

Zigi Freight Inc. dba Royal 3, Inc.
6850 W. 63rd St.
Chicago, IL 60638

April 11, 2024

RE: Employee Verification Requests for Huberto Rafael Rodriguez from Crown Logistics Llc.

To whom it may concern:

As of March 11, 2024 I have made the following attempts to contact Crown Logistics Llc in order to verify Huberto Rafael Rodriguez's employment there.

The first attempt was made on March 13, 2024 when I sent a request at DISPATCHCROWN2@gmail.com which was recommended by safety person when I reached out through phone to their office.

On March 21, 2024 I re-sent request completing the second attempt and on March 27, 2024 I have made a third and final attempt. A formal response from Crown Logistics Llc was never received.

Sincerely,

Kristina Milacic

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



Employment Verifications <ev@royal3inc.com>

Employment Verification for Huberto Rafael Rodriguez

Employment Verifications <ev@royal3inc.com>

Wed, Mar 27, 2024 at 3:41 PM

To: DISPATCHCROWN2@gmail.com

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Huberto Rafael Rodriguez'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

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



03DQ Royal 3 Inc_Huberto Rafael Rodriguez-3.pdf

899K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Huberto Rafael Rodriguez

Employment Verifications <ev@royal3inc.com>

Thu, Mar 21, 2024 at 10:44 PM

To: DISPATCHCROWN2@gmail.com

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Huberto Rafael Rodriguez'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

Zigi Freight dba Royal 3 Inc.

6850 W. 63rd St.

Chicago, IL 60638

p. 630-566-2119

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e. ev@royal3inc.com



03DQ Royal 3 Inc_Huberto Rafael Rodriguez-3.pdf

899K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Huberto Rafael Rodriguez

1 message

Employment Verifications <ev@royal3inc.com>
To: DISPATCHCROWN2@gmail.com

Wed, Mar 13, 2024 at 9:11 PM

Hello,

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

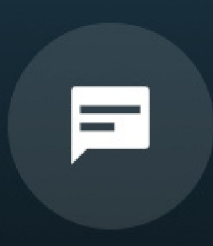
Thank you!

Kind regards,
Sofia
HR Department
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

 **03DQ Royal 3 Inc_Huberto Rafael Rodriguez-3.pdf**
899K



(770) 417-9947



3.13.24.

Outgoing call
11:17 (48 sec)

From
(630) 566-2119 (me)

(770) 417-9947
Phone number



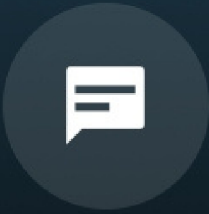
Create new contact 

Add to existing contact 

Block and report 



(770) 417-9947



3.27.24.

Outgoing call

12:48 (52 sec)

From

(630) 566-2119 (me)

(770) 417-9947

Phone number



Create new contact



Add to existing contact

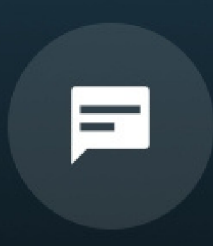


Block and report





(770) 417-9947



4.1.24.

Outgoing call
14:06 (54 sec)

From
(630) 566-2119 (me)

(770) 417-9947
Phone number



Create new contact



Add to existing contact



Block and report





1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: CROWN LOGISTICS LLC (DOT4093248)**Phone:** (770) 417-9947**Date:** 03/11/24**Address:** 5260 NE 2ND CT APT 2 MIAMI, FL 33137**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.

*Huberto R Rodriguez**Kristina M. [Signature]*
Kristina M. [Signature] (Mar 11, 2024 15:02 EDT)

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 mrfYd mhc H Jg]bei Jf mrfYgdYV]b[H Jg Udd J]Wbh"5g nci k J" fYUX k Uij Yf gUHUX Uvcj YZU""JUV] JmcZnci UbX nci f Wda dUbm U gVYYb 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.**Name of Applicant:** RODRIGUEZ, HUBERTO RAFAEL SSN: 591924960**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: _____



2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: B EXPRESS LOGISTICS LLC (DOT3286372) **Phone:** (317) 559-3777**Date:** 03/11/24**Address:** 9465 COUNSELORS ROW SUITE 303 INDIANAPOLIS, IN 46240 **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.

