

**Zigi Freight Inc. dba Royal 3, Inc.**  
**6850 W. 63<sup>rd</sup> St.**  
**Chicago, IL 60638**

**February 2, 2024**

RE: Employee Verification Requests for Roberto Luis Gonzalez from GEMCAP TRUCKING INC.

To whom it may concern:

As of January 4, 2024 I have made the following attempts to contact GEMCAP TRUCKING INC in order to verify Roberto Luis Gonzalez's employment there.

The first attempt was made on January 19, 2024 when I sent a request at [SAFETY@gemcaptrucking.com](mailto:SAFETY@gemcaptrucking.com) which was recommended by safety person when I reached out through phone to their office.

On January 23, 2024 I re-sent request completing the second attempt and on January 29, 2024 I have made a third and final attempt. A formal response from GEMCAP TRUCKING INC was never received.

Sincerely,

Sara Todorovic

A handwritten signature in blue ink, appearing to be 'ST' or similar initials, located below the printed name Sara Todorovic.



Employment Verifications <ev@royal3inc.com>

---

## Employment Verification for Luis Gonzalez Roberto

1 message

---

**Employment Verifications** <ev@royal3inc.com>  
To: SAFETY@gemcaptrucking.com

Fri, Jan 19, 2024 at 6:45 PM

Hello,

I am a safety officer from Royal3 INC company.  
I am sending you this email to confirm Luis Gonzalez Roberto's employment with your company.  
Please find the attached form, and send it back to me at your earliest convenience.  
Thank you!

Sofia  
**HR Department**  
**Zigi Freight dba Royal 3 Inc.**  
6850 W. 63rd St.  
Chicago, IL 60638  
p. 630-566-2119  
f. 630-485-6980  
e. [ev@royal3inc.com](mailto:ev@royal3inc.com)

---

 **03DQ Royal3\_Luis Gonzalez Roberto-3.pdf**  
901K



Employment Verifications <ev@royal3inc.com>

---

## Employment Verification for Luis Gonzalez Roberto

---

**Employment Verifications** <ev@royal3inc.com>

Tue, Jan 23, 2024 at 2:39 PM

To: SAFETY@gemcaptrucking.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Luis Gonzalez Roberto's employment with your company.

Please find the attached form, and send it back to me at your earliest convenience.

Thank you!

Sofia

**HR Department**

**Zigi Freight dba Royal 3 Inc.**

6850 W. 63rd St.

Chicago, IL 60638

p. 630-566-2119

f. 630-485-6980

e. [ev@royal3inc.com](mailto:ev@royal3inc.com)



**03DQ Royal3\_Luis Gonzalez Roberto-3.pdf**

901K



Employment Verifications <ev@royal3inc.com>

---

## Employment Verification for Luis Gonzalez Roberto

---

**Employment Verifications** <ev@royal3inc.com>

Mon, Jan 29, 2024 at 11:47 AM

To: SAFETY@gemcaptrucking.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Luis Gonzalez Roberto's employment with your company.

Please find the attached form, and send it back to me at your earliest convenience.

Thank you!

Sofia

**HR Department**

**Zigi Freight dba Royal 3 Inc.**

6850 W. 63rd St.

Chicago, IL 60638

p. 630-566-2119

f. 630-485-6980

e. [ev@royal3inc.com](mailto:ev@royal3inc.com)

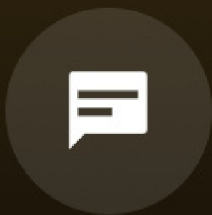


**03DQ Royal3\_Luis Gonzalez Roberto-3.pdf**

901K



Maricelis Montiel



1.19.24.

Outgoing call

14:42 (44 sec)

From

(630) 566-2119 (me)

(305) 551-5626

Phone number



Create new contact



Add to existing contact



Block and report





Maricelis Montiel



1.23.24.

Outgoing call

12:14 (41 sec)

From

(630) 566-2119 (me)

(305) 551-5626

Phone number



Create new contact



Add to existing contact

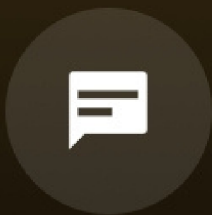


Block and report





Maricelis Montiel



1.29.24.

Outgoing call

11:02 (39 sec)

From

(630) 566-2119 (me)

(305) 551-5626

Phone number



Create new contact



Add to existing contact



Block and report




SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** GEMCAP TRUCKING INC (DOT: 1841988) **Phone:** (305) 551-5626**Date:** 01/04/24**Address:** 7570 NW 14 ST SUITE 106 MIAMI, FL 33126 **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.

