA):CLOVIS TRANSIT															
AC/MX #:	State #: 43134	Federal Tax ID:94-6000311 (EIN)															
Review Type: Non-ratable Review - Special Study																	
Scope: Terminal	Location of Review/Audit: Company facility in the U. S.																
Territory:																	
<table border="1"> <tr> <th>Operation Types</th> <th>Interstate</th> <th>Intrastate</th> </tr> <tr> <td>Carrier:</td> <td>N/A</td> <td>Non-HM</td> </tr> <tr> <td>Shipper:</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Cargo Tank:</td> <td colspan="2">N/A</td> </tr> </table>		Operation Types	Interstate	Intrastate	Carrier:	N/A	Non-HM	Shipper:	N/A	N/A	Cargo Tank:	N/A		<table> <tr> <td>Business: Corporation</td> <td rowspan="2">for year ending:</td> </tr> <tr> <td>Gross Revenue: \$0.00</td> </tr> </table>	Business: Corporation	for year ending:	Gross Revenue: \$0.00
Operation Types	Interstate	Intrastate															
Carrier:	N/A	Non-HM															
Shipper:	N/A	N/A															
Cargo Tank:	N/A																
Business: Corporation	for year ending:																
Gross Revenue: \$0.00																	
Company Physical Address:																	
155 N SUNYSIDE AVE CLOVIS, CA 93611																	
Contact Name: BETHANY BERUBE Phone numbers: (1) 559- 324-2770 (2) 559-240-0024 Fax E-Mail Address: BETHANYB@CITYOFCLOVIS.COM																	
Company Mailing Address:																	
155 N SUNYSIDE AVE CLOVIS, CA 93611																	
Carrier Classification																	
State Government																	
Cargo Classification																	
Passengers																	
Equipment <table border="1"> <thead> <tr> <th></th> <th>Owned</th> <th>Term Leased</th> <th>Trip Leased</th> <th>Owned</th> <th>Term Leased</th> <th>Trip Leased</th> </tr> </thead> <tbody> <tr> <td>Minibus, 16+</td> <td>36</td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Owned	Term Leased	Trip Leased	Owned	Term Leased	Trip Leased	Minibus, 16+	36	0	0				
	Owned	Term Leased	Trip Leased	Owned	Term Leased	Trip Leased											
Minibus, 16+	36	0	0														
Power units used in the U.S.: 36																	
Percentage of time used in the U.S.: 100																	
Does carrier transport placardable quantities of HM? No Is an HM Permit required? N/A																	
Driver Information																	
<table border="1"> <tr> <th></th> <th>Inter</th> <th>Intra</th> </tr> <tr> <td>< 100 Miles:</td> <td>0</td> <td>60</td> </tr> <tr> <td>>= 100 Miles:</td> <td>0</td> <td>0</td> </tr> </table>			Inter	Intra	< 100 Miles:	0	60	>= 100 Miles:	0	0	Average trip leased drivers/month: 0 Total Drivers: 60 CDL Drivers: 60						
	Inter	Intra															
< 100 Miles:	0	60															
>= 100 Miles:	0	0															





CLOVIS TRANSIT (CITY OF CLOVIS-PUBLIC TRANSIT dba) - Terminal

U.S. DOT #: 2808119

State #: 43134

Review Date:

12/18/2025

Part A

QUESTIONS regarding this report
may be addressed to the Central Division Motor Carrier Safety Unit at:

5435 E Olive Ave
Fresno, CA 93727
(559)453-3130

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

Person(s) Interviewed

Name: BETHANY BERUBE
Name: NICK CHIN

Title: TRANSIT MANAGER
Title: TRANSIT MANAGER



S54QKRCA1RKA



CLOVIS TRANSIT (CITY OF CLOVIS-PUBLIC TRANSIT dba) - Terminal

U.S. DOT #: 2808119

State #: 43134

Review Date:

12/18/2025

Part B Violations

Safety Fitness Rating Information:

Total Miles Operated 400,001
Recordable Accidents 0

OOS Vehicle (CR): 0
Number of Vehicle Inspected (CR): 9
OOS Vehicle (MCMIS): 0
Number of Vehicles Inspected (MCMIS): 0

Your proposed safety rating is :

This Review is not Rated.





