

**Riki Transportation Inc dba BRZ
8225 Leclair Ave
Burbank, IL 60459**

March 27, 2024

RE: Employee Verification Requests for Lopez Perdomo Leonardo from MIG XPRESS CORP.

To whom it may concern:

As of February 27, 2024 I have made the following attempts to contact MIG XPRESS CORP in order to verify Lopez Perdomo Leonardo's employment there.

The first attempt was made on March 6, 2024 when I sent a request at MIGXPRESS@gmail.com which was recommended by safety person when I reached out through phone to their office.

On March 11, 2024 I re-sent request completing the second attempt and on March 18, 2024 I have made a third and final attempt. A formal response from MIG XPRESS CORP was never received.

Sincerely,

Kristina Milacic

A handwritten signature in blue ink, appearing to read 'Kristina', is positioned above a solid blue horizontal line.



Employment Verifications <ev@rtbrz.com>

Employment Verification for Lopez Perdomo Leonardo

Employment Verifications <ev@rtbrz.com>

Mon, Mar 18, 2024 at 11:49 AM

To: MIGXPRESS@gmail.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Lopez Perdomo Leonardo'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

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: ev@rtbrz.com



03DQ BRZ_Lopez Perdomo Leonardo-3.pdf

824K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Lopez Perdomo Leonardo

Employment Verifications <ev@rtbrz.com>

Mon, Mar 11, 2024 at 1:23 PM

To: MIGXPRESS@gmail.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.

I am sending you this email to confirm Lopez Perdomo Leonardo'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

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: ev@rtbrz.com



03DQ BRZ_Lopez Perdomo Leonardo-3.pdf

824K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Lopez Perdomo Leonardo

1 message

Employment Verifications <ev@rtbrz.com>
To: MIGXPRESS@gmail.com

Wed, Mar 6, 2024 at 11:21 AM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Lopez Perdomo Leonardo's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.

Thank you!

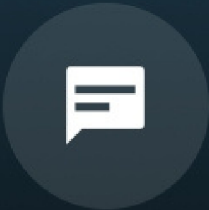
Kind Regards,
Sofia

[HR Department](#)
[Riki Transportation Inc dba BRZ](#)
MC#086875
8225 Leclair Ave,
Burbank, IL 60459
Phone Number: 630-566-2119
Email: ev@rtbrz.com

 **03DQ BRZ_Lopez Perdomo Leonardo-3.pdf**
824K



(602) 877-8337



3.11.24.

Outgoing call

11:15 (42 sec)

From

(630) 566-2119 (me)

(602) 877-8337

Phone number



Create new contact



Add to existing contact

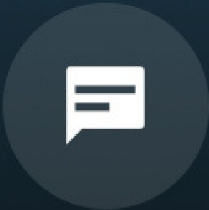


Block and report





(602) 877-8337



3.11.24.

Outgoing call

14:19 (41 sec)

From

(630) 566-2119 (me)

(602) 877-8337

Phone number



Create new contact



Add to existing contact

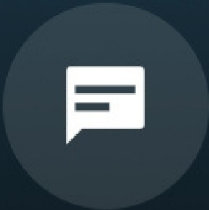


Block and report





(602) 877-8337



3.1.24.

Outgoing call

10:26 (39 sec)

From

(630) 566-2119 (me)

(602) 877-8337

Phone number



Create new contact



Add to existing contact



Block and report





1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: MIG XPRESS CORP (DOT3030718)**Phone:** (602) 877-8337**Date:** 02/27/24**Address:** 629 W MAIN STREET OKLAHOMA CITY, OK 73102 **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.


 LOPEZ PERDOMO, LEONARDO (Feb 27, 2024 13:37 EST)


 Kristina Milacic (Feb 27, 2024 13:39 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 YmgYbgHij Y d'cgHjcbZ Mti f Z bX b H Y
 Udd J M b h U g U d U g h Ya d'cnyf K J nci J bX m f Y d m h c H g bei J m f Y g d Y M b H g Udd J M b H 5g nci k J f Y U X k U j Y f g U H Y X
 U V c j Y Z U J U J J m c Z nci U b X nci f Wda d U b m h U g V Y Y b f Y Y U g Y X V m h Y Udd J M b t
PLEASE BE ADVISED! Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: LOPEZ PERDOMO, LEONARDO SSN: 595493591

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: _____

BRZ



2


SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: ARZONIC LOGISTICS CORP (DOT3541827)**Phone:** (305) 773-3345**Date:** 02/27/24**Address:** 9945 SW 155TH CT MIAMI, FL 33196**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.


