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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

Company: FREIGHTSTAR EXPEDITED LLC (USDOT 2020842) Phone: (847) 464-8000

Date: 11/30/23

Address: 1201 W WASHINGTON ST WEST CHICAGO, IL 60185 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.

Jose G Perez Aparicio (Nov 30, 2023 15:44 CST)Safety manager (Dec 4, 2023 10:35 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@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant: Jose G Perez Aparicio SSN: 766444377

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 : 10/16/2019 End Date : 11/20/2020☐ Company Driver ☒ Owner/Operator ☐ Other? \_\_\_\_\_Type of tractor operated: Semi-Tractor Type of trailer pulled: Beefers 53'Other equipment operated: N/A Commodities operated: General FreightAccidents: ☐ 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? Abandon the truck.Would you re-employee this person? ☐ Yes ☒ No If no, please explain: \_\_\_\_\_Additional comments: ( Any problems with customer relations, supervision, or abuse of equipment? He abandon the truck in FL. Disconnected the GPS and Stole 4 drive tires, fairings and lights on the truck.Name/Title (of person providing the above information): VERONICA TORRES / SAFETY DEPARTMENTCompany: Freightstar ExpeditedDate: 12/12/23




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**Name of Applicant:** Jose G Perez Aparicio **SSN:** 766444377**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: \_\_\_\_\_

☒ USDOT Number    ☐ MC/MX Number    ☐ Name  
 Enter Value:

## Company Snapshot

**AMERICAN 1ST TRANSPORT LLC**

USDOT Number: 2548979

## ID/Operations | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

**Carriers:** If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

### Other Information for this Carrier

- ♥ [SMS Results](#)
- ♥ [Licensing & Insurance](#)

**Carrier and other users:** FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of **01/08/2024**. **Carrier VMT Outdated.**

To find out if this entity has a pending insurance cancellation, please [click here](#).

<b>Entity Type:</b>	CARRIER	
<b>Operating Status:</b>	NOT AUTHORIZED	<b>Out of Service Date:</b> None
<b>Legal Name:</b>	AMERICAN 1ST TRANSPORT LLC	
<b>DBA Name:</b>		
<b>Physical Address:</b>	8500 HUNTERS VILLAGE RD TAMPA, FL 33647	
<b>Phone:</b>	(813) 723-0532	
<b>Mailing Address:</b>	8500 HUNTERS VILLAGE RD TAMPA, FL 33647	
<b>USDOT Number:</b>	2548979	<b>State Carrier ID Number:</b>
<b>MC/MX/FF Number(s):</b>	MC-888307	<b>DUNS Number:</b> --
<b>Power Units:</b>	2	<b>Drivers:</b> 2
<b>MCS-150 Form Date:</b>	11/02/2022	<b>MCS-150 Mileage (Year):</b> 11,397 (2021)
<b>Operation Classification:</b>		
<input checked="" type="checkbox"/> Auth. For Hire <input type="checkbox"/> Exempt For Hire <input type="checkbox"/> Private(Property) <input type="checkbox"/> Priv. Pass. (Business)	<input type="checkbox"/> Priv. Pass.(Non-business) <input type="checkbox"/> Migrant <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fed. Gov't	<input type="checkbox"/> State Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> Indian Nation
<b>Carrier Operation:</b>		
<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)
<b>Cargo Carried:</b>		
<input checked="" type="checkbox"/> General Freight <input type="checkbox"/> Household Goods <input type="checkbox"/> Metal: sheets, coils, rolls <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Drive/Tow away <input type="checkbox"/> Logs, Poles, Beams, Lumber <input type="checkbox"/> Building Materials <input type="checkbox"/> Mobile Homes <input type="checkbox"/> Machinery, Large Objects <input type="checkbox"/> Fresh Produce	<input type="checkbox"/> Liquids/Gases <input type="checkbox"/> Intermodal Cont. <input type="checkbox"/> Passengers <input type="checkbox"/> Oilfield Equipment <input type="checkbox"/> Livestock <input type="checkbox"/> Grain, Feed, Hay <input type="checkbox"/> Coal/Coke <input type="checkbox"/> Meat <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> US Mail	<input type="checkbox"/> Chemicals <input type="checkbox"/> Commodities Dry Bulk <input checked="" type="checkbox"/> Refrigerated Food <input type="checkbox"/> Beverages <input type="checkbox"/> Paper Products <input type="checkbox"/> Utilities <input type="checkbox"/> Agricultural/Farm Supplies <input type="checkbox"/> Construction <input type="checkbox"/> Water Well





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SAFETY PERFORMANCE HISTORY  
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**Company:** AMERICAN 1ST TRANSPORT LLC (USDOT 2548979) **Phone:** (813) 723-0532**Date:** 11/30/23**Address:** 8500 HUNTERS VILLAGE RD TAMPA, FL 33647 **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.

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

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

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

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