

[Print](#)[Set This Request Complete](#)**Request / Response Report**

Response Tracking ID: (None)

Request #: 44804655

Kind Transport Inc

Provided By: **Eva Mitev**
Title: **(N/A)**
Address: **419 Ridge Rd suite A**
City / State / Zip: **Munster, IN 46321**
Email: **safety@kind-transport.com**
Phone: **239-316-0410**
Fax:
Items Requested: **EMP**

[Questions about this report?](#)**Requested Subject Information**Denotes a value not equal to the Provided value**Juan Santiago Vazquez**

SSN: **xxx-xx-6863**
DOB: **09-01-1989**

Date Range Requested: **07-2020 to 07-2022****Provided Subject Information**Denotes a value not equal to original Requested value**Juan CA Santiago**

SSN: **xxx-xx-6863**
DOB: **09-01-1998**

Date Range Provided: **07-2020 to 07-2022****Original Request Information**

Position Held
Reason For Leaving
Driver Class
Driver Type
Was the driver Terminated?
Was the driver subject to FMCSRs while employed?
Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?
Areas Driven
Equipment Driven
Trailer Driven
Loads Hauled

Provided Information

Position Held	CDL Driver
Reason For Leaving	Quit
Driver Class	Company
Driver Type	Solo
Was the driver Terminated?	No
Eligible for Rehire?	Review
Was the driver subject to FMCSRs while employed?	Yes
Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Yes
Full Time / Part Time	Full time
Areas Driven	OTR
Equipment Driven	Tractor-Trailer
Trailer Driven	Reefer Trailer
Loads Hauled	Perishables
Miles per week	Vary
Number of States Driven	48
Trailer Length	53 ft

Activity Log

12-13-2023 08:49 AM - Eva Mitev (Kind Transport Inc)

Request was set "Submitted", authorized, and automatically fulfilled.

12-12-2023 04:09 PM - Zigi Stamenkovic

Request sent under order #19142465 via **Network** method.

Tenstreet, 120 W. 3rd Street Tulsa, OK 74103.

Drivers: for questions about this report, contact the Tenstreet Consumer Service Department at 877-219-9283, Option 1, then 1 or email:
drivers@tenstreet.com



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: KIND TRANSPORT INC (USDOT 3171739) **Phone:** (260) 376-2666**Date:** 12/05/23**Address:** 419 RIDGE ROAD SUITE A MUNSTER, IN 46321 **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.


Juan Santiago (Dec 5, 2023 14:14 CST)
Safety Department (Dec 11, 2023 09:47 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.

Name of Applicant: Juan Carlos Santiago Vazquez SSN: 598586863**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: _____

Request / Response Report

Response Tracking ID: (None)

Request #: 44804827

Dynamic Transit

Provided By: **Ryon Daggett**
 Title: **(N/A)**
 Address: **2530 Rock Rd**
 City / State / Zip: **Granite City, IL**
 Email: **SKhani@dynamictransit.com**
 Phone: **618-876-3000**
 Fax: **618-224-1245**
 Items Requested: **EMP**

[Questions about this report?](#)

Provided Subject Information

Juan Carlos Santiago VazquezSSN: **xxx-xx-6863**DOB: **09-01-1989**Date Range Provided: **07-2022 to 08-2023**

Original Request Information

Position Held
Reason For Leaving
Driver Class
Driver Type
Was the driver Terminated?
Was the driver subject to FMCSRs while employed?
Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?
Areas Driven
Equipment Driven
Trailer Driven
Loads Hauled

Provided Information

Position Held	Driver
Reason For Leaving	Resigned/Quit (or Driver cancelled lease)
Driver Class	Company
Driver Type	Solo
Was the driver Terminated?	No
Eligible for Rehire?	No
Was the driver subject to FMCSRs while employed?	Yes
Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Yes
Full Time / Part Time	Full
Areas Driven	OTR
Equipment Driven	Tractor-Trailer
Trailer Driven	Reefer Trailer
Loads Hauled	Refrigerated, General Com.
Miles per week	~3000
Number of States Driven	48
Trailer Length	53

Activity Log

12-15-2023 10:35 AM - Ryon Daggett (Dynamic Transit Company, Inc.)

Response added. Request #44804827 status set to "Submitted".

12-12-2023 04:16 PM - Zigi Stamenkovic

Request sent under order #19142528 via **Network** method.

Tenstreet, 120 W. 3rd Street Tulsa, OK 74103.

Drivers: for questions about this report, contact the Tenstreet Consumer Service Department at 877-219-9283, Option 1, then 1 or email:
drivers@tenstreet.com



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: DYNAMIC TRANSIT (USDOT 2228050)**Phone:** (618) 876-3000**Date:** 12/05/23**Address:** 2530 ROCK RD GRANITE, IL 62040**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.


Juan Santiago (Dec 5, 2023 14:14 CST)
Safety Department (Dec 11, 2023 09:47 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.

Name of Applicant: Juan Carlos Santiago Vazquez SSN: 598586863**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: _____



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: ROCK STAR TRUCKING LLC (USDOT ROCK STAR TRUCKING LLC) **Phone:** (414) 217-0205**Date:** 12/05/23**Address:** 1640 122ND STREET FRANKSVILLE, WI 53126 **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.


Juan Santiago (Dec 5, 2023 14:14 CST)
Safety Department (Dec 11, 2023 09:47 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.

Name of Applicant: Juan Carlos Santiago Vazquez SSN: 598586863**Job Applying For:** Otr driverDid 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 : 09/26/2023 End Date : 11/24/2023☒ Company Driver ☐ Owner/Operator ☐ Other? _____Type of tractor operated: Box Truck/ Semi Truck 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? He does not present at work.Would you re-employee this person? ☐ Yes ☐ No If no, please explain: Not sure, maybe or maybe not.

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

Not that I know as a secretary.Name/Title (of person providing the above information): Maria Alicea, SecretaryCompany: Rock Tech TransportationDate: 12/14/2023



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: ROCK STAR TRUCKING LLC (USDOT ROCK STAR TRUCKING LLC) **Phone:** (414) 217-0205**Date:** 12/05/23**Address:** 1640 122ND STREET FRANKSVILLE, WI 53126 **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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PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Juan Carlos Santiago Vazquez SSN: 598586863**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: _____