

1

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

Company: CODYSUR TRUCKS INC (USDOT 1184128) Phone: (956) 276-9656

Date: 11/17/23

Address: 30351 E BUSINESS 77 SAN BENITO, TX 78586 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.

Rickey Gabriel Leyva  
Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)

DT  
Safety manager (Nov 27, 2023 16:06 CST)

Applicant's Signature

Company representative

## Dear Personnel Manager

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.

**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: Rickey Gabriel Leyva SSN: 600125454

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 : 11/04/2020 End Date : 03/18/2021☒ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_Type of tractor operated: Tractor-Trailer Type of trailer pulled: Dry Van

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? Personal issuesWould you re-employee this person? ☐ Yes ☐ No If no, please explain: \_\_\_\_\_Review

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

Name/Title (of person providing the above information): Safety ClerkCompany: Codysur TrucksDate: 12/04/2023



1

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** CODYSUR TRUCKS INC (USDOT 1184128) **Phone:** (956) 276-9656**Date:** 11/17/23**Address:** 30351 E BUSINESS 77 SAN BENITO, TX 78586 **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.

  
Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)  
Safety manager (Nov 27, 2023 16:06 CST)

Applicant's Signature

Company representative

**Dear Personnel Manager**

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.

**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

**Name of Applicant:** Rickey Gabriel Leyva **SSN:** 600125454**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 : \_\_\_\_\_ End Date : \_\_\_\_\_

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

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): \_\_\_\_\_

Company: \_\_\_\_\_

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

**Riki Transportation Inc dba BRZ**  
**8225 Leclair Ave**  
**Burbank, IL 60459**

**December 17, 2023**

RE: Employee Verification Requests for Rickey Gabriel Leyva from John Christner Trucking LLC.

To whom it may concern:

As of November 17, 2023 I have made the following attempts to contact John Christner Trucking LLC in order to verify Rickey Gabriel Leyva's employment there.

The first attempt was made on December 2, 2023 when I sent a request at [SHANNONCROWLEY@johnchristner.com](mailto:SHANNONCROWLEY@johnchristner.com) which was recommended by safety person when I reached out through phone to their office.

On December 5, 2023 I re-sent request completing the second attempt and on December 12, 2023 I have made a third and final attempt. A formal response from John Christner Trucking LLC was never received.

Sincerely,

Diana Baranda

A handwritten signature in black ink, appearing to be 'Diana', with a stylized flourish at the end.



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## Employment Verification for Rickey Gabriel Leyva

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**Employment Verifications** <ev@rtbrz.com>  
To: SHANNONCROWLEY@johnchristner.com

Tue, Dec 12, 2023 at 1:52 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Kind regards,  
Sofia  
[HR Department](#)  
[Riki Transportation Inc dba BRZ](#)  
MC#086875  
8225 Leclair Ave,  
Burbank, IL 60459  
Phone Number: 630-566-2119  
Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)

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 **EV RickeyGabrielLeyva-4.pdf**  
178K





Employment Verifications <ev@rtbrz.com>

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## Employment Verification for Rickey Gabriel Leyva

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**Employment Verifications** <ev@rtbrz.com>  
To: SHANNONCROWLEY@johnchristner.com

Tue, Dec 5, 2023 at 9:57 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Kind regards,  
Sofia  
[HR Department](#)  
[Riki Transportation Inc dba BRZ](#)  
MC#086875  
8225 Leclair Ave,  
Burbank, IL 60459  
Phone Number: 630-566-2119  
Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)



**EV RickeyGabrielLeyva-4.pdf**  
178K



Employment Verifications <ev@rtbrz.com>

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## Employment Verification for Rickey Gabriel Leyva

1 message

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**Employment Verifications** <ev@rtbrz.com>  
To: SHANNONCROWLEY@johnchristner.com

Sat, Dec 2, 2023 at 10:10 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

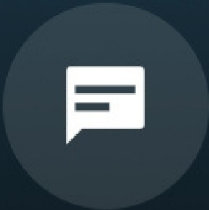
Kind regards,  
Sofia  
[HR Department](#)  
[Riki Transportation Inc dba BRZ](#)  
MC#086875  
8225 Leclair Ave,  
Burbank, IL 60459  
Phone Number: 630-566-2119  
Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)

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 **EV RickeyGabrielLeyva-4.pdf**  
178K



(918) 227-1600



12.15.23.