CLOVIS TRANSIT (CITY OF CLOVIS-PUBLIC TRANSIT dba) - Terminal

U.S. DOT #: 2808119

State #: 43134

Review Date:

12/18/2025

Part B Requirements and/or Recommendations

1. Questions related to this inspection may be directed to the Central Division Motor Carrier Safety Unit Supervisor at (559) 453-3130
2. Forms and publications are available at the CHP internet website at: <http://www.chp.ca.gov/publications/index.html>
3. For questions about Employer Pull Notice Program: 916-657-6346
For questions about passenger transportation authority: 415-703-2063





CLOVIS TRANSIT (CITY OF CLOVIS-PUBLIC TRANSIT dba) - Terminal

U.S. DOT #: 2808119

State #: 43134

Review Date:

12/18/2025

Part C**Reason for Review:** Other**ANNUAL GPPV****Planned Action:** Compliance Monitoring**Parts Reviewed Certification:**

325 382 383 387 390 391 392 393 395 396 397 398 399 171 172 173 177 178 180

Prior Reviews**Prior Prosecutions****Reason not Rated: Special Study****Study Code: CA**

11/10/2022

11/10/2022

11/10/2022

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: BETHANY BERUBE**Special Study Information:****Corporate Contact Title: TRANSIT MANAGER****Remarks:**

TERMINAL NAME: CITY OF CLOVIS PUBLIC-TRANSIT

CA # 43134

TERMINAL ADDRESS: 155 N SUNNYSIDE AVE CLOVIS CA 93611

FCN # 113866

RATING INFORMATION:

IN ACCORDANCE WITH 13 CCR 1233, THIS TERMINAL IS NOW RATED SATISFACTORY AT THIS TIME.

Upload Authorized:	Yes	No
Authorized by:		Date:
Uploaded:	Yes	No
Verified by:		Failure Code:





California Highway Patrol
601 N. 7th Street
Sacramento, CA 95811
Phone: (916) 843-3400
Internationally Accredited Agency

Report Number: CAN994001817
Inspection Date: 12/11/2025
Start: 7:20 AM PT End: 8:00 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

Carrier: CITY OF CLOVIS-PUBLIC TRANSIT

DBA: CLOVIS TRANSIT

155 N SUNYSIDE AVE

CLOVIS, CA, 93611

USDOT: 2808119

Phone#: (559)324-2770

MC/MX#:

Fax#: (559)324-2853

State#: 43134

Location: CLOVIS

Highway:

County: FRESNO

Email:

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Milepost: Shipper: N/A

Origin: N/A

Bill of Lading: N/A

Destination: N/A

Cargo: N/A

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	BU	CHAM	2019	CA	1551022	50083	1FDFE4FS7KDC40598	14500		

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: Cargo Tank:

Special Checks: No data for special checks

State Information:

Odometer: 25207; File Code Number: 113866; Fuel Type: E; Passenger Capacity: 16; WC Passenger Capacity: 2; Bus Type: 1; Beat/Sub Area: 05; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 09



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: ID/Badge #:
D. ORTIZ A11992

Copy Received By:

X

X





California Highway Patrol
601 N. 7th Street
Sacramento, CA 95811
Phone: (916) 843-3400
Internationally Accredited Agency

Report Number: CAN994001818
Inspection Date: 12/11/2025
Start: 8:12 AM PT End: 8:50 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

Carrier: CITY OF CLOVIS-PUBLIC TRANSIT

DBA: CLOVIS TRANSIT

155 N SUNYSIDE AVE

CLOVIS, CA, 93611

USDOT: 2808119

Phone#: (559)324-2770

MC/MX#:

Fax#: (559)324-2853

State#: 43134

Location: CLOVIS

Highway:

County: FRESNO

Email:

Driver:

State:

License#:

Date of Birth:

CoDriver:

State:

License#:

Date of Birth:

Milepost: Shipper: N/A

Origin: N/A

Bill of Lading: N/A

Destination: N/A

Cargo: N/A

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	BU	CHAM	2019	CA	1450682	50031	1FDFE4F58KDC14091	14500		

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:** **Cargo Tank:**

Special Checks: No data for special checks

State Information:

Odometer: 35539; File Code Number: 113866; Fuel Type: G; Passenger Capacity: 15; WC Passenger Capacity: 3; Bus Type: 1; Beat/Sub Area: 05; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 09



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:
D. ORTIZ

ID/Badge #:
A11992

Copy Received By:

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California Highway Patrol
601 N. 7th Street
Sacramento, CA 95811
Phone: (916) 843-3400
Internationally Accredited Agency

Report Number: CAN994001819
Inspection Date: 12/11/2025
Start: 9:00 AM PT End: 9:32 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

Carrier: CITY OF CLOVIS-PUBLIC TRANSIT

DBA: CLOVIS TRANSIT

155 N SUNYSIDE AVE

CLOVIS, CA, 93611

USDOT: 2808119

Phone#: (559)324-2770

MC/MX#:

Fax#: (559)324-2853

State#: 43134

Location: CLOVIS

Highway:

County: FRESNO

Email:

Driver:

License#:

State:

Date of Birth:

CoDriver:

State:

License#:

State:

Date of Birth:

Milepost: Shipper: N/A

Origin: N/A

Bill of Lading: N/A

Destination: N/A

Cargo: N/A

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	BU	CHAM	2024	CA	1869309	50085	4UZADRFD2RCVG2458	25850		

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:** **Cargo Tank:**

Special Checks: No data for special checks

State Information:

Beat/Sub Area: 05; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 09



TRUCKERS AGAINST TRAFFICKING

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Report Prepared By: I.D/Badge #:
D. ORTIZ A11992

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California Highway Patrol
601 N. 7th Street
Sacramento, CA 95811
Phone: (916) 843-3400
Internationally Accredited Agency

Report Number: CAN994001820
Inspection Date: 12/11/2025
Start: 9:35 AM PT End: 10:03 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

Carrier: CITY OF CLOVIS-PUBLIC TRANSIT

DBA: CLOVIS TRANSIT

155 N SUNYSIDE AVE

CLOVIS, CA, 93611

USDOT: 2808119

Phone#: (559)324-2770

MC/MX#:

Fax#: (559)324-2853

State#:

Location: CLOVIS

Highway:

County: FRESNO

Email:

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Milepost: Shipper: N/A

Origin: N/A

Bill of Lading: N/A

Destination: N/A

Cargo: N/A

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GWWR	CVSA Existing	CVSA #
1	BU	CHAM	2019	CA	1551038	50081	1FVACWFC1KHKE5054	26000		

BRAKE ADJUSTMENTS

Axle #	1	2
Right	1 1/8	1 1/2
Left	1 1/8	1 1/2
Chamber	L-20*	L-30

VIOLATIONS: No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Odometer: 205836; File Code Number: 113866; Fuel Type: D; Passenger Capacity: 30; WC Passenger Capacity: 3; Bus Type: 1; Beat/Sub Area: 05; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 09



TRUCKERS AGAINST TRAFFICKING

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Report Prepared By:
D. ORTIZ

ID/Badge #:
A11992

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California Highway Patrol
601 N. 7th Street
Sacramento, CA 95811
Phone: (916) 843-3400
Internationally Accredited Agency

Report Number: CAN994001812
Inspection Date: 12/16/2025
Start: 7:00 AM PT End: 7:30 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

Carrier: CITY OF CLOVIS-PUBLIC TRANSIT

DBA: CLOVIS TRANSIT

155 N SUNYSIDE AVE

CLOVIS, CA, 93611

USDOT: 2808119

Phone#: (559)324-2770

MC/MX#:

Fax#: (559)324-2853

State#: 43134

Location: CLOVIS

Highway:

County: FRESNO

Email:

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Milepost: Shipper: N/A

Origin: N/A

Bill of Lading: N/A

Destination: N/A

Cargo: N/A

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	BU	GLAV	2019	CA	1531405	50083	1FDFE4FS7KDC40598	14500		

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:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Odometer: 25126; File Code Number: 113866; Fuel Type: E; Passenger Capacity: 16; WC Passenger Capacity: 2; Bus Type: 1; Beat/Sub Area: 05; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 9



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:
D. ORTIZ

ID/Badge #:
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California Highway Patrol
601 N. 7th Street
Sacramento, CA 95811
Phone: (916) 843-3400
Internationally Accredited Agency

