

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

May 2, 2024

RE: Employee Verification Requests for Lukens Richard from MICHAL'S QUALITY TRANSPORTATION INC.

To whom it may concern:

As of April 3, 2024 I have made the following attempts to contact MICHAL'S QUALITY TRANSPORTATION INC in order to verify Lukens Richard's employment there.

The first attempt was made on April 3, 2024 when I sent a request at SAFETY@mqtransportation.com which was recommended by safety person when I reached out through phone to their office.

On April 10, 2024 I re-sent request completing the second attempt and on April 16, 2024 I have made a third and final attempt. A formal response from MICHAL'S QUALITY TRANSPORTATION INC 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 Lukens Richard

Employment Verifications <ev@rtbrz.com>

Tue, Apr 16, 2024 at 10:34 PM

To: SAFETY@mqtransportation.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.

I am sending you this email to confirm Lukens Richard'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

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: ev@rtbrz.com



03DQ BRZ_Lukens Richard-3.pdf

815K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Lukens Richard

Employment Verifications <ev@rtbrz.com>

Wed, Apr 10, 2024 at 2:00 PM

To: SAFETY@mqtransportation.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.

I am sending you this email to confirm Lukens Richard'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

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: ev@rtbrz.com



03DQ BRZ_Lukens Richard-3.pdf

815K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Lukens Richard

Employment Verifications <ev@rtbrz.com>

Wed, Apr 3, 2024 at 10:40 PM

To: SAFETY@mqtransportation.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Lukens Richard'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

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: ev@rtbrz.com

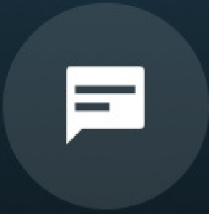


03DQ BRZ_Lukens Richard-3.pdf

815K



(630) 365-7700



4.16.24.

Outgoing call

14:08 (44 sec)

From

(630) 566-2119 (me)

(630) 365-7700

Phone number



Create new contact



Add to existing contact

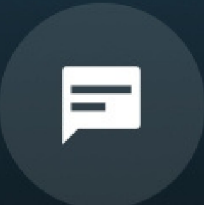


Block and report





(630) 365-7700



4.10.24.

Outgoing call

14:11 (42 sec)

From

(630) 566-2119 (me)

(630) 365-7700

Phone number



Create new contact



Add to existing contact

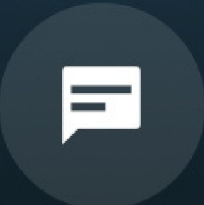


Block and report





(630) 365-7700



4.4.24.

Outgoing call

11:13 (41 sec)

From

(630) 566-2119 (me)

(630) 365-7700

Phone number



Create new contact



Add to existing contact



Block and report





1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: MICHAL'S QUALITY TRANSPORTATION INC (DOT1350650) **Phone:** (630) 365-7700**Date:** 04/03/24**Address:** 310 N HAMMES AVE UNIT 302A 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.

Lukens Richard (Apr 3, 2024 13:51 EDT)

Kristina Milacic (Apr 3, 2024 13:52 EDT)

Applicant's Signature

Company representative

8YUf'DYfgcbby'A UbU[Yf

H.Y.dYfgcb'buA YX\YfY]b\UgUdd'JYX'hc'H]g'Wda dUbmZcf'Ya d'cna Ybh]b'U'gUZ/magYbg]hij Y'dcg]h'cbZ'Mci f'Z]bX]b['H.Y
Udd'J]MbhUg'U'dUghYa d'cnyf'"K J'"nci _]bX'mfYd'm'hc'H]g]bei]f'mfYgdYV]b['H]g'Udd'J]Mbh'5g'nci 'k J'"fYUX'k U]j Yf'g'UHX
UVcj YZU""JUV]J]micZ'nci 'UbX'nci f'Wda dUbm\UgVYYb'fY'YUgYX Vm'h'Y'Udd'J]Mbt"

PLEASE BE ADVISED! Mci 'a UmfYd'mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Lukens Richard SSN: 683943148

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**

May 2, 2024

RE: Employee Verification Requests for Lukens Richard from MSA LOGISTICS INC.

To whom it may concern:

As of April 3, 2024 I have made the following attempts to contact MSA LOGISTICS INC in order to verify Lukens Richard's employment there.

The first attempt was made on April 3, 2024 when I sent a request at JIMBO@msarroof.com which was recommended by safety person when I reached out through phone to their office.

On April 10, 2024 I re-sent request completing the second attempt and on May 1, 2024 I have made a third and final attempt. A formal response from MSA LOGISTICS INC 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 Lukens Richard

Employment Verifications <ev@rtbrz.com>
To: JIMBO@msarroof.com

Wed, May 1, 2024 at 10:27 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Lukens Richard'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_Lukens Richard-4.pdf**
817K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Lukens Richard

Employment Verifications <ev@rtbrz.com>

Wed, Apr 10, 2024 at 2:00 PM

To: JIMBO@msaroof.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Lukens Richard'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_Lukens Richard-4.pdf

817K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Lukens Richard

Employment Verifications <ev@rtbrz.com>

Wed, Apr 3, 2024 at 9:58 PM

To: JIMBO@msaroof.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Lukens Richard'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

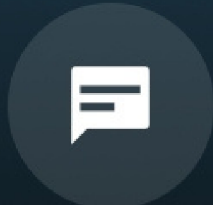


03DQ BRZ_Lukens Richard-4.pdf

817K



(205) 345-6634



4.16.24.