Outgoing call

10:27 (38 sec)

From

(630) 566-2119 (me)

(918) 227-1600  
Phone number



Create new contact



Add to existing contact

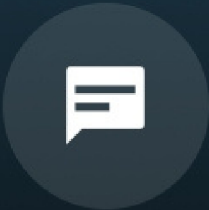


Block and report





(918) 227-1600



12.12.23.

Outgoing call

12:26 (39 sec)

From

(630) 566-2119 (me)

(918) 227-1600

Phone number



Create new contact



Add to existing contact

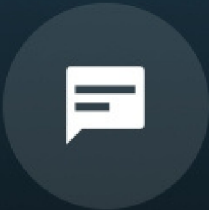


Block and report





(918) 227-1600



12.11.23.

Outgoing call

13:16 (31 sec)

From

(630) 566-2119 (me)

(918) 227-1600

Phone number



Create new contact



Add to existing contact



Block and report





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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** JOHN CHRISTNER TRUCKING LLC (USDOT 273897)**Phone:** (918) 227-1600**Date:** 11/17/23**Address:** 19007 W HWY 33 SAPULPA, OK 74066**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.

  
Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)  
Safety manager (Nov 27, 2023 16:06 CST)

Applicant's Signature

Company representative

**Dear Personnel Manager**

**The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.**

**PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).**

**Name of Applicant:** Rickey Gabriel Leyva **SSN:** 600125454**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 : \_\_\_\_\_ End Date : \_\_\_\_\_

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

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): \_\_\_\_\_

Company: \_\_\_\_\_

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





3

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** BLUEWAY SERVICES LLC (USDOT 3362947) **Phone:** (463) 209-7834  
**Address:** 600 W TROY AVE INDIANAPOLIS, IN 46225 **Fax:**

**Date:** 11/17/23

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.

  
Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)

  
Safety manager (Nov 27, 2023 16:06 CST)

Applicant's Signature

Company representative

**Dear Personnel Manager**

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**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: Rickey Gabriel Leyva SSN: 600125454 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 : 07/2021 End Date : 09/2021

☒ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: Tractor / trailer Type of trailer pulled: \_\_\_\_\_

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? Resign

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

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

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

Company: Charger Logistics

Date: 12/15/2023



3

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** BLUEWAY SERVICES LLC (USDOT 3362947) **Phone:** (463) 209-7834  
**Address:** 600 W TROY AVE INDIANAPOLIS, IN 46225 **Fax:**

**Date:** 11/17/23

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.

  
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Safety manager (Nov 27, 2023 16:06 CST)

Applicant's Signature

Company representative

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**Name of Applicant:** Rickey Gabriel Leyva **SSN:** 600125454 **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 : \_\_\_\_\_ End Date : \_\_\_\_\_

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

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): \_\_\_\_\_

Company: \_\_\_\_\_

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





4

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

Company: PRIMELINK EXPRESS INC (USDOT 2092172) Phone: (559) 936-8982  
Address: 4451 N BRAWLEY AVE FRESNO, CA 93722 Fax:

Date: 11/17/23

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.

Rickey Gabriel Leyva  
Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)

DT  
Safety manager (Nov 27, 2023 16:06 CST)

Applicant's Signature

Company representative

## Dear Personnel Manager

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.

**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Rickey Gabriel Leyva SSN: 600125454

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 : Oct 2021 End Date : May 2022

☒ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

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

Other equipment operated: \_\_\_\_\_ Commodities operated: Produce

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? wanted some days off so he told dispatch to move without him.

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

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

Name/Title (of person providing the above information): Aman Gill / HR

Company: PRIMELINK EXPRESS INC.

