

2 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: BRZ (USDOT 3119062) **Phone:** (708) 303-5150 **Date:** 02/05/24

Address: 8225 LECLAIRE AVE BURBANK, IL 60459

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.

	ereby release this company, and its employees, officers, directors, and agents ing information to the below mentioned person and/or company.
Jose Miguel Del Toro Bestard (Feb 5, 2024 11:15 CST)	Safety m. nager (Peb 16, 2024 11:25 CST)
Applicant's Signature	Company representative
Name of Applicant: Jose Miguel Del Toro Bestard SSN	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: No If No, please explain:	
If employed as a driver, please answer the following: Start Company Driver Owner/Operator Other?	: Date : End Date :
Type of tractor operated: Semi truck Type	of trailer pulled: Dry Van
Other equipment operated: N/A Commo	odities operated: General freight
Accidents: Yes No If yes, please give the date an	nd brief description of each accident:
Traffic Violations: Yes No If yes, please list all in	ncluding the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANC	CES INFORMATION
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	se explain:
Why did this employee leave your company? +30 days vac	ation
Would you re-employee this person?	no, please explain:
Additional comments: (Any problems with customer relations	s, supervision, or abuse of equipment?
Name/Title (of person providing the above information): Ma Company: BRZ	iteja Markovic

Date: 02/16/2024



SAFETY PERFORMANCE HISTORY 2 **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 02/05/24 Company: BRZ (USDOT 3119062) **Phone:** (708) 303-5150 Fax:

Address: 8225 LECLAIRE AVE BURBANK, IL 60459

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	reby release this company, and its employees, officers, directors, and agents ng information to the below mentioned person and/or company.
Jose Miguel Del Toro Bestard (Feb 5, 2024 11:15 CST)	Safety m lager (Veb 16, 2024 11:25 CST)
Applicant's Signature	Company representative
Name of Applicant: Jose Miguel Del Toro Bestard SSN:	771965071 Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes No If No, please explain:	
	Date : End Date :
Type of tractor operated: Type of	of trailer pulled:
Other equipment operated: Commod	dities operated:
Accidents: Yes No If yes, please give the date and	d brief description of each accident:
Traffic Violations: Yes No If yes, please list all in	cluding the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCE	ES INFORMATION
Alcohol tests with a result of 0.04 or greater?	No If yes, please give date:
Verified positive controlled substances test results? Yes	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	e explain:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no	o, please explain:
Additional comments: (Any problems with customer relations,	supervision, or abuse of equipment?
Name/Title (of person providing the above information):	



SAFETY PERFORMANCE HISTORY 3 **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 02/05/24

Company: ROYAL 3 INC (USDOT 2828543)

Name/Title (of person providing the above information): Mateja Markovic

Address: 6850 W 63RD STREET CHICAGO, IL 60638

Phone: (630) 485-7370

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 completion under direction of SAP/MRO) to each and every company (connection with my application for employment company, I hereby relefrom any and all liable type as a result of providing the following inform	their authorized agents) which may request such information in ease this company, and its employees, officers, directors, and agents	
Jose Miguel Del Toro Bestard (Feb 5, 2024 11:15 CST)	Safety manager (Feb 16, 2024 11:25 CST)	
Applicant's Signature	Company representative	
Dear Personnel Manager The person named herein has applied to this company for empapplicant as a past employer. Will you kindly reply to this inquabove, all liability of you and your company has been released PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980	iry respecting this applicant. As you will read waiver stated by the applicant.	
Name of Applicant: Jose Miguel Del Toro Bestard SSN: 77196	35071 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 : Company Driver Owner/Operator Other?	05/19/2023 End Date : 06/15/2023	
Type of tractor operated: Semi truck Type of trailer	pulled: Dry Van	
Other equipment operated: N/A Commodities op		
Accidents: Yes No If yes, please give the date and brief de	escription 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 INFO	DRMATION	
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:	
Verified positive controlled substances test results? Yes	If yes, please give date:	
Refusals to be tested?	If yes, please give date:	
Rehab completed under direction of SAP/MRO?	If yes, please give date:	
Any problems with bonding? Yes 00 If yes, please explain	:	
Why did this employee leave your company? +30 days vacation		
Would you re-employee this person?	explain:	
Additional comments: (Any problems with customer relations, supervise	sion, or abuse of equipment?	