LOPEZ PERDOMO, LEONARDO (Feb 27, 2024 13:37 EST)


Kristina Milacic (Feb 27, 2024 13:39 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]Mbh Ug U dUgh Ya d'cnYf "K J" nci J]bX mYfYd m'hc H Jg]bei JfmYfYgdYV]b[H Jg Udd J]Mbh 5g nci k J" fYUX k U]j Yf gUH YX Uvcj YZU "JUV] JmicZ nci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J]Mbt"

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

Name of Applicant: LOPEZ PERDOMO, LEONARDO SSN: 595493591

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 : 05/13/2022 End Date : 12/25/2022

☒ 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): Ariell Valdes

Company: ARZONIC LOGISTICS CORP

Date: 3/11/2024



2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: ARZONIC LOGISTICS CORP (DOT3541827)**Phone:** (305) 773-3345**Date:** 02/27/24**Address:** 9945 SW 155TH CT MIAMI, FL 33196**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.

LOPEZ PERDOMO, LEONARDO (Feb 27, 2024 13:37 EST)

Kristina Milacic (Feb 27, 2024 13:39 EST)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[Yf

H Y dYfgcb' bUa YX\ YfY]b \ Ug Udd' JYX' h' H' g' Wda dUbmZcf Ya d' cna Ybh]b' U' gUZYmAgYbg]hij Y' d'cg]h' cbZ' Mti f' Z]bX]b[' H' Y Udd']MbhUg' U' dUghYa d' cnyf"K J" nci ' _]bX' mfyd' m' h' g']bei]f mfygdYV]b[' H' g' Udd']Mbh' 5g' nci ' k J" fYUX' k Uij Yf g' UHXY UVcj YZU"]UV]]micZ' nci ' UbX' nci f' Wda dUbm\ Ug VYYb' fY YUgYX Vmih Y Udd']Mbt"

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

Name of Applicant: LOPEZ PERDOMO, LEONARDO SSN: 595493591

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: _____

Riki Transportation Inc dba BRZ
8225 Leclair Ave
Burbank, IL 60459

March 27, 2024

RE: Employee Verification Requests for Lopez Perdomo Leonardo from VNCA TRUCKING LLC.

To whom it may concern:

As of February 27, 2024 I have made the following attempts to contact VNCA TRUCKING LLC in order to verify Lopez Perdomo Leonardo's employment there.

The first attempt was made on March 6, 2024 when I sent a request at VNCA.TRUCKING@gmail.com which was recommended by safety person when I reached out through phone to their office.

On March 11, 2024 I re-sent request completing the second attempt and on March 18, 2024 I have made a third and final attempt. A formal response from VNCA TRUCKING LLC was never received.

Sincerely,

Kristina Milacic

A handwritten signature in blue ink, appearing to read 'Kristina', is positioned above a solid blue horizontal line.



Employment Verifications <ev@rtbrz.com>

Employment Verification for Lopez Perdomo Leonardo

Employment Verifications <ev@rtbrz.com>

Mon, Mar 18, 2024 at 11:49 AM

To: VNCA.TRUCKING@gmail.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Lopez Perdomo Leonardo'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

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: ev@rtbrz.com



03DQ BRZ_Lopez Perdomo Leonardo-5.pdf

825K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Lopez Perdomo Leonardo

Employment Verifications <ev@rtbrz.com>

Mon, Mar 11, 2024 at 1:23 PM

To: VNCA.TRUCKING@gmail.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Lopez Perdomo Leonardo'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

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: ev@rtbrz.com



03DQ BRZ_Lopez Perdomo Leonardo-5.pdf

825K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Lopez Perdomo Leonardo

1 message

Employment Verifications <ev@rtbrz.com>
To: VNCA.TRUCKING@gmail.com

Wed, Mar 6, 2024 at 11:29 AM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Lopez Perdomo Leonardo'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

