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

#### January 5, 2024

RE: Employee Verification Requests for Rafael Hernandez Mercado from Aravan Cargo.

To whom it may concern:

As of December 7, 2023 I have made the following attempts to contact Aravan Cargo in order to verify Rafael Hernandez Mercado's employment there.

The first attempt was made on December 27, 2023 when I sent a request at <a href="mailto:aRAVANCARGO@gmail.com">ARAVANCARGO@gmail.com</a> which was recommended by safety person when I reached out through phone to their office.

On December 29, 2023 I re-sent request completing the second attempt and on January 3, 2024 I have made a third and final attempt. A formal response from Aravan Cargo was never received.

Sincerely,

Diana Baranda

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## **Employment Verification for Rafael Hernandez Mercado**

**Employment Verifications** <ev@rtbrz.com> To: ARAVANCARGO@gmail.com

Wed, Jan 3, 2024 at 9:10 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Rafael Hernandez Mercado'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 <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119

Email: <a href="mailto:ev@rtbrz.com">ev@rtbrz.com</a>





## **Employment Verification for Rafael Hernandez Mercado**

**Employment Verifications** <ev@rtbrz.com> To: ARAVANCARGO@gmail.com

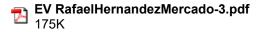
Fri, Dec 29, 2023 at 6:29 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Rafael Hernandez Mercado'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 <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119