Outgoing call

14:43 (41 sec)

From

(630) 566-2119 (me)

(205) 345-6634

Phone number



Create new contact



Add to existing contact

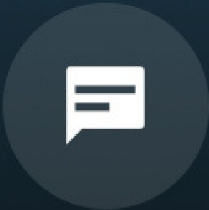


Block and report





(205) 345-6634



4.10.24.

Outgoing call

14:17 (46 sec)

From

(630) 566-2119 (me)

(205) 345-6634

Phone number



Create new contact



Add to existing contact

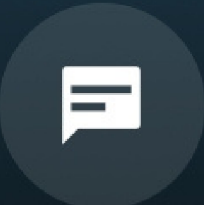


Block and report





(205) 345-6634



4.4.24.

Outgoing call

11:21 (39 sec)

From

(630) 566-2119 (me)

(205) 345-6634

Phone number



Create new contact



Add to existing contact



Block and report





2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: MSA LOGISTICS INC (DOT1744527)**Phone:** (205) 345-6634**Date:** 04/03/24**Address:** 1637 51ST AVE TUSCALOOSA, AL 35401**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.

Lukens Richard (Apr 3, 2024 13:51 EDT)

Kristina Milacic (Apr 3, 2024 13:52 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcb bUa YX YfYb U gUdd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U gUZYmgYbgHij Y d'cgHjcbZ Mti f ZbXb H Y Udd J MbiHug U dUghYa d'cnYf K J nci JbX mfyd mhc H g bei JmrfYgdVMjb H g Udd J MbiH 5g nci k J fYUX k Uij Yf gUHX Uvcj YZU JUV JmicZnci UbX nci f Wda dUbmU Ug VYYb fY YUgYX VmH Y Udd J MbiH

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

Name of Applicant:

Lukens Richard SSN: 683943148

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**

May 2, 2024

RE: Employee Verification Requests for Lukens Richard from SUMMA LOGISTICS CORPORATION.

To whom it may concern:

As of April 3, 2024 I have made the following attempts to contact SUMMA LOGISTICS CORPORATION in order to verify Lukens Richard's employment there.

The first attempt was made on April 3, 2024 when I sent a request at INFO@summalc.com which was recommended by safety person when I reached out through phone to their office.

On April 10, 2024 I re-sent request completing the second attempt and on May 2, 2024 I have made a third and final attempt. A formal response from SUMMA LOGISTICS CORPORATION 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 Lukens Richard

Employment Verifications <ev@rtbrz.com>
To: INFO@summalc.com

Thu, May 2, 2024 at 1:42 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Lukens Richard'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_Lukens Richard-5.pdf**
816K



Employment Verification for Lukens Richard

Employment Verifications <ev@rtbrz.com>

Wed, Apr 10, 2024 at 1:59 PM

To: INFO@summalc.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Lukens Richard'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_Lukens Richard-5.pdf

816K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Lukens Richard

Employment Verifications <ev@rtbrz.com>

Wed, Apr 3, 2024 at 10:40 PM

To: INFO@summalc.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Lukens Richard'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

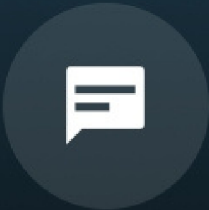


03DQ BRZ_Lukens Richard-5.pdf

816K



(609) 836-8482



4.16.24.

Outgoing call

14:57 (46 sec)

From

(630) 566-2119 (me)

(609) 836-8482

Phone number



Create new contact



Add to existing contact

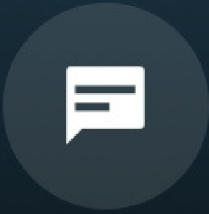


Block and report





(609) 836-8482



4.10.24.

Outgoing call

14:35 (43 sec)

From

(630) 566-2119 (me)

(609) 836-8482

Phone number



Create new contact



Add to existing contact

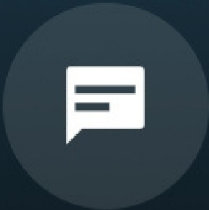


Block and report





(609) 836-8482



4.4.24.

Outgoing call

12:01 (36 sec)

From

(630) 566-2119 (me)

(609) 836-8482

Phone number



Create new contact



Add to existing contact



Block and report





3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: SUMMA LOGISTICS CORPORATION (DOT3420248)**Phone:****Date:** 04/03/24**Address:** 635 TWIN RIVERS DRIVE N EAST WINDSOR, NJ 08520 **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.

Lukens Richard (Apr 3, 2024 13:51 EDT)

Kristina Milacic (Apr 3, 2024 13:52 EDT)

Applicant's Signature

Company representative

8YUf'DYfgcbby'A UbU[Yf

H.Y.dYfgcb'buA YX\YfY]b\UgUdd'JYX'hc'H]g'Wda dUbmZcf'Ya d'cna Ybh]b'U'gUZ/magYbg]hij Y'dcg]h'cbZ'Mci f'Z]bX]b['H.Y Udd'J]MbhUg'U'dUghYa d'cnYf'"K J'"nci _]bX'mfYd'm'hc'H]g]bei J'mfYgdYV]b['H]g'Udd'J]Mbh'5g'nci 'k J'"fYUX'k U]j Yf'g'UHX UVcj YZU'"JUV]J'micZ'nci 'UbX'nci f'Wda dUbm\Ug'VYYb'fY'YUgYX Vm'h'Y'Udd'J]Mbt"

PLEASE BE ADVISED! Mci 'a UmfYd'mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant:

Lukens Richard SSN: 683943148

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: _____