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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: KTL INC (DOT 2352168)

Phone: (317) 565-1903

Date: 11/13/23

Address: 1526 E GREYHOUND PASS CARMEL, IN 46032 Fax:

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness(including dates of any and all alcohol or drug tests, those confirmed results, and/or my refusing to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to each and every company(their authorized agents) which may request such information in connection with my application for employment company, I hereby release this company, and its employees, officers, directors, and agents from any and all liable type as a result of providing the following information to the below mentioned person and/or company.

Raul Antonio Suazo (Nov 13, 2023 12:36 EST)

Safety BRZ (Nov 13, 2023 12:36 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby A UbU Yf

H Y dYfgcb bUa YX \ YfY]b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b H Y Udd J]MbhUg U dUghYa d'cnyf K J nci J]bX mfyd mhc H Jg]bei JfmfygdYV]b H Jg Udd J]Mbh 5g nci k J fYUX k Uij Yf gUHXY Uvcj YZU JUV J]micZnci UbX nci f Wda dUbm\ Ug VYYb fY YUgYX VmH Y Udd J]Mbt"

PLEASE BE ADVISED! Mti a Unfyd nby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Raul Antonio Suazo

SSN: 267813555

Job Applying For: OTR Driver

Did the Applicant work for you as a driver: ☒ Yes ☐ No

If No, please explain: _____

If employed as a driver, please answer the following: Start Date : 5/2020 End Date : 11/2023

☒ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: CMV Type of trailer pulled: Reefer

Other equipment operated: _____ Commodities operated: _____

Accidents: ☐ Yes ☒ No If yes, please give the date and brief description of each accident: _____Traffic Violations: ☐ Yes ☒ No If yes, please list all including the date and type of violation: _____

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION

Alcohol tests with a result of 0.04 or greater? ☐ Yes ☒ No If yes, please give date: _____Verified positive controlled substances test results? ☐ Yes ☒ No If yes, please give date: _____Refusals to be tested? ☐ Yes ☒ No If yes, please give date: _____Rehab completed under direction of SAP/MRO? ☐ Yes ☒ No If yes, please give date: _____

Any problems with bonding? Yes No If yes, please explain: _____

Why did this employee leave your company? _____

Would you re-employee this person? ☒ Yes ☐ No If no, please explain: _____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): Mindy Edwards/Safety Manager

Company: KTL Inc

Date: 11/27/2023



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H Y dYfgcbbUa YX YfYb U Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHij Y d'cgHjcbZ Mti f ZbX]b[H Y Udd J MbiH U g U dUgh Ya d'cnYf K J nci JbX mYd mhc H Jg bei JmYfYgdYV Mjb[H Jg Udd J MbiH 5g nci k J fYUX k Uij Yf gUHX Uvcj YZU JUV JmicZ nci UbX nci f Wda dUbm U g VYYb fY YUGYX VmH Y Udd J MbiH

PLEASE BE ADVISED! Mti a UnYd nby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.**Name of Applicant:** Raul Antonio Suazo**SSN:** 267813555**Job Applying For:** OTR Driver

Did the Applicant work for you as a driver: Yes No

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Name/Title (of person providing the above information): _____

Company: _____

Date: _____