

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: STAR TRANSPORTATION PA INC (DOT 1437731) Phone: (267) 397-8040

Date: 12/01/23

Address: 301 NW 171ST ST MIAMI GARDENS, FL 33169 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.

1

ep	An

Pablo García (Dec 1, 2023 15:48 EST)

Safety Department (Dec 1, 2023 15:51 EST)

Applicant's Signature

Company representative

8YUf DYfgobbY`A UbU[Yf H\Y'dYfgobbUa YX`\YfY]b`\Ug'Udd`]YX ho'h\]g'Wda dUbmZof Ya d`ona Ybh]b`U'gUZYhn\gYbg]h]j Y'dog]h]cbžWbi f`Z]bX]b[`H\Y Udd`]WIbhUg'U'dUghYa d`onYf"K]``noi _]bX`mfYd`mho'h\]g']bei]fmfYgdYVM]b[`H\]g'Udd`]WIbh"5g'noi k]``fYUX k Ujj Yf`gHUHYX UVcj Yž'U```]UV]`]hmcZnoi `UbX`noi f`Wda dUbm\Ug'VYb`fY`YUgYX Vmh\Y`Udd`]WIbt" <u>PLEASE BE ADVISED!</u> Noi `a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	Pablo Garcia	SSI	<i>N:</i> 77030	6094	Job Apply	ing For: OTR Driver
Did the Applicant work for If No, please explain:	r you as a driver: Yes x	No				
If employed as a driver, p	lease answer the following:	Star	rt Date : _1	2/06/2022	End Date :	12/19/2022, and
x Company Driver						05/24/2023 - 06/15/2023,
						08/08/2023 - 10/16/2023
Type of tractor operate	d: Van	_ Туре	e of trailer	pulled:		
Other equipment operate	d:	_ Comn	nodities op	erated:		
Accidents: Yes X I	No If yes, please give the	e date a	and brief d	escription of each ac	cident:	
Traffic Violations: Yes	s x No If yes, please	e list all	including t	he date and type of	violation:	
INQUIRY FOR ALCOHO	L AND CONTROLLED SU	BSTAN	ICES INFO	ORMATION		
Alcohol tests with a result	of 0.04 or greater?	Yes	x No	If yes, please give	date:	
Verified positive controlled	d substances test results?	Yes	X No	If yes, please give	date:	
Refusals to be tested?	[Yes	x No	If yes, please give	date:	
Rehab completed under d	lirection of SAP/MRO?	Yes	x No	If yes, please give	date:	
Any problems with bondir	ng? Yes No If y	es, plea	ise explain	:		
Why did this employee lea	ave your company?					
Would you re-employee the	nis person? 🗌 Yes 🗌 N	o If	no, please	explain:		
Additional comments: (A	ny problems with customer	relation	is, supervis	sion, or abuse of equi	ipment?	
Name/Title (of person pro	widing the above information	on):O	lha Zykova	a		
Company: Star Transpor	tation PA, Inc			_		
Date:12/20/2023						



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: STAR TRANSPORTATION PA INC (DOT 1437731) Phone: (267) 397-8040

Date: 12/01/23

Address: 301 NW 171ST ST MIAMI GARDENS, FL 33169 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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ep	An

Pablo García (Dec 1, 2023 15:48 EST)

Safety Department (Dec 1, 2023 15:51 EST)

