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Pam International Inc.

Alain Quesada Aguiar[Re-Send Request](#)Dates Requested: **01-2022 to 02-2024**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **823-12-5369**Date Requested: **02-21-2024**DOB: **04-17-1973**[Log Phone Attempt](#)Request Method: **Network**Attempts: **2**[Actual Provide Method](#): **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **02-27-24** [Edit](#) [Delete](#)

Request #: 45930087

[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)**Request / Response Report**

Response Tracking ID: (None)

Request #: 45930087

Pam International Inc.

Provided By: **Jovana Grbic**
Title: **(N/A)**
Address: **1311 N. Halsted Street**
City / State / Zip: **Chicago, IL 60642**
Email: **paula@paminternationalinc.com**
Phone: **312-414-1431**
Fax: **312-414-1431**
Items Requested: **EMP**

[Questions about this report?](#)**Requested Subject Information**Denotes a value not equal to the Provided value**Alain Quesada Aguiar**Date Range Requested: **01-2022 to 02-2024**SSN: **xxx-xx-5369**DOB: **04-17-1973****Provided Subject Information**Denotes a value not equal to original Requested value**Alain Quesada**Date Range Provided: **04-2022 to 08-2022**SSN: **xxx-xx-5369**DOB: **04-17-1973****Original Request Information****Provided Information**

Position Held	Position Held	Driver
Reason For Leaving	Reason For Leaving	Employment Periods: 09/22 - 01/23 and 04/23 - 06-23
Driver Class	Driver Class	Company
Driver Type	Driver Type	Solo
Was the driver Terminated?	Was the driver Terminated?	No
Was the driver subject to FMCSRs while employed?	Eligible for Rehire?	Review
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?	Was the driver subject to FMCSRs while employed?	Yes
Areas Driven	Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug	Yes

Equipment Driven	and Alcohol testing per 49 CFR	
Trailer Driven	Part 40?	
Loads Hauled	Full Time / Part Time	Full Time
	Areas Driven	otr
	Equipment Driven	Tractor-Trailer
	Trailer Driven	Van
	Loads Hauled	
	Miles per week	
	Number of States Driven	48
	Trailer Length	53'

Activity Log

02-29-2024 09:17 AM - Jovana Grbic (Pam International Inc.)
Response added. Request #45930087 status set to "Submitted".
02-26-2024 05:05 PM - Zigi Stamenkovic
Request Re-sent via Network method
02-21-2024 03:37 PM - Zigi Stamenkovic
Request sent under order #19567215 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



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: PAM INTERNATIONAL INC (DOT3021325) **Phone:** (312) 414-1431**Date:** 02/19/24**Address:** 261 REPUBLIC AVE JOLIET, IL 60435**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.

*Quesada Aguiar Alain**Kristina Milacic*
Kristina Milacic (Feb 19, 2024 14:39 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby A UbU Yf

H Y dYfgcb bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ YmgYbg H j Y d c g H j c b Z M c i f Z b X b H Y
Udd J W b h U g U d U g h Y a d'c n Y f " K J " n c i J b X m f Y d m h c H g j b e i J m f Y g d Y M j b H g U d d J W b h " 5 g n c i k J " f Y U X k U j Y f g H U H X
U V c j Y Z U " J U V J J m c Z n c i U b X n c i f W d a d U b m U g V Y Y b f Y Y U g Y X V n h Y U d d J W b t "

PLEASE BE ADVISED! Mti a Unfyd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: QUESADA AGUIAR, ALAIN SSN: 823125369

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: _____

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Prime Express Inc.

Alain Quesada Aguiar[Re-Send Request](#)Dates Requested: **05-2021 to 12-2021**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **823-12-5369**Date Requested: **02-21-2024**DOB: **04-17-1973**[Log Phone Attempt](#)Request Method: **Network**Attempts: **2**Actual Provide Method: **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **02-27-24** [Edit](#) [Delete](#)

Request #: 45930221

[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)**Request / Response Report**

Response Tracking ID: (None)

Request #: 45930221

Prime Express Inc.

Provided By: **Bojana Arbinja**
Title: **(N/A)**
Address: **1718 Sherman Ave. #307**
City / State / Zip: **Evanston, IL 60201**
Email: **safetyprimeinc2014@gmail.com**
Phone: **773-706-5779**
Fax:
Items Requested: **EMP**

[Questions about this report?](#)**Requested Subject Information**Denotes a value not equal to the Provided value**Alain Quesada Aguiar**Date Range Requested: **05-2021 to 12-2021**SSN: **xxx-xx-5369**DOB: **04-17-1973****Provided Subject Information**Denotes a value not equal to original Requested value**Alain Quesada**Date Range Provided: **05-2021 to 11-2021**SSN: **xxx-xx-5369**DOB: **04-17-1973****Original Request Information****Provided Information**

Position Held	OTR truck driver
Reason For Leaving	Voluntary
Driver Class	Owner/Operator
Driver Type	Solo
Was the driver Terminated?	No
Was the driver subject to FMCSRs while employed?	Review
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?	Yes
Areas Driven	Yes

Equipment Driven	Full Time / Part Time
Trailer Driven	Areas Driven
Loads Hauled	Equipment Driven Tractor-Trailer
	Trailer Driven Reefer Trailer
	Loads Hauled
	Miles per week
	Number of States Driven
	Trailer Length 53ft

Activity Log

02-28-2024 11:52 AM - Bojana Arbinja (Prime Express Inc.)
Response added. Request #45930221 status set to "Submitted".
02-26-2024 05:05 PM - Zigi Stamenkovic
Request Re-sent via Network method
02-21-2024 03:40 PM - Zigi Stamenkovic
Request sent under order #19567261 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



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: PRIME EXPRESS INC (DOT2575681)**Phone:** (773) 741-1660**Date:** 02/19/24**Address:** 1718 SHERMAN AVE # 307 EVANSTON, IL 60201 **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.

Quesada Aguiar Alain

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 dUbmUg VYYb fY YUgYX VmH Y Udd' Wbt"

PLEASE BE ADVISED! Mti 'a UmYd' mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** QUESADA AGUIAR, ALAIN **SSN:** 823125369**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: _____

Record Inactive

The record matching **USDOT Number = 2874324** is INACTIVE in the SAFER database.

If you believe this to be in error, you can report it using FMCSA's [DataQs](#) system.



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Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • [Field Office Contacts](#)



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: GERBER MENA (DOT2874324)**Phone:** (512)423-1167**Date:** 02/19/24**Address:** 18800 HWY 29, Liberty Hill, TX 78642**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.

Quesada Aguiar Alain

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' WbH Ug U dUgh Ya d'cnYf"K J" nci _]bX' mYd' mhc H Jg] bei Jf mYgdYV]b[H Jg Udd' WbH' 5g' nci 'k J" fYUX'k Uij Yf gUHYX Uvcj YZU" JUV] JmcZnci 'UbX' nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd' WbH"

PLEASE BE ADVISED! Mti 'a UmYd' nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** QUESADA AGUIAR, ALAIN SSN: 823125369**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: _____