	2 SAFET	Y PERFORMANCE HISTORY
		RECORDS REQUEST
		- CONFIDENTIAL -
		0.1/1.0/0.1
<i>Company:</i> Star Transportation (DOT549928) <i>Address:</i> 2302 HENDERSON WAY PLANT CITY, FL 3350	Phone: (813) 659-1002	2 <b>Date:</b> 04/10/24
I hereby authorize this company to release all records of employr	nent, including assessments	of my job previous ability, and fitness( including
dates of any and all alcohol or drug tests, those confirmed results completion under direction of SAP/MRO) to each and every comp	s, and/or my refusing to any any( their authorized agents	alcohol or drug tests and any rehabilitation
connection with my application for employment company, I hereb from any and all liable type as a result of providing the following	y release this company, and	its employees, officers, directors, and agents
Roger Barroso (Apr 10, 2024 11:23 EDT)	Kristina Milacic (Apr	10, 2024 11:23 EDT)
Applicant's Signature	Company repre	sentative
8YUf DYfgcbbY`A UbU[ Yf H\Y`dYfgcb`bUa YX`\YfY]b`\Ug`Udd`]YX`hc`h\]g`Wza dUbmZcf	`Yad`cmaYbh"b∵U`du7Yhm	aybalhiydcalhicb?Weif"7bX1b["hy
Udd`]WbhUgU'dUghYa d`cnYf"K]``nci _]bX`mfYd`mhc h\]g UVcj YžU```]W]`]ImcZnci UbX`nci f Wda dUbm\UgVYYb fY`Y	j]bei]fmfYgdYMb[ <sup>-</sup> h\]gʻl	
PLEASE BE ADVISED! Noti a Umiryd mby FAX +1 630 485 (		tbrz.com.
Name of Applicant: Barroso Roger SSN: 55	92131699	Job Applying For: OTR Driver
	02101000	
Did the Applicant work for you as a driver: Yes x No If No, please explain:		
If employed as a driver, please answer the following: Start Da		End Date :11/2023
Type of tractor operated: <u>Tractor-Trailer</u> Type of t	railer pulled: <u>Van, 53 ft</u>	
Other equipment operated: Commoditi	ies operated:	
Accidents: Yes X No If yes, please give the date and b	rief description of each acc	ident:
Traffic Violations: Yes No If yes, please list all inclu	iding the date and type of vi	olation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES	INFORMATION	
-		ate:
Verified positive controlled substances test results?		ate:
Refusals to be tested?		ate:
Rehab completed under direction of SAP/MRO?		ate:
Any problems with bonding? Yes No If yes, please ex		
Why did this employee leave your company?		
Would you re-employee this person? Yes No If no, p	lease explain:	
Additional comments: ( Any problems with customer relations, su	pervision, or abuse of equip	ment?
Name/Title (of person providing the above information):Olha	Zykova	
Company: _ Star Transportation PA, Inc		
04/11/2024 Date:		

SR2	2 SAF	ETY PERFORMANCE HISTORY RECORDS REQUEST - CONFIDENTIAL -	Y
Company: Star Transportation (DOT549928)	<b>Phone:</b> (813) 659-1	002 <b>Date:</b> 04/10/2	24
Address: 2302 HENDERSON WAY PLANT CITY, FL 33		002	
I hereby authorize this company to release all records of emplo dates of any and all alcohol or drug tests, those confirmed resu completion under direction of SAP/MRO) to each and every con connection with my application for employment company, I her from any and all liable type as a result of providing the following	ilts, and/or my refusing to npany( their authorized age eby release this company,	any alcohol or drug tests and any rehabilitation ents) which may request such information in and its employees, officers, directors, and agents	١g
لسليمو المعالم المعالية Roger Barroso (Apr 10, 2024 11:23 EDT)	Kristina Milacio	(Apr 10, 2024 11:23 EDT)	
Applicant's Signature	Company re	presentative	
8YUF DYfgobbY`A UbU[Yf H\Y'dYfgob'bUa YX`\YfY]b`\Ug'Udd`]YX'ho'h\]g'V&a dUbmž Udd`]Wbh'Ug'U'dUghYa d`onYf''K]``nci `_]bX`mfYd`mho'h UVoj YžU```]UV]`]ImcZnci 'UbX'nci f`V&a dUbm\Ug'VYYb'fY <u>PLEASE BE ADVISED!</u> ' Nci 'a UmfYd`mby FAX +1 630 485	]g]bei]fmfYgdYW]b[ h `YUgYX Vmh\Y Udd`]VWbt	]g'Udd`]Wøbh''5g'nci 'k]``fYUX'kU]jYf'ghUhYX ''	
Name of Applicant:Barroso Roger SSN:	592131699	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 I	Date :	End Date :	
Company Driver Owner/Operator Other?			
Type of tractor operated: Type o	f trailer pulled:		
Other equipment operated: Commo	lities 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 inc	cluding the date and type o	of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCE	S INFORMATION		
Alcohol tests with a result of 0.04 or greater?	No If yes, please giv	e date:	
Verified positive controlled substances test results?	No If yes, please giv	e date:	
Refusals to be tested?	No If yes, please giv	e date:	
Rehab completed under direction of SAP/MRO?	No If yes, please giv	e 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 ec	uipment?	
Name/Title (of person providing the above information):			
Company:			
Date:			