BRZ

Company: Royal 3 Inc Date: 02/16/2024



SAFETY PERFORMANCE HISTORY 3 **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 02/05/24

Company: ROYAL 3 INC (USDOT 2828543)

Address: 6850 W 63RD STREET CHICAGO, IL 60638

Phone: (630) 485-7370

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, at completion under direction of SAP/MRO) to each and every company connection with my application for employment company, I hereby refrom any and all liable type as a result of providing the following info	(their authorized agents) which may request such information in elease this company, and its employees, officers, directors, and agents
Jose Miguel Del Toro Bestard (Feb 5, 2024 11:15 CST)	Safety m. nager (Peb 16, 2024 11:25 CST)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for en applicant as a past employer. Will you kindly reply to this inc above, all liability of you and your company has been release <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 698	quiry respecting this applicant. As you will read waiver stated ed by the applicant.
Name of Applicant: Jose Miguel Del Toro Bestard SSN: 7719	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes No If No, please explain:	
	End Date :
Type of tractor operated: Type of trail	er 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 includin	g the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	FORMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results?	If yes, please give date:
Refusals to be tested?	If yes, please give date:
Rehab completed under direction of SAP/MRO?	If yes, please give date:
Any problems with bonding? Yes No If yes, please expla	in:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, pleas	se explain:

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?_____

Name/Title (of person providing the above information):

Company: _____

BRZ



SAFETY PERFORMANCE HISTORY **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 02/05/24

Company: ROYAL 3 INC (USDOT 2828543) Phone: (630) 485-7370

Address: 6850 W 63RD STREET CHICAGO, IL 60638 Fax:

Name/Title (of person providing the above information): Mateja Markovic

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dates of any and all alcohol or drug tests, those confirmed results, and, completion under direction of SAP/MRO) to each and every company(t connection with my application for employment company, I hereby rele	their authorized agents) which may request such information in lase this company, and its employees, officers, directors, and agents
from any and all liable type as a result of providing the following inform Jose Miguel Del Toro Bestard (Feb 5, 2024 11:15 CST)	Safety m mager (leb 16, 2024 11:25 CST)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for emp applicant as a past employer. Will you kindly reply to this inqui above, all liability of you and your company has been released <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980	iry respecting this applicant. As you will read waiver stated by the applicant.
Name of Applicant: Jose Miguel Del Toro Bestard SSN: 77196	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 : $\ \ \ \ \ \ \ \ \ \ \ \ \ $	
Type of tractor operated: Semi truck Type of trailer	pulled: Dry Van
Other equipment operated: N/A Commodities operated:	erated: _General freight
Accidents: Yes No If yes, please give the date and brief de	
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INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFO	DRMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results? ☐ Yes ☐ No	If yes, please give date:
Refusals to be tested?	If yes, please give date:
Rehab completed under direction of SAP/MRO?	If yes, please give date:
Any problems with bonding? Yes M If yes, please explain:	:
Why did this employee leave your company?_+30 days vacation	
Would you re-employee this person?	explain:
Additional comments: (Any problems with customer relations, supervis	sion, or abuse of equipment?

Company: Royal 3 Inc Date: 02/16/2024



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Date: 02/05/24

Company: ROYAL 3 INC (USDOT 2828543) Phone: (630) 485-7370

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completion under direction of SAP/MRO) to each and every company	y(their authorized agents) which may request such information in release this company, and its employees, officers, directors, and agents		
from any and all liable type as a result of providing the following info			
Jose Miguel Del Toro Bestard (Feb 5, 2024 11:15 CST)	Safety manager (reb 16, 2024 11:25 CST)		
Applicant's Signature	Company representative		
Dear Personnel Manager The person named herein has applied to this company for en applicant as a past employer. Will you kindly reply to this incabove, all liability of you and your company has been release <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 698	equiry respecting this applicant. As you will read waiver stated ed by the applicant.		
Name of Applicant: Jose Miguel Del Toro Bestard SSN: 7719	965071 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 :			
Company Driver Owner/Operator Other?			
Type of tractor operated: Type of traile	ler pulled:		
Other equipment operated: Commodities	operated:		
Accidents: Yes No If yes, please give the date and brief	f description of each accident:		
Traffic Violations: Yes No If yes, please list all including	ng the date and type of violation:		
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	NFORMATION		
Alcohol tests with a result of 0.04 or greater?			
Verified positive controlled substances test results? Yes No	If yes, please give date:		
Refusals to be tested?			
Rehab completed under direction of SAP/MRO?			
Any problems with bonding? Yes No If yes, please expla	ain:		
Why did this employee leave your company?			
Would you re-employee this person? Yes No If no, pleas	ase explain:		
Additional comments: (Any problems with customer relations, super	rvision, or abuse of equipment?		
Name/Title (of person providing the above information):			
Company:			