Report Number: CAN994001813
Inspection Date: 12/16/2025
Start: 7:31 AM PT End: 8:05 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

Carrier: CITY OF CLOVIS-PUBLIC TRANSIT

DBA: CLOVIS TRANSIT

155 N SUNYSIDE AVE

CLOVIS, CA, 93611

USDOT: 2808119

Phone#: (559)324-2770

MC/MX#:

Fax#: (559)324-2853

State#: 43134

Location: CLOVIS

Highway:

County: FRESNO

Email:

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Milepost: **Shipper:** N/A

Origin: N/A

Bill of Lading: N/A

Destination: N/A

Cargo: N/A

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	BU	CHAM	2019	CA	1450679	50030	1FDFE4FS6KDC14090	14500		

BRAKE ADJUSTMENTS

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

VIOLATIONS: No violations were discovered

HazMat: No HM transported **Placard:** **Cargo Tank:**

Special Checks: No data for special checks

State Information:

Odometer: 144070; File Code Number: 113866; Fuel Type: G; Passenger Capacity: 15; WC Passenger Capacity: 3; Bus Type: 1; Beat/Sub Area: 05; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 9



TRUCKERS AGAINST TRAFFICKING

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Report Prepared By:
D. ORTIZ

ID/Badge #:
A11992

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California Highway Patrol
601 N. 7th Street
Sacramento, CA 95811
Phone: (916) 843-3400
Internationally Accredited Agency

Report Number: CAN994001815
Inspection Date: 12/16/2025
Start: 8:56 AM PT End: 9:36 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

Carrier: CITY OF CLOVIS-PUBLIC TRANSIT

DBA: CLOVIS TRANSIT

155 N SUNYSIDE AVE

CLOVIS, CA, 93611

USDOT: 2808119

Phone#: (559)324-2770

MC/MX#:

Fax#: (559)324-2853

State#:

Location: CLOVIS

Highway:

County: FRESNO

Email:

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Milepost: Shipper: N/A

Origin: N/A

Bill of Lading: N/A

Destination: N/A

Cargo: N/A

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	BU	CHAM	2024	CA	1669311	50087	4UZADRF9RCVG2456	25850		

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:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Odometer: 44997; File Code Number: 113866; Fuel Type: D; Passenger Capacity: 29; WC Passenger Capacity: 3; Bus Type: 1; Beat/Sub Area: 05; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 09



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: D. ORTIZ ID/Badge #: A11992

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California Highway Patrol
601 N. 7th Street
Sacramento, CA 95811
Phone: (916) 843-3400
Internationally Accredited Agency

Report Number: CAN994001816
Inspection Date: 12/16/2025
Start: 10:20 AM PT End: 11:05 AM PT
Inspection Level: V - Terminal
HM Inspection Type: None

Carrier: CITY OF CLOVIS-PUBLIC TRANSIT

DBA: CLOVIS TRANSIT

155 N SUNYSIDE AVE

CLOVIS, CA, 93611

USDOT: 2808119

Phone#: (559)324-2770

MC/MX#:

Fax#: (559)324-2853

State#: 43134

Location: CLOVIS

Highway:

County: FRESNO

Email:

Driver:

License#:

State:

Date of Birth:

CoDriver:

License#:

State:

Date of Birth:

Milepost: Shipper: N/A

Origin: N/A

Bill of Lading: N/A

Destination: N/A

Cargo: N/A

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate	Equipment ID	VIN	GVWR	CVSA Existing	CVSA #
1	BU	CHAM	2019	CA	1551022	50080	1FVACWFCXKHKE5053	26000		

BRAKE ADJUSTMENTS

Axle #	1	2
Right	1 1/2	1 1/2
Left	1 1/2	1 1/2
Chamber	L-20*	L-30

VIOLATIONS: No violations were discovered

HazMat: No HM transported

Placard:

Cargo Tank:

Special Checks: No data for special checks

State Information:

Odometer: 228825; File Code Number: 7495; Fuel Type: D; Passenger Capacity: 29; WC Passenger Capacity: 3; Bus Type: 1; Beat/Sub Area: 05; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 09



TRUCKERS AGAINST TRAFFICKING

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Report Prepared By: ID/Badge #:
D. ORTIZ A11992

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