Email: ev@rtbrz.com





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

## **Employment Verification for Rafael Hernandez Mercado**

1 message

**Employment Verifications** <ev@rtbrz.com> To: ARAVANCARGO@gmail.com

Wed, Dec 27, 2023 at 11:21 PM

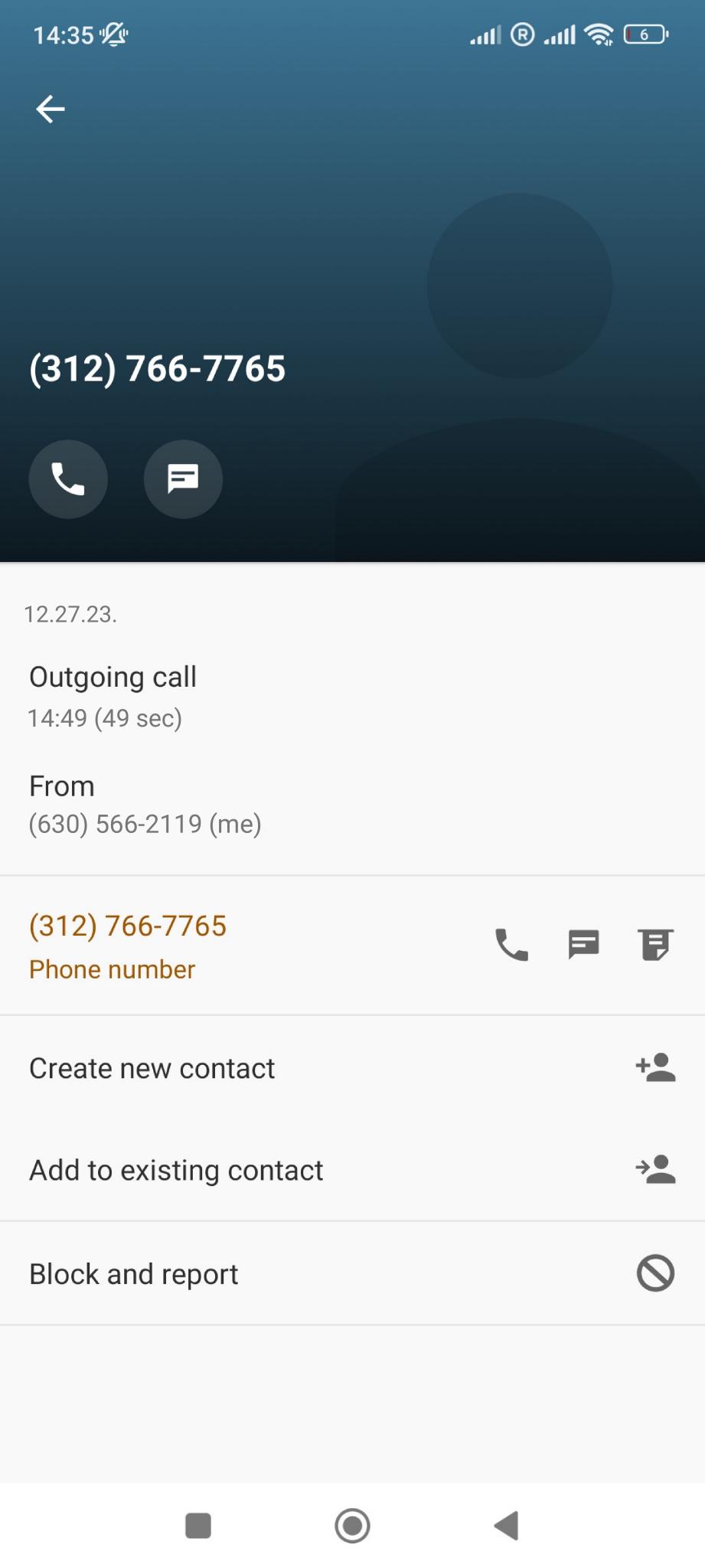
Hello,

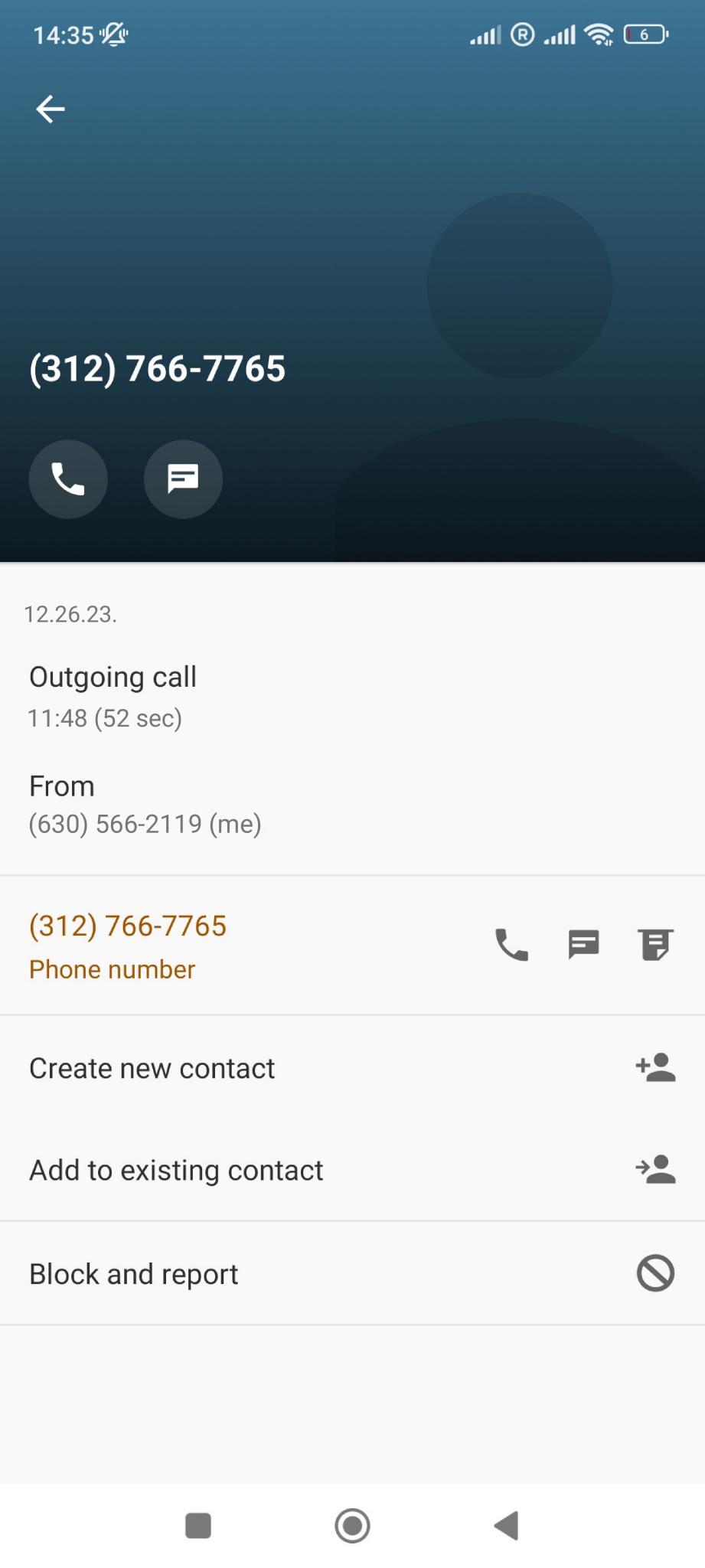
I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Rafael Hernandez Mercado's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

