

☒ USDOT Number    ☐ MC/MX Number    ☐ Name  
 Enter Value:

## Company Snapshot

**FALMIL EXPRESS LLC**  
USDOT Number: 3217568

### ID/Operations | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

**Carriers:** If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) 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 [DataQs](#) system.

#### Other Information for this Carrier

- ♥ [SMS Results](#)
- ♥ [Licensing & Insurance](#)

**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 than 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 [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of **01/18/2024**.

To find out if this entity has a pending insurance cancellation, please [click here](#).

<b>Entity Type:</b>	CARRIER																																
<b>Operating Status:</b>	NOT AUTHORIZED	<b>Out of Service Date:</b>	None																														
<b>Legal Name:</b>	FALMIL EXPRESS LLC																																
<b>DBA Name:</b>																																	
<b>Physical Address:</b>	12446 SW 198TH ST MIAMI, FL 33177																																
<b>Phone:</b>	(786) 694-5900																																
<b>Mailing Address:</b>	12446 SW 198TH ST MIAMI, FL 33177																																
<b>USDOT Number:</b>	3217568	<b>State Carrier ID Number:</b>																															
<b>MC/MX/FF Number(s):</b>	MC-1015519	<b>DUNS Number:</b>	--																														
<b>Power Units:</b>	1	<b>Drivers:</b>	1																														
<b>MCS-150 Form Date:</b>	01/27/2023	<b>MCS-150 Mileage (Year):</b>	34,763 (2022)																														
<b>Operation Classification:</b>																																	
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<b>Cargo Carried:</b>																																	
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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** FALMIL EXPRESS LLC (DOT: 3217568)**Phone:** (786) 694-5900**Date:** 01/02/24**Address:** 12446 SW 198TH ST MIAMI, FL 33177**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.

  
Antonio mila (Jan 2, 2024 15:11 EST)  
Sara Todorovic (Jan 2, 2024 15:12 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'Mci 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 gUHXY Uvcj YZU" JUV] JmcZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX VmH Y Udd' Wbt"

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

Name of Applicant:

Antonio Mila

SSN: 772361906

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: \_\_\_\_\_