Huberto R Rodriguez

Applicant's Signature

Kristina Milacic

Kristina Milacic (Mar 11, 2024 15:02 EDT)

Company representative

8YUf DYfgcbby A UbU Yf

H Y dYfgcb bUa YX YfY b U g Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U g UZ YmgYbgHij Y dcgHjcbZ Mti f Z bX b H Y Udd J Wbh Ug U dUgh Ya d'cnyf K J nci J bX mfyd mhc H Jg bei J mfygdYmJ b H Jg Udd J Wbh 5g nci k J fYUX k Uij Yf g UHX Uvcj YZ U JUV J mcz nci UbX nci f Wda dUbm Ug 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.**Name of Applicant:** RODRIGUEZ, HUBERTO RAFAEL SSN: 591924960**Job Applying For:** OTR DriverDid 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 : 05/2023 End Date : 10/2023

☒ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: Truck Type of trailer pulled: 53' Reefer

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: speeding 06/20/2023 10/22/2023 speeding, 10/22/2023 HOS - 14 hours shift violation and 11 hours driving 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: due to speeding and HOS violations

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? No

Name/Title (of person providing the above information): Nesh Bakic, President

Company: B Express Logistics

Date: 03/14/2024



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: B EXPRESS LOGISTICS LLC (DOT3286372) **Phone:** (317) 559-3777**Date:** 03/11/24**Address:** 9465 COUNSELORS ROW SUITE 303 INDIANAPOLIS, IN 46240 **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.

Huberto R Rodriguez

Applicant's Signature

Kristina Milacic

Kristina Milacic (Mar 11, 2024 15:02 EDT)

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 J]WbhUg U dUghYa d'cnYf K J nci J]bX mrfYd mhc H Jg]bei Jf mrfYgdYV]b[H Jg Udd J]Wbh 5g nci k J fYUX k Uij Yf gUH X UVcj YZ U JUV J]mcZnci UbX nci f Wda dUbm U g VYYb fY YUgYX VmH Y Udd J]Wbt

PLEASE BE ADVISED! Mci a UnfYd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** RODRIGUEZ, HUBERTO RAFAEL SSN: 591924960**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

BORA LOGISTICS INC

Next Profile

Trucking Companies

2030 E ALGONQUIN RD

SCHAMBURG STE 409, IL 60173

+1 (630) 382-8855

Inspections

Accident

VINs and Plates

FMCSA Page

FMCSA Safer

Find on Google

Remove my data

Add report

FMCSA Carrier Authority Information for BORA LOGISTICS INC

BORA LOGISTICS INC is an carrier operating under USDOT Number 3285681 an MC Number 1039617

Update info

Operating Status	Out Of Service
USDOT	3285681
MC NUMBER	MC-1039617
Last Safer Update	01-03-2024
Last FMCSA Update	01-03-2024
Out of Service Date	2023-08-25
Entity Type	Carrier
Legal Name	BORA LOGISTICS INC
Total Trucks	39
Total Drivers	24
Carrier Operation	Interstate
Hazardous Material	No
MCS-150 Mileage Year	2021
MCS-150 DATE	N



3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: BORA LOGISTICS INC (DOT3285681)**Phone:** (630) 382-8855**Date:** 03/11/24**Address:** 2030 E ALGONQUIN RD SCHAMBURG STE 409, IL 60173 **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.

*Huberto R Rodriguez**Kristina Mijic*
Kristina Mijic (Mar 11, 2024 15:02 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[Yf

HAY dYfgcb' bUa YX\ YfY]b\ UgUdd' JYX'hc' H'lg'Wda dUbmZcf Ya d'cna Ybh]b' UgUZ/magYbg]hij Y'dcg]h'cbZ'Mci f'Z]bX]b['HAY
Udd']WbhUg'U'dUghYa d'cnyf'"K J'"nci _]bX'mfYd'mhc' H'lg]bei]f'mfYgdYV]b['H'lg'Udd']Wbh'5g'nci 'k J'"fYUX'k U]j Yf'ghYHX
UVcj YZU'"JUV]]m'cZnci 'UbX'nci f'Wda dUbm' Ug'VYYb' fY'YUgYX' Vm'h' Y'Udd']Wbh'

PLEASE BE ADVISED! Mci 'a UnfYd'mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** RODRIGUEZ, HUBERTO RAFAEL SSN: 591924960**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: _____



4

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: BH TRANS INC (DOT2888905)**Phone:** (224) 999-9009**Date:** 03/11/24**Address:** 2260 HICKS RD UNIT 415 ROLLING MEADOWS, IL 60008 **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.

Huberto R Rodriguez

Applicant's Signature

Kristina Mijacic

Kristina Mijacic (Mar 11, 2024 15:02 EDT)

Company representative

8YUf DYfgcbby A UbU Yf

H Y dYfgcb bUa YX YfYj 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 Wbh Ug U dUgh Ya d'cnYf K J nci J bX mfyd mhc H g bei J mfygdYV Mjb H g Udd J Wbh 5g nci k J fYUX k Uij Yf g UH YX Uvcj YZ U JUV J mcz nci UbX nci f Wda dUbm Ug 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.**Name of Applicant:** RODRIGUEZ, HUBERTO RAFAEL SSN: 591924960**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: _____