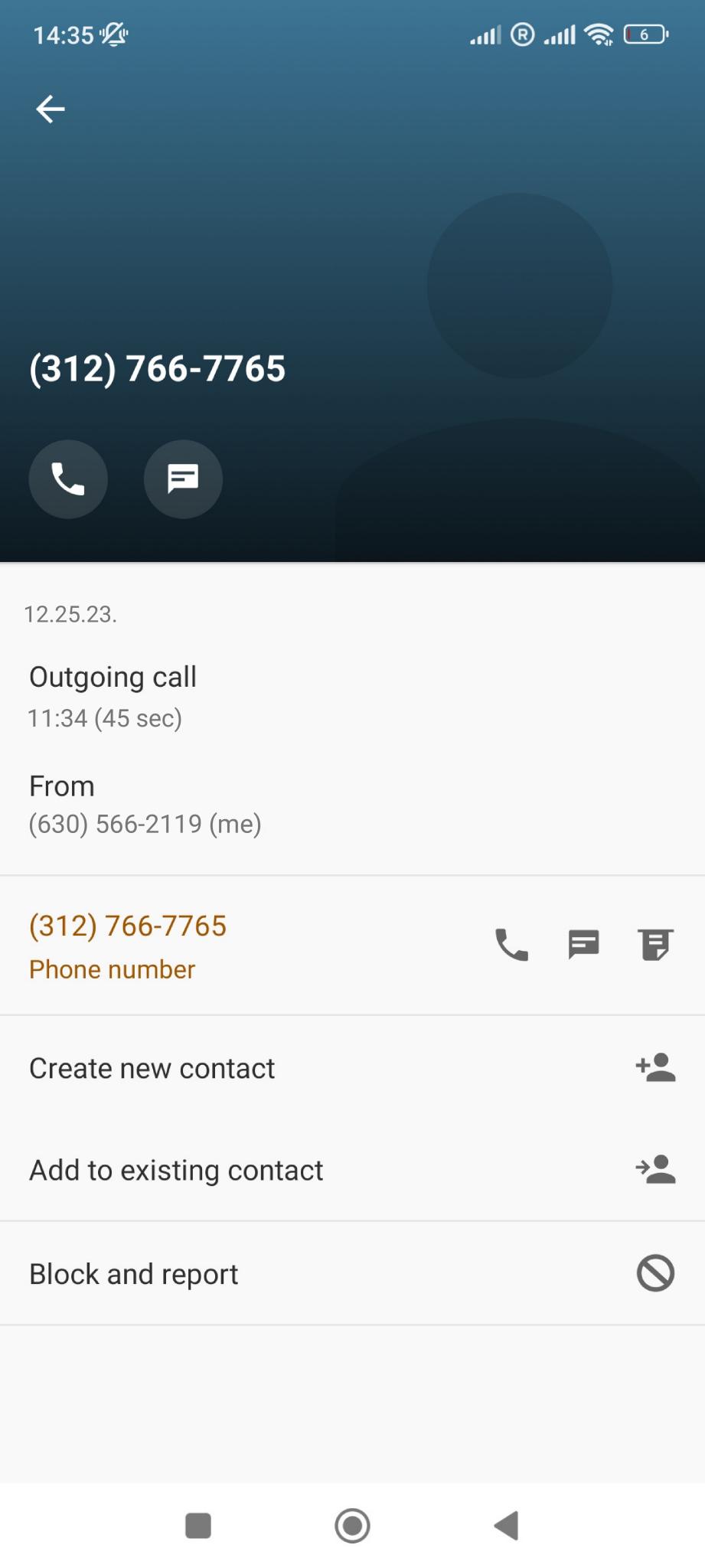
Kind regards, Sofia <u>HR Department</u> <u>Riki Transportation Inc dba BRZ</u> MC#086875 8225 Leclaire Ave, Burbank, IL 60459 Phone Number: 630-566-2119

Email: ev@rtbrz.com

EV RafaelHernandezMercado-3.pdf









#### SAFETY PERFORMANCE HISTORY 1 **RECORDS REQUEST**

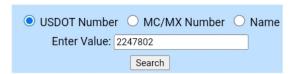
- CONFIDENTIAL -

Address: 300 E BUSINESS WAY STE 200 SUMMIT WOODS CINCINNATI, OH 45241 Fax:

I hereby authorize this company to release " Date: 12/07/23

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 connection with my application for employment company, I hereby refrom any and all liable type as a result of providing the following information of the company of th	elease this company, and its employees, officers, directors, and agents				
116/19	n L				
Rafael Hernandez Mercado (Dec 7, 2023 17:09 CST)	Safety Manager (Dec 14, 2023 08:13 CST)				
Applicant's Signature	Company representative				
Dear Personnel Manager The person named herein has applied to this company for emapplicant as a past employer. Will you kindly reply to this inquisited above, all liability of you and your company has been release PLEASE BE ADVISED! You may reply by FAX +1 630 485 6986	uiry respecting this applicant. As you will read waiver stated d by the applicant.				
Name of Applicant: Rafael Hernandez Mercado SSN: 5818	395004 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 traile	er pulled:				
Other equipment operated: Commodities of	pperated:				
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	g the date and type of violation:				
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	FORMATION				
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?					
Rehab completed under direction of SAP/MRO? Yes No If yes, please give date:					
Any problems with bonding? Yes No If yes, please explain	n:				
Why did this employee leave your company?					
Would you re-employee this person? Yes No If no, pleas	se explain:				
Additional comments: ( Any problems with customer relations, superv	vision, or abuse of equipment?				
Name/Title (of person providing the above information):					
Company					