Date: 12-6-2023

BRZ



4

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** PRIMELINK EXPRESS INC (USDOT 2092172) **Phone:** (559) 936-8982**Date:** 11/17/23**Address:** 4451 N BRAWLEY AVE FRESNO, CA 93722 **Fax:**

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Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)  
Safety manager (Nov 27, 2023 16:06 CST)

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**Name of Applicant:** Rickey Gabriel Leyva **SSN:** 600125454**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 : \_\_\_\_\_ End Date : \_\_\_\_\_

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

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): \_\_\_\_\_

Company: \_\_\_\_\_

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

**Riki Transportation Inc dba BRZ**  
**8225 Leclair Ave**  
**Burbank, IL 60459**

**December 17, 2023**

RE: Employee Verification Requests for Rickey Gabriel Leyva from Mahal Bros Transport Inc.

To whom it may concern:

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The first attempt was made on December 2, 2023 when I sent a request at [Info@mahalbros.com](mailto:Info@mahalbros.com) which was recommended by safety person when I reached out through phone to their office.

On December 5, 2023 I re-sent request completing the second attempt and on December 12, 2023 I have made a third and final attempt. A formal response from Mahal Bros Transport Inc was never received.

Sincerely,

Diana Baranda

A handwritten signature in black ink, appearing to be 'Diana', with a stylized flourish at the end.



Employment Verifications <ev@rtbrz.com>

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## Employment Verification for Rickey Gabriel Leyva

---

**Employment Verifications** <ev@rtbrz.com>

Tue, Dec 12, 2023 at 1:53 PM

To: Info@mahalbros.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Kind regards,  
Sofia

[HR Department](#)  
[Riki Transportation Inc dba BRZ](#)

MC#086875  
8225 Leclair Ave,  
Burbank, IL 60459  
Phone Number: 630-566-2119  
Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)



**EV RickeyGabrielLeyva-7.pdf**  
178K



Employment Verifications <ev@rtbrz.com>

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## Employment Verification for Rickey Gabriel Leyva

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**Employment Verifications** <ev@rtbrz.com>

Tue, Dec 5, 2023 at 9:56 PM

To: Info@mahalbros.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Kind regards,  
Sofia

[HR Department](#)  
[Riki Transportation Inc dba BRZ](#)

MC#086875  
8225 Leclair Ave,  
Burbank, IL 60459  
Phone Number: 630-566-2119  
Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)



**EV RickeyGabrielLeyva-7.pdf**  
178K



Employment Verifications <ev@rtbrz.com>

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## Employment Verification for Rickey Gabriel Leyva

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**Employment Verifications** <ev@rtbrz.com>

Sat, Dec 2, 2023 at 10:25 PM

To: Info@mahalbros.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Kind regards,  
Sofia

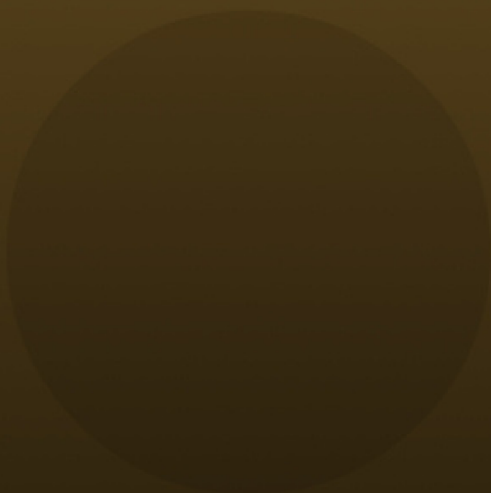
[HR Department](#)  
[Riki Transportation Inc dba BRZ](#)

MC#086875  
8225 Leclair Ave,  
Burbank, IL 60459  
Phone Number: 630-566-2119  
Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)

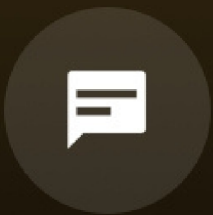


**EV RickeyGabrielLeyva-7.pdf**  
178K





MAHAL BROTHERS



12.15.23.

