

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

Response Tracking ID: (None)

Request #: 44999518

**Stevens Transport, Inc.**

Provided By: **Janice Turner**  
 Title: **(N/A)**  
 Address: **9757 Military Parkway**  
 City / State / Zip: **Dallas, TX 75227**  
 Email: **reasley@stevenstransport.com**  
**TNELSON@STEVENSTRANSPORT.COM**  
 Phone: **214-647-3718**  
 Fax:  
 Items Requested: **EMP**

[Questions about this report?](#)**Requested Subject Information**Denotes a value not equal to the Provided value**Tyler Blake Castle**SSN: **xxx-xx-5739**DOB: **03-05-1999**Date Range Requested: **02-2023** to **12-2023****Provided Subject Information**Denotes a value not equal to original Requested value**Tyler Blake Castle**SSN: **xxx-xx-5739**DOB: **03-05-1999**Date Range Provided: **03-2023** to **07-2023****Original Request Information****Provided 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

Position Held	<b>Driver</b>
Reason For Leaving	<b>Vol quit</b>
Driver Class	<b>Company</b>
Driver Type	<b>Solo</b>
Was the driver Terminated?	<b>No</b>
Eligible for Rehire?	<b>Yes</b>
Was the driver subject to FMCSRs while employed?	<b>Yes</b>
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?	<b>Yes</b>
Full Time / Part Time	<b>Full Time</b>
Areas Driven	<b>OTR</b>
Equipment Driven	<b>Conventional Tractor</b>
Trailer Driven	<b>Reefer Trailer</b>
Loads Hauled	<b>F.A.K.</b>
Miles per week	
Number of States Driven	
Trailer Length	<b>53 ft</b>

**Activity Log**

12-29-2023 01:04 PM - Janice Turner (Stevens Transport, Inc.)

Response added. Request #44999518 status set to "Submitted".

12-27-2023 05:03 PM - Zigi Stamenkovic

Request sent under order #19215510 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](mailto:drivers@tenstreet.com)



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** STEVENS TRANSPORT (USDOT 2213966) **Phone:****Date:** 12/12/23**Address:** 9757 military parkway dallas tx 75227**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.

Tyler Castle (Dec 12, 2023 12:43 CST)

Safety Department (Dec 12, 2023 16:53 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: Tyler Blake Castle

SSN: 590835739

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: \_\_\_\_\_