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

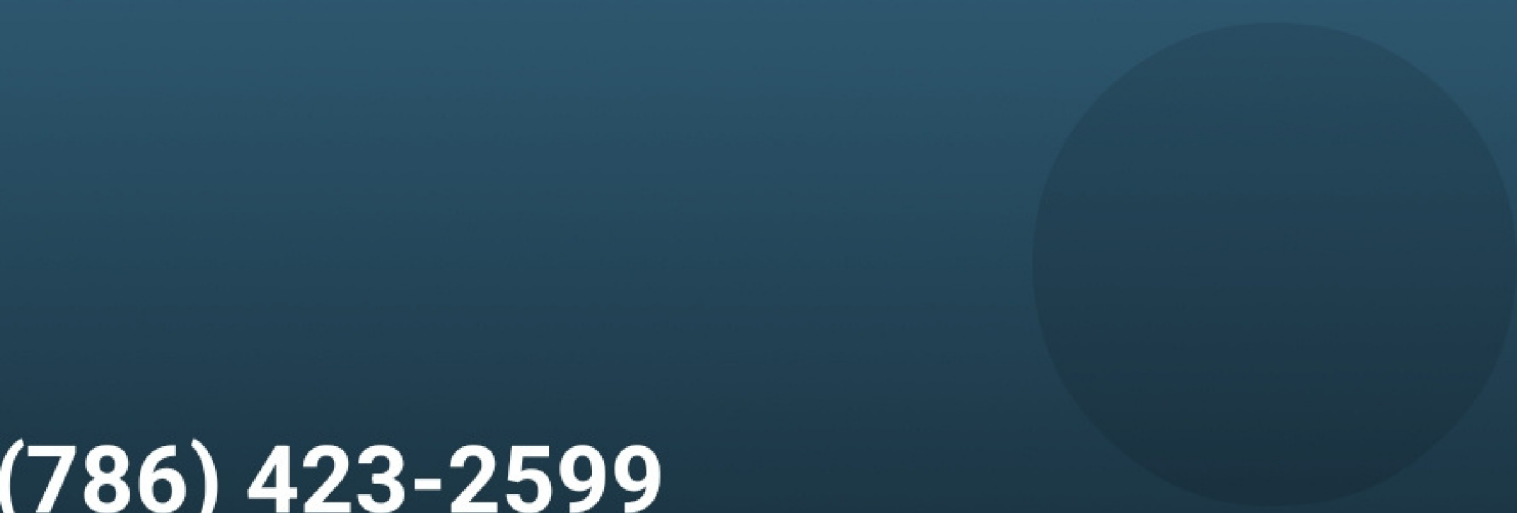
8225 Leclair Ave,

Burbank, IL 60459

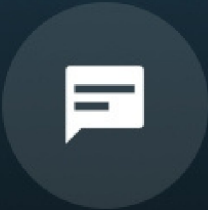
Phone Number: 630-566-2119

Email: ev@rtbrz.com

 **03DQ BRZ_Lopez Perdomo Leonardo-5.pdf**
825K



(786) 423-2599



3.11.24.

Outgoing call

11:28 (47 sec)

From

(630) 566-2119 (me)

(786) 423-2599
Phone number



Create new contact



Add to existing contact

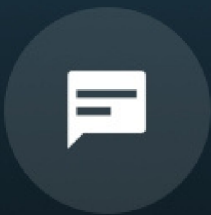


Block and report





(786) 423-2599



3.11.24.

Outgoing call

14:34 (51 sec)

From

(630) 566-2119 (me)

(786) 423-2599
Phone number



Create new contact



Add to existing contact

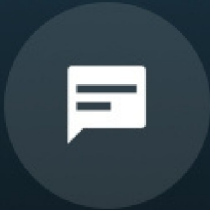


Block and report





(786) 423-2599



3.1.24.

Outgoing call

10:36 (46 sec)

From

(630) 566-2119 (me)

(786) 423-2599

Phone number



Create new contact



Add to existing contact



Block and report





3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: VNCA TRUCKING LLC (DOT3569450)**Phone:** (786) 423-2599**Date:** 02/27/24**Address:** 245 NE 14 ST APT # 3709 MIAMI, FL 33132**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.

LOPEZ PERDOMO, LEONARDO (Feb 27, 2024 13:37 EST)

Kristina Milacic (Feb 27, 2024 13:39 EST)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

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

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

Name of Applicant: LOPEZ PERDOMO, LEONARDO SSN: 595493591

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: _____