Applicant's Signature

Company representative

8YUf DYfgobbY`A UbU[Yf H\Y'dYfgobbV`A UbU[Yf H\Y'dYfgobbUa YX`\YfY]b`\Ug'Udd`]YX'ho`h\]g'Vta dUbmZof Ya d`ona Ybh]b`U'gUZYhnigYbg]h]j Y'dog]h]obžiVti f`Z]bX]b[`h\Y Udd`]WIbh'Ug'U'dUghYa d`onYf"K]``noti _]bX`mfYd`mho`h\]g']bei]fmifYgdYVId[b[`h\]g'Udd`]WIbh''5g'noti k]``fYUX'k U[j Yf`ghUhYX UVcj Yž'U```]UV]`]hmcZnoti `UbX'noti f Vta dUbm\Ug'VYYb`fY`YUgYX Vmh\Y`Udd`]WIbt'' PLEASE BE ADVISED! Noti `a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	Pablo Garcia	<i>SSN:</i> 77030609	94	Job Applying For: OTR Driver
Did the Applicant work for If No, please explain:	or you as a driver: Yes	No		
If employed as a driver,	please answer the following:	Start Date :		End Date :
Company Driver	Owner/Operator Oth	er?		
Type of tractor operate	ed:	_ Type of trailer pulle	d:	
Other equipment operate	ed:	_ Commodities operate	ed:	
Accidents: Yes	No If yes, please give th	e date and brief descrip	otion of each accide	ent:
Traffic Violations: Ye	s No If yes, pleas	e list all including the d	ate and type of viol	ation:
INQUIRY FOR ALCOH	DL AND CONTROLLED SU	BSTANCES INFORM	ATION	
Alcohol tests with a resul	t of 0.04 or greater?	Yes No If y	ves, please give dat	e:
Verified positive controlle	ed substances test results?	Yes No If y	ves, please give dat	e:
Refusals to be tested?		Yes No If y	ves, please give dat	e:
Rehab completed under	direction of SAP/MRO?	Yes No If y	ves, please give dat	e:
Any problems with bondi	ng? Yes No If y	es, please explain:		
Why did this employee le	ave your company?			
Would you re-employee	his person? Yes N	o If no, please expla	ain:	
Additional comments: (A	ny problems with customer	relations, supervision,	or abuse of equipm	ent?
Name/Title (of person pr	oviding the above information	on):		
Company:				
Date:				

Zigi Freight Inc. dba Royal 3, Inc. 6850 W. 63rd St. Chicago, IL 60638

December 30, 2023

RE: Employee Verification Requests for Pablo Garcia from INTRANS XPRESS LLC.

To whom it may concern:

As of December 1, 2023 I have made the following attempts to contact INTRANS XPRESS LLC in order to verify Pablo Garcia's employment there.

The first attempt was made on December 19, 2023 when I sent a request at <u>INTRANSXPRESS@gmail.com</u> which was recommended by safety person when I reached out through phone to their office.

On December 25, 2023 I re-sent request completing the second attempt and on December 27, 2023 I have made a third and final attempt. A formal response from INTRANS XPRESS LLC was never received.

Sincerely,

Kristina Milacic

ber



Employment Verifications <ev@royal3inc.com> To: INTRANSXPRESS@gmail.com Wed, Dec 27, 2023 at 10:22 PM

Hello,

I am a safety officer from Royal3 INC company. I am sending you this email to confirm Pablo Garcia'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>Zigi Freight dba Royal 3 Inc.</u> 6850 W. 63rd St. Chicago, IL 60638 p. 630-566-2119 f. 630-485-6980 e. ev@royal3inc.com

D3DQ R3_Garcia Pablo-4.pdf



Employment Verifications <ev@royal3inc.com> To: INTRANSXPRESS@gmail.com Mon, Dec 25, 2023 at 10:24 PM

Hello,

I am a safety officer from Royal3 INC company. I am sending you this email to confirm Pablo Garcia'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>Zigi Freight dba Royal 3 Inc.</u> 6850 W. 63rd St. Chicago, IL 60638 p. 630-566-2119 f. 630-485-6980 e. ev@royal3inc.com

03DQ R3_Garcia Pablo-4.pdf



Employment Verifications <ev@royal3inc.com> To: INTRANSXPRESS@gmail.com Tue, Dec 19, 2023 at 11:53 PM

Hello,

I am a safety officer from Royal3 INC company. I am sending you this email to confirm Pablo Garcia'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>Zigi Freight dba Royal 3 Inc.</u> 6850 W. 63rd St. Chicago, IL 60638 p. 630-566-2119 f. 630-485-6980 e. ev@royal3inc.com

03DQ R3_Garcia Pablo-4.pdf





F

(561) 506-5280



12.27.23.

Outgoing call 14:19 (51 sec)

From (630) 566-2119 (me)

(561) 506-5280 Phone number

Create new contact

Add to existing contact







F

(561) 506-5280



12.22.23.

Outgoing call 11:06 (49 sec)

From (630) 566-2119 (me)

(561) 506-5280 Phone number

Create new contact

Add to existing contact







F

(561) 506-5280



12.19.23.