  
Roberto Luis Gonzalez (Jan 4, 2024 13:29 EST)  
Sara Todorovic (Jan 4, 2024 13:41 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU Yf

H Y dYfgcb bUa YX \ YfY]b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[ H Y Udd J]WbhUg U dUghYa d'cnYf"K J" nci \_]bX mrfYd mhc H Jg]bei Jf mrfYgdYV]b[ H Jg Udd J]Wbh 5g nci k J" fYUX k Uij Yf gUH YX Uvcj YZ U" JUV J]mcZnci UbX nci f Wda dUbm U g VYYb fY YUgYX VmH Y Udd J]Wbt"

**PLEASE BE ADVISED!** Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant: Roberto Luis Gonzalez SSN: 766921359

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

# AREL TRUCKING INC

Next Profile

Trucking Companies

1516 N COMBEE RD  
LAKELAND, FL 33801

+1 (813) 946-9560

Inspections

Accident

VINs and Plates

FMCSA Page

FMCSA Safer

Find on Google

Remove my data

Add report

## FMCSA Carrier Authority Information for AREL TRUCKING INC

AREL TRUCKING INC is an carrier operating under USDOT Number 2089174 an MC Number 728960

Update info

Operating Status	Not Authorized
USDOT	2089174
MC NUMBER	MC-728960
Last Safer Update	11-22-2023
Last FMCSA Update	11-22-2023
Out of Service Date	None
Entity Type	Carrier
Legal Name	AREL TRUCKING INC
Total Trucks	380



2

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** AREL TRUCKING INC (DOT:2089174)**Phone:** (813) 946-9560**Date:** 01/04/24**Address:** 1516 N COMBEE RD LAKELAND, FL 33801**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.

  
Roberto Luis Gonzalez (Jan 4, 2024 13:29 EST)  
Sara Todorovic (Jan 4, 2024 13:41 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby A UbU Yf

HA Y dYfgcb bUa YX \ YfY]b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[ HA Y Udd J]WbhUg U dUghYa d'cnYf K J nci J]bX mYd mhc H Jg]bei JfmYgdYV]b[ H Jg Udd J]Wbh 5g nci k J fYUX k Uij Yf gUHx UCj YZ U JUV J]mcZnci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J]Wbt

**PLEASE BE ADVISED!** Mti a UmYd nby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant: Roberto Luis Gonzalez SSN: 766921359

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: \_\_\_\_\_



3

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** STAR TRANSPORTATION PA INC (DOT: 1437731) **Phone:** (267) 397-8040**Date:** 01/04/24**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.

  
Roberto Luis Gonzalez (Jan 4, 2024 13:29 EST)  
Sara Todorovic (Jan 4, 2024 13:41 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU Yf

H Y dYfgcb bUa YX \ YfY]b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZYmgYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[ H Y Udd J]WbhUg U dUghYa d'cnYf"K J" nci \_]bX mifYd mhc H Jg]bei Jf mifYgdYV]b[ H Jg Udd J]Wbh' 5g'nci 'k J" fYUX'k Uij Yf gUHXY Uvcj YZ U" JUV] J]mcZnci 'UbX'nci f Wda dUbm U gVYYb fY YUgYX VmH Y Udd J]Wbt"

**PLEASE BE ADVISED!** Mti 'a UmfYd nby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant: Roberto Luis Gonzalez SSN: 766921359

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 : 10/2020 End Date : 03/2021, 09/2021 - N/A

☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: Tractor-Trailer Type of trailer pulled: Van

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): Olha Zykova, Safety Department

Company: Star Transportation PA, Inc

Date: 01/19/2024



3

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** STAR TRANSPORTATION PA INC (DOT: 1437731) **Phone:** (267) 397-8040**Date:** 01/04/24**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.

  
Roberto Luis Gonzalez (Jan 4, 2024 13:29 EST)  
Sara Todorovic (Jan 4, 2024 13:41 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[ Yf

H Y dYfgcb bUa YX\ YfY]b \ Ug Udd' JYX'hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[ H Y Udd' WbhUg U dUghYa d'cnYf"K J" nci \_]bX' mYd' m'hc H Jg]bei Jf mYgdYV]b[ H Jg Udd' Wbh' 5g'nci 'k J" fYUX'k Uij Yf gUHfX Uvcj YZU" JUV] JmcZnci 'UbX'nci f Wda dUbm U gVYYb fY YUgYX VmH Y Udd' Wbt"

**PLEASE BE ADVISED!** Mti 'a UmYd nby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).**Name of Applicant:** Roberto Luis Gonzalez **SSN:** 766921359**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: \_\_\_\_\_