#### **Company Snapshot**

PROSPECT LOGISTICS SERVICES LLC

USDOT Number: 2247802

## ID/Operations | <u>Inspections/Crashes In US</u> | <u>Inspections/Crashes In Canada</u> | <u>Safety Rating</u>

Carriers: If you would like to update the following ID/Operations information, please complete and submit form <a href="MCS-150">MCS-150</a> which can be obtained <a href="mailto:online">online</a> 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 <a href="mailto:DataQs">DataQs</a> system.



**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 then 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 <u>SAFER</u> General Help.

The information below reflects the content of the FMCSA management information systems as of 12/26/2023.

To find out if this entity has a pending insurance cancellation, please click here.

Entity Type:	BROKER						
Operating Status:	NOT AUTHORIZED		Out of Service Date:		None		
<u>Legal Name:</u>	PROSPECT LOGISTICS SERVICES LLC						
DBA Name:							
Physical Address:	733 CROWN INDUSTRIAL CT UNIT V CHESTERFIELD, MO 63005						
Phone:	(636) 244-3385						
Mailing Address:	733 CROWN INDUSTRIAL CT UNIT V CHESTERFIELD, MO 63005						
USDOT Number:	2247802		State Carrier ID Number:				
MC/MX/FF Number(s):	MC-730247	DI		S Number:			
Power Units:	0			Drivers:			
MCS-150 Form Date:			MCS-150 Miles	<u>age (Year):</u>			
Operation Classification:							
x Auth. For Hire Priv. Pass.( Exempt For Hire Migrant Private(Property) U.S. Mail Priv. Pass. (Business) Fed. Gov't  Carrier Operation:		Non-business) State Gov't Local Gov't Indian Nation		ov't			
ounter operation.							
Interstate Intrastate		Intrastate (	nly (HM) Intrastate Only (Non-HM		te Only (Non-HM)		
Cargo Carried:							
Metal: s Motor V Drive/To Logs, Po Building Mobile I	old Goods heets, coils, rolls ehicles w away bles, Beams, Lumber Materials Homes ery, Large Objects	Liquids/Gase Intermodal C Passengers Oilfield Equip Livestock Grain, Feed, I Coal/Coke Meat Garbage/Ref US Mail	ont. ment Hay	Refrig Bever Paper Utilitie Agrice	nodities Dry Bulk lerated Food ages Products es ultural/Farm Supplies ruction		



# 2 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Address: Prospect Logistics Services LLC 2977 Highway K, Suite 109 O Fallon, MO 63366 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.

connection with my application for employment compan from any and all liable type as a result of providing the t		mpany, and its employees, officers, directors, and agents e below mentioned person and/or company.			
Rafael Hernandez Mercado (Dec 7, 2023 17:09 CST)	Safe	ety Manager (Dec 14, 2023 08:13 CST)			
Applicant's Signature	Com	Company representative			
Dear Personnel Manager The person named herein has applied to this com applicant as a past employer. Will you kindly repl above, all liability of you and your company has b <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 6	y to this inquiry respect een released by the ap	ting this applicant. As you will read waiver stated plicant.			
Name of Applicant: Rafael Hernandez Mercado	o <i>SSN:</i> 581895004	Job Applying For: OTR Driver			
Did the Applicant work for you as a driver: Yes  If No, please explain:	No				
If employed as a driver, please answer the following:  Company Driver Owner/Operator Other?		End Date :			
Type of tractor operated:	Type of trailer pulled:				
Other equipment operated:C	Commodities operated:				
Accidents: Yes No If yes, please give the d	ate and brief description o	f each accident:			
Traffic Violations: Yes No If yes, please lis	st all including the date an	d type of violation:			
INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	TANCES INFORMATION	N			
Alcohol tests with a result of 0.04 or greater?	with a result of 0.04 or greater? Yes No If yes, please give date:				
erified positive controlled substances test results? Yes No If yes, please give date:					
Refusals to be tested?	Yes No If yes, ple	ease 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 rel	ations, supervision, or abu	ise of equipment?			
Name/Title (of person providing the above information) Company:					