Outgoing call 12:50 (42 sec)

From (630) 566-2119 (me)

(561) 506-5280 Phone number

Create new contact

Add to existing contact



	SAFETY PERFORMANCE HISTORY RECORDS REQUEST
Royal Zinc.	- CONFIDENTIAL -
Company: INTRANS XPRESS LLC (DOT 3731355) Phone: Address: 1739 EMBASSY DRIVE WEST PALM BEACH, FL 33401 Fax:	(561) 506-5280 Date: 12/01/23
I hereby authorize this company to release all records of employment, incl dates of any and all alcohol or drug tests, those confirmed results, and/or completion under direction of SAP/MRO) to each and every company(their connection with my application for employment company, I hereby release from any and all liable type as a result of providing the following information	my refusing to any alcohol or drug tests and any rehabilitation r authorized agents) which may request such information in this company, and its employees, officers, directors, and agents
<u>ep</u>	Au
Pablo García (Dec 1, 2023 15:48 EST)	Safety Department (Dec 1, 2023 15:51 EST)
Applicant's Signature	Company representative
8YUF DYfgobbY`A UbU[Yf H\Y dYfgob bUa YX`\YfY]b`\Ug'Udd`]YX ho'h\]g'Wa dUbmZof Ya d`on Udd`]WIbhUg'U'dUghYa d`onYf''K]``noi]bX`mfYd`mho h\]g']bei]fm UVoj YžU```]UV]]ImnoZnoi UbX noi f Wa dUbm\Ug'VYYb fY`YUgYX Vn <u>PLEASE BE ADVISED!</u> Noi `a UmfYd`mby FAX +1 630 485 6980 or d	ifYgdYWillb["h\]g'Udd`]WilbH"5g'nici k]`fYUX kUlj Yf'gHUHYX iH\Y'Udd`]Wilbt"
Name of Applicant: Pablo Garcia SSN: 7703060	<i>Job Applying For:</i> 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 : Company Driver Owner/Operator Other?	End Date :
Type of tractor operated: Type of trailer pull	led:
Other equipment operated: Commodities operated	ted:
Accidents: Yes No If yes, please give the date and brief descr	iption 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 INFORM	IATION
Alcohol tests with a result of 0.04 or greater?	yes, please give date:
Verified positive controlled substances test results? Yes No If	yes, please give date:
Refusals to be tested?	yes, please give date:
Rehab completed under direction of SAP/MRO?	yes, please give date:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, please exp	plain:
Additional comments: (Any problems with customer relations, supervision	, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	
Date:	

Zigi Freight Inc. dba Royal 3, Inc. 6850 W. 63rd St. Chicago, IL 60638

December 30, 2023

RE: Employee Verification Requests for Pablo Garcia from INTRANS XPRESS LLC.

To whom it may concern:

As of December 1, 2023 I have made the following attempts to contact INTRANS XPRESS LLC in order to verify Pablo Garcia's employment there.

The first attempt was made on December 19, 2023 when I sent a request at <u>JHLEXPRESSINC@hotmail.com</u> which was recommended by safety person when I reached out through phone to their office.

On December 25, 2023 I re-sent request completing the second attempt and on December 27, 2023 I have made a third and final attempt. A formal response from INTRANS XPRESS LLC was never received.

Sincerely,

Kristina Milacic

her



Employment Verifications <ev@royal3inc.com> To: JHLEXPRESSINC@hotmail.com Wed, Dec 27, 2023 at 10:22 PM

Hello,

I am a safety officer from Royal3 INC company. I am sending you this email to confirm Pablo Garcia'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>Zigi Freight dba Royal 3 Inc.</u> 6850 W. 63rd St. Chicago, IL 60638 p. 630-566-2119 f. 630-485-6980 e. ev@royal3inc.com

D3DQ R3_Garcia Pablo-5.pdf



Employment Verifications <ev@royal3inc.com> To: JHLEXPRESSINC@hotmail.com Mon, Dec 25, 2023 at 10:24 PM

Hello,

I am a safety officer from Royal3 INC company. I am sending you this email to confirm Pablo Garcia'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>Zigi Freight dba Royal 3 Inc.</u> 6850 W. 63rd St. Chicago, IL 60638 p. 630-566-2119 f. 630-485-6980 e. ev@royal3inc.com

03DQ R3_Garcia Pablo-5.pdf 898K



Employment Verifications <ev@royal3inc.com> To: JHLEXPRESSINC@hotmail.com Tue, Dec 19, 2023 at 11:54 PM

Hello,

I am a safety officer from Royal3 INC company. I am sending you this email to confirm Pablo Garcia'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>Zigi Freight dba Royal 3 Inc.</u> 6850 W. 63rd St. Chicago, IL 60638 p. 630-566-2119 f. 630-485-6980 e. ev@royal3inc.com

03DQ R3_Garcia Pablo-5.pdf 898K





F

(626) 682-6098



12.27.23.