SR3	3		DRMANCE HISTORY DS REQUEST
		- CON	FIDENTIAL -
<i>Company:</i> Royal 3 Inc (DOT2828543) <i>Address:</i> 6850 W 63rd Street, Chicago, IL 60638	<b>Phone:</b> (630)4 <b>Fax:</b>	85-7370	<i>Date:</i> 04/10/24
I hereby authorize this company to release all records of emplo dates of any and all alcohol or drug tests, those confirmed resu completion under direction of SAP/MRO) to each and every con connection with my application for employment company, I her from any and all liable type as a result of providing the followin	oyment, including as ults, and/or my refus npany( their authori reby release this con	ing to any alcohol or dru zed agents) which may r apany, and its employees	g tests and any rehabilitation equest such information in s, officers, directors, and agents
لمليغ Roger Barroso (Apr 10, 2024 11:23 EDT)	Kris	tina Milacic (Apr 10, 2024 11:23 EDT	)
Applicant's Signature		pany representative	, 
H\Y'dYfgcb bUa YX`\YfY]b`\Ug'Udd`]YX`hc`h\]g'Wa dUbmZ Udd`]WbhUg'U'dUghYa d`cnYf"K ]``nci _]bX`mfYd`mhc h UVcj Yž'U```]UV]`]hmcZnci 'UbX`nci f`Wa dUbm\Ug'VYb fY <u>PLEASE BE ADVISED!</u> Nci 'a UmfYd`mby FAX +1 630 485	.]g]bei ]fmfYgdYV (`YUgYX`Vmh\Y`Udo 5 6980 or e-mail:	¶b[¯h`]gUdd`]ŴbH"5g  `]Mbt" safety@rtbrz.com.	ncci k]``fYUX'k U]jYf`gHUHYX
Name of Applicant:Barroso Roger SSN:	592131699	<i>Job Αρριγι</i> ι	ng 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 E Company Driver Owner/Operator Other?		3 End Date : _	05/23/2023
Type of tractor operated: Semi truck Type o	of trailer pulled:	y van	
Other equipment operated: Commo	dities operated: <u>Ge</u>	eneral freight	
Accidents: Yes No If yes, please give the date and	l brief description of	each accident:	
Traffic Violations: Yes No If yes, please list all inc	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?	<b>J</b> No If yes, ple	ase give date:	
Verified positive controlled substances test results?	No If yes, ple	ase give date:	
Refusals to be tested?	No If yes, ple	ase give date:	
Rehab completed under direction of SAP/MRO?	🖊 No 🛛 If yes, ple	ase 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? $\square$ Yes $\square$ No If no,	, please explain:		
Additional comments: ( Any problems with customer relations,	supervision, or abus	e of equipment?	
Name/Title (of person providing the above information): <u>Sofi</u> Company: Zigi Freight dba Royal 3 Inc.	ia M		
Date: 04/10/2024			

3RZ	REC	RFORMANCE HISTORY ORDS REQUEST ONFIDENTIAL -
Company: Royal 3 Inc (DOT2828543)	<b>Phone:</b> (630)485-7370	<i>Date:</i> 04/10/24
Address: 6850 W 63rd Street, Chicago, IL 60638	Fax:	h moving shills, and fitness (including
I hereby authorize this company to release all records of employed dates of any and all alcohol or drug tests, those confirmed result completion under direction of SAP/MRO) to each and every comp connection with my application for employment company, I heref from any and all liable type as a result of providing the following	s, and/or my refusing to any alcohol pany( their authorized agents) which by release this company, and its emp	or drug tests and any rehabilitation may request such information in loyees, officers, directors, and agents
Roger Batroso (Apr 10, 2024