Outgoing call

10:33 (43 sec)

From

(630) 566-2119 (me)

(661) 836-7670

Phone number



Create new contact

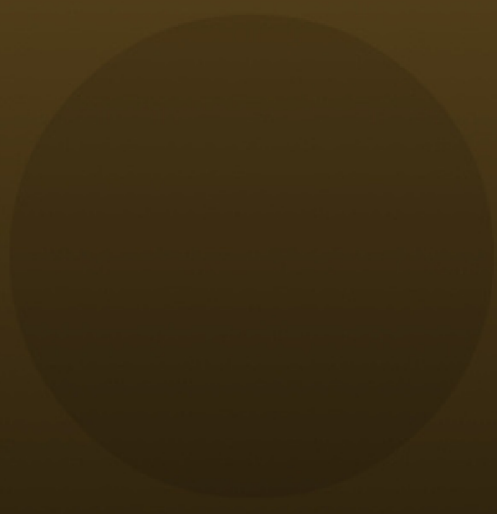


Add to existing contact

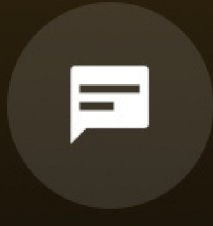


Block and report





MAHAL BROTHERS



12.12.23.

Outgoing call

12:31 (49 sec)

From

(630) 566-2119 (me)

(661) 836-7670

Phone number



Create new contact



Add to existing contact



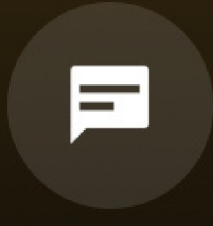
Block and report







MAHAL BROTHERS



12.11.23.

Outgoing call  
13:18 (54 sec)

From  
(630) 566-2119 (me)

(661) 836-7670  
Phone number



Create new contact 

Add to existing contact 

Block and report 



5

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** MAHAL BROS TRANSPORT INC (USDOT 1292503) **Phone:** (661) 836-7670**Date:** 11/17/23**Address:** 5104 COOL RUSH TER BAKERSFIELD, CA 93313 **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.

Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)

Safety manager (Nov 27, 2023 16:06 CST)

Applicant's Signature

Company representative

**Dear Personnel Manager**

**The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.**

**PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).**

**Name of Applicant:** Rickey Gabriel Leyva **SSN:** 600125454**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 : \_\_\_\_\_ End Date : \_\_\_\_\_

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

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): \_\_\_\_\_

Company: \_\_\_\_\_

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

**From**

Sofija Mitic

**To****Phone** (630) 485-7370 \* 402**Fax** 16305662119**Phone****Fax** (218) 238-6411**DATE** 12/05/2023**Pages including cover sheet:** 2**NOTE**

Hello,  
I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Company: R & R TRANSPORTATION INC (USDOT 305573) Phone: (800) 683-0519

Date: 11/17/23

Address: 2095 SOUTH 2ND STREET LAKE PARK, MN 56554 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.

Rickey Gabriel Leyva  
Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)

DT  
Safety manager (Nov 27, 2023 16:06 CST)

Applicant's Signature

Company representative

**Dear Personnel Manager**

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.

**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: Rickey Gabriel Leyva SSN: 600125454

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 : 11/22 End Date : 07/23

☒ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: Semi 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? Quit

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

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

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

Company: R & R Transportation

Date: 12/07/23



6

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** R & R TRANSPORTATION INC (USDOT 305573) **Phone:** (800) 683-0519**Date:** 11/17/23**Address:** 2095 SOUTH 2ND STREET LAKE PARK, MN 56554 **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.

Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)

Safety manager (Nov 27, 2023 16:06 CST)

Applicant's Signature

Company representative

**Dear Personnel Manager**

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.

**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

**Name of Applicant:** Rickey Gabriel Leyva **SSN:** 600125454**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 : \_\_\_\_\_ End Date : \_\_\_\_\_

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

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): \_\_\_\_\_

Company: \_\_\_\_\_

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

**Riki Transportation Inc dba BRZ  
8225 Leclaire Ave  
Burbank, IL 60459**

**December 17, 2023**

RE: Employee Verification Requests for Rickey Gabriel Leyva from Coldliner Express.

