

Enter Company Name, MC or US DOT number



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MACEDA TRANSPORTATION SERVICES INC

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Trucking Companies

8750 NW 36TH STREET STE 550
DORAL, FL 33178

Inspections

Accident

VINs and Plates

FMCSA Safer

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FMCSA Carrier Authority Information for MACEDA TRANSPORTATION SERVICES INC

MACEDA TRANSPORTATION SERVICES INC is an carrier operating under USDOT Number 3709853 an MC Number 1324424

Update info

Operating Status	Inactive
USDOT	3709853
MC NUMBER	MC-1324424
Last Safer Update	12-12-2023
Last FMCSA Update	12-12-2023
Out of Service Date	None
Entity Type	Carrier
Legal Name	MACEDA TRANSPORTATION SERVICES INC
Total Trucks	13
Total Drivers	13
Carrier Operation	Interstate
Hazardous Material	No
MCS-150 Mileage Year	2022
MCS-150 DATE	N



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: MACEDA TRANSPORTATION SERVICES INC (USDOT 3709853) **Phone:****Date:** 12/08/23**Address:** INACTIVE**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.

Leonel Chacon Martin (Dec 8, 2023 12:35 CST)

Safety Manager (Dec 13, 2023 09:54 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: Leonel Chacon Martin **SSN:** 189577732**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

January 8, 2024

RE: Employee Verification Requests Leonel Chacon Martin from Sc Lines Transport Corp.

To whom it may concern:

As of December 8, 2023 I have made the following attempts to contact Sc Lines Transport Corp in order to verify Leonel Chacon Martin's employment there.

The first attempt was made on December 19, 2023 when I sent a request at SCLINESTRANSPORT@yahoo.com which was recommended by safety person when I reached out through phone to their office.

On December 27, 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 Sc Lines Transport Corp 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>

Employment Verification for Leonel Chacon Martin

Employment Verifications <ev@rtbrz.com>
To: SCLINESTRANSPORT@yahoo.com

Wed, Jan 3, 2024 at 9:09 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Leonel Chacon Martin'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

 **EV LeonelChaconMartin-4.pdf**
177K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Leonel Chacon Martin

Employment Verifications <ev@rtbrz.com>
To: SCLINESTRANSPORT@yahoo.com

Wed, Dec 27, 2023 at 10:42 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Leonel Chacon Martin'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



EV LeonelChaconMartin-4.pdf
177K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Leonel Chacon Martin

1 message

Employment Verifications <ev@rtbrz.com>
To: SCLINESTRANSPORT@yahoo.com

Tue, Dec 19, 2023 at 12:10 AM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Leonel Chacon Martin'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 Leclaire Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: ev@rtbrz.com

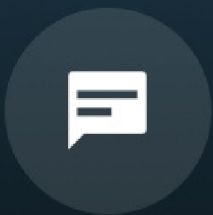


EV LeonelChaconMartin-4.pdf

177K



(305) 316-4963



12.27.23.

Outgoing call

15:09 (47 sec)

From

(630) 566-2119 (me)

(305) 316-4963

Phone number



Create new contact

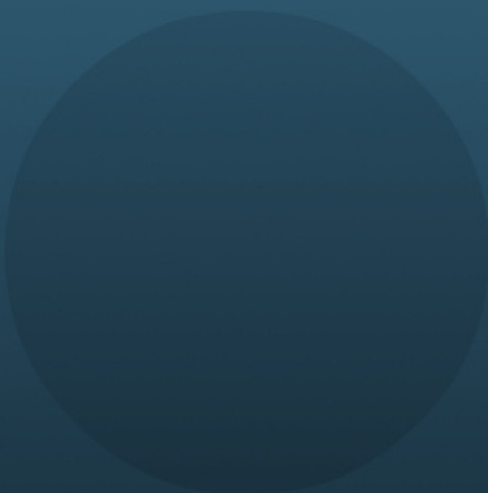


Add to existing contact

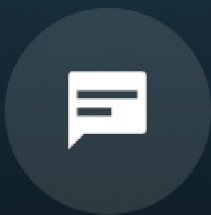


Block and report





(305) 316-4963



12.26.23.

Outgoing call

11:57 (51 sec)

From

(630) 566-2119 (me)

(305) 316-4963

Phone number



Create new contact

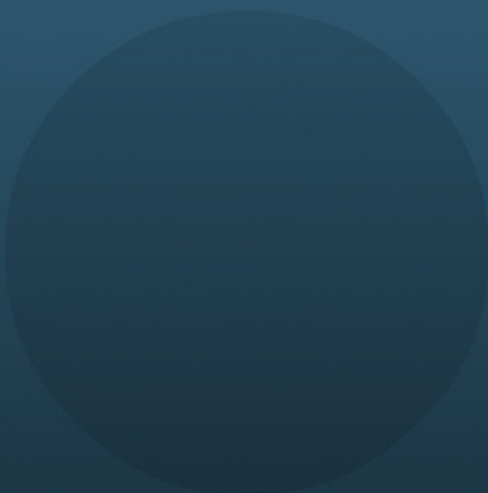


Add to existing contact

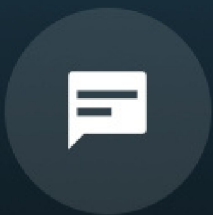


Block and report





(305) 316-4963



12.25.23.

Outgoing call

11:54 (47 sec)

From

(630) 566-2119 (me)

(305) 316-4963

Phone number



Create new contact



Add to existing contact



Block and report





2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: SC LINES TRANSPORT CORP (USDOT 949253) **Phone:** (305) 316-4963**Date:** 12/08/23**Address:** 15439 SW 86TH TERRA A158 MIAMI, FL 33193 **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.

Leonel Chacon Martin (Dec 8, 2023 12:35 CST)

Safety Manager (Dec 13, 2023 09:54 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: Leonel Chacon Martin **SSN:** 189577732**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: _____

Enter Company Name, MC or US DOT number



Create Profile

CC TRANSPORTATION SERVICES INC

Next Profile

Trucking Companies

8930 SW 25TH ST
MIAMI FL 33165

Inspections

VINs and Plates

FMCSA Page

FMCSA Safer

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Add report

FMCSA Carrier Authority Information for CC TRANSPORTATION SERVICES INC

CC TRANSPORTATION SERVICES INC is an carrier operating under USDOT Number 2969191 an MC Number 9120

Update info

Operating Status	Inactive
USDOT	2969191
MC NUMBER	MC-9120
Last Safer Update	12-06-2021
Last FMCSA Update	09-12-2023
Out of Service Date	None
Entity Type	Carrier
Legal Name	CC TRANSPORTATION SERVICES INC
Total Trucks	2



3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: CC TRANSPORTATION (USDOT 2969191)**Phone:****Date:** 12/08/23**Address:** INACTIVE**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.

Leonel Chacon Martin (Dec 8, 2023 12:35 CST)

Safety Manager (Dec 13, 2023 09:54 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: Leonel Chacon Martin **SSN:** 189577732**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: _____