Outgoing call 14:29 (54 sec)

From (630) 566-2119 (me)



Phone number

Create new contact

Add to existing contact







F

(626) 682-6098



12.22.23.

Outgoing call 11:17 (46 sec)

From (630) 566-2119 (me)



Phone number

Create new contact

Add to existing contact







F

(626) 682-6098



12.19.23.

Outgoing call 12:54 (48 sec)

From (630) 566-2119 (me)



Phone number

Create new contact

Add to existing contact





SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: JHL EXPRESS INC (DOT 3509574)

Phone: (626) 682-6098

Date: 12/01/23

Address: 210 S NICHOLSON AVE MONTETEY PARK, CA 91755 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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Pablo García (Dec 1, 2023 15:48 EST)	Safety Department (Dec 1, 2023 15:51 EST)		

Applicant's Signature

Company representative

8YUf DYfgobbY`A UbU[Yf H\Y'dYfgobbUa YX`\YfY]b`\Ug'Udd`]YX ho'h\]g'Wda dUbmZof Ya d`ona Ybh]b`U'gUZYhn\gYbg]h]j Y'dog]h]cbžWbi f`Z]bX]b[`H\Y Udd`]WIbhUg'U'dUghYa d`onYf"K]``noi _]bX`mfYd`mho'h\]g']bei]fmfYgdYVM]b[`H\]g'Udd`]WIbh"5g'noi k]``fYUX k Ujj Yf`gHUHYX UVcj Yž'U```]UV]`]hmcZnoi `UbX`noi f`Wda dUbm\Ug'VYb`fY`YUgYX Vmh\Y`Udd`]WIbt" <u>PLEASE BE ADVISED!</u> Noi `a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	Pablo Garcia	<i>SSN:</i> 7703060)94	Job Applying For: OTR Driver
Did the Applicant work for If No, please explain:	•	No		
If employed as a driver,	please answer the following:	Start Date :		_ End Date :
Company Driver	Owner/Operator Othe	er?		
Type of tractor operate	ed:	_ Type of trailer pul	led:	
Other equipment operate	ed:	_ Commodities opera	ted:	
Accidents: Yes	No If yes, please give the	e date and brief desc	ription of each ac	cident:
Traffic Violations: Ye	s No If yes, please	e list all including the	date and type of v	violation:
INQUIRY FOR ALCOH	OL AND CONTROLLED SU	BSTANCES INFORM	MATION	
Alcohol tests with a resul	t of 0.04 or greater?	Yes No If	⁻ yes, please give o	date:
Verified positive controlle	ed substances test results?	Yes No If	⁻ yes, please give o	date:
Refusals to be tested?	[Yes No If	yes, please give o	date:
Rehab completed under	direction of SAP/MRO?	Yes No If	yes, please give o	date:
Any problems with bondi	ng? Yes No If y	es, please explain:		
Why did this employee le	eave your company?			
Would you re-employee	this person? Yes No	o If no, please exp	plain:	
Additional comments: (A	Any problems with customer	relations, supervision	, or abuse of equi	pment?
Name/Title (of person pr	oviding the above informatic	on):		
. ,				
Date:				

ala	4 SAFETY PERF	ORMANCE HISTORY
OP	RECOR	DS REQUEST
Royal Linc.	60N	
0	- CON	IFIDENTIAL -
Company: OSARGO TRANSPORT LLC (DOT3179130) Address: 10482 NW 31 TER DORAL, FL 33172	Phone: (305) 203-0757 Fax:	Date: 12/01/23
I hereby authorize this company to release all records of employm dates of any and all alcohol or drug tests, those confirmed results, completion under direction of SAP/MRO) to each and every compa connection with my application for employment company, I hereby from any and all liable type as a result of providing the following in	and/or my refusing to any alcohol or dri ny(their authorized agents) which may release this company, and its employee	ug tests and any rehabilitation request such information in es, officers, directors, and agents
Pablo García (Dec 1, 2023 15:48 EST)	Safety Department (Dec 1, 2023 15:5)	I. EST)
Applicant's Signature	Company representative	
Dear Personnel Manager The person named herein has applied to this company for applicant as a past employer. Will you kindly reply to this i above, all liability of you and your company has been relea <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 69	nquiry respecting this applicant. As sed by the applicant.	s you will read waiver stated
Name of Applicant: Pablo Garcia SSN: 77	0306094 Job Apply	ing 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	e: 12. 2. End Date :	10/21
Company Driver Owner/Operator Other? Type of tractor operated: TRANSDIRK Type of tractor	0. Là com	tel
-	u	D-C-C
Other equipment operated: Commoditie		
Accidents: 🗌 Yes 🔀 No 🛛 If yes, please give the date and bri	ef description of each accident:	
Traffic Violations: Yes Yes If yes, please list all includ	ing the date and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES I	NFORMATION	
Alcohol tests with a result of 0.04 or greater?	lo If yes, please give date:	
Verified positive controlled substances test results? 🗌 Yes 🕅	lo If yes, please give date:	
Refusals to be tested?	lo If yes, please give date:	
Rehab completed under direction of SAP/MRO?	lo If yes, please give date:	
Any problems with bonding? Yes No If yes, please exp	olain:	
Why did this employee leave your company?		
Would you re-employee this person? Kes 🗌 No If no, ple	ease explain:	
Additional comments: (Any problems with customer relations, sup	ervision, or abuse of equipment?	
Name/Title (of person providing the above information):	udrei Areni	<u>p.</u>

P	4		ORMANCE HISTORY DS REQUEST
Royal Zinc.		- CON	IFIDENTIAL -
<i>Company:</i> OSARGO TRANSPORT LLC (DOT3179130) <i>Address:</i> 10482 NW 31 TER DORAL, FL 33172	<i>Phone:</i> (30 <i>Fax:</i>	5) 203-0757	<i>Date:</i> 12/01/23
I hereby authorize this company to release all records of employm dates of any and all alcohol or drug tests, those confirmed results completion under direction of SAP/MRO) to each and every compa connection with my application for employment company, I hereby from any and all liable type as a result of providing the following in	, and/or my r any(their aut y release this	efusing to any alcohol or dr norized agents) which may company, and its employee the below mentioned person AM	ug tests and any rehabilitation request such information in es, officers, directors, and agents on and/or company.
Pablo García (Dec 1, 2023 15:48 EST)		Safety Department (Dec 1, 2023 15:5	1 EST)
Applicant's Signature	C	ompany representative	
8YUF DYfgobbY`A UbU[Yf H\Y'dYfgob bUa YX`\YfY]b`\Ug'Udd`]YX ho'h\]g'Wa dUbmZof Udd`]WIbhUg'U'dUghYa d`onYf''K]``nœi _]bX`mifYd`mho h\]g UVoj Yž'U```]UV]]ImnoZnœi UbX nœi f Wa dUbm\Ug'VYYb fY`YI <u>PLEASE BE ADVISED!</u> Nci `a UmifYd`mby FAX +1 630 485 6]bei]fmfYgd UgYX Vmh\Y 980 or e-ma	YVMb["H`]g'Udd`]WbH"5q Udd`]Wbt" ill: safety@royal3inc.cor	gʻnoci k]``fYUXik UjjYf`gHUHYX n.
Name of Applicant: Pablo Garcia SSN: 77	70306094	Job Apply	ing 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 Dat Company Driver Owner/Operator Other?		End Date :	
Type of tractor operated: Type of tr	railer pulled:		
Other equipment operated: Commodition	es operated:		
Accidents: Yes No If yes, please give the date and br	rief description	n of each accident:	
Traffic Violations: Yes No If yes, please list all include	ding the date	and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES	INFORMATI	ON	
Alcohol tests with a result of 0.04 or greater?	No If yes,	please give date:	
Verified positive controlled substances test results?	No If yes,	please give date:	
Refusals to be tested?	No If yes,	please give date:	
Rehab completed under direction of SAP/MRO?	No If yes,	please give date:	
Any problems with bonding? Yes No If yes, please ex	plain:		
Why did this employee leave your company?			
Would you re-employee this person? Yes No If no, pl	lease explain:		
Additional comments: (Any problems with customer relations, su	pervision, or a	buse of equipment?	
Name/Title (of person providing the above information): Company: Date:			