To whom it may concern:

As of November 17, 2023 I have made the following attempts to contact Coldliner Express in order to verify Rickey Gabriel Leyva's employment there.

The first attempt was made on December 2, 2023 when I sent a request at [MARCI.HINTON@coldlinerexpress.com](mailto:MARCI.HINTON@coldlinerexpress.com) which was recommended by safety person when I reached out through phone to their office.

On December 5, 2023 I re-sent request completing the second attempt and on December 12, 2023 I have made a third and final attempt. A formal response from Coldliner Express was never received.

Sincerely,

Diana Baranda

A handwritten signature in black ink, appearing to be 'D. Baranda', with a stylized flourish at the end.



Employment Verifications <ev@rtbrz.com>

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## Employment Verification for Rickey Gabriel Leyva

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**Employment Verifications** <ev@rtbrz.com>

Tue, Dec 12, 2023 at 1:50 PM

To: MARCI.HINTON@coldlinerepress.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.

I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.

Please find the attached form, and send it back to me at your earliest convenience.

Thank you!

Kind regards,

Sofia

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)



**EV RickeyGabrielLeyva-9.pdf**

178K



Employment Verifications <ev@rtbrz.com>

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## Employment Verification for Rickey Gabriel Leyva

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**Employment Verifications** <ev@rtbrz.com>

Tue, Dec 5, 2023 at 10:03 PM

To: MARCI.HINTON@coldlinerepress.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Kind regards,  
Sofia

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)



**EV RickeyGabrielLeyva-9.pdf**

178K





Employment Verifications <ev@rtbrz.com>

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## Employment Verification for Rickey Gabriel Leyva

1 message

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**Employment Verifications** <ev@rtbrz.com>  
To: MARCI.HINTON@coldlinerepress.com

Sat, Dec 2, 2023 at 10:29 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Rickey Gabriel Leyva's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Kind regards,  
Sofia  
[HR Department](#)  
[Riki Transportation Inc dba BRZ](#)  
MC#086875  
8225 Leclair Ave,  
Burbank, IL 60459  
Phone Number: 630-566-2119  
Email: [ev@rtbrz.com](mailto:ev@rtbrz.com)

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 **EV RickeyGabrielLeyva-9.pdf**  
178K



COLDLINER EXPR



12.15.23.

Outgoing call

10:46 (49 sec)

From

(630) 566-2119 (me)

(614) 363-4180

Phone number



Create new contact



Add to existing contact

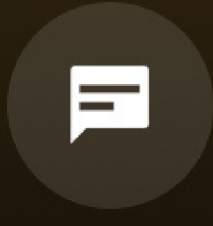


Block and report





COLDLINER EXPR






12.12.23.

Outgoing call  
12:42 (53 sec)

From  
(630) 566-2119 (me)

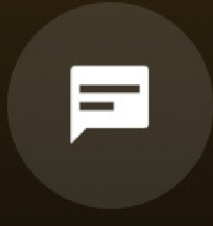
(614) 363-4180  
Phone number



- Create new contact 
- Add to existing contact 
- Block and report 



COLDLINER EXPR



12.11.23.

Outgoing call

13:20 (51 sec)

From

(630) 566-2119 (me)

(614) 363-4180

Phone number



Create new contact



Add to existing contact



Block and report





7

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** COLDLINER EXPRESS (USDOT 1394366 ) **Phone:** (614) 363-4180**Date:** 11/17/23**Address:** 4921 VULCAN AVE COLUMBUS, OH 43228 **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.

  
Rickey Gabriel Leyva (Nov 17, 2023 12:18 CST)  
Safety manager (Nov 27, 2023 16:06 CST)

Applicant's Signature

Company representative

**Dear Personnel Manager**

**The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.**

**PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).**

**Name of Applicant:** Rickey Gabriel Leyva **SSN:** 600125454**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 : \_\_\_\_\_ End Date : \_\_\_\_\_

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

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): \_\_\_\_\_

Company: \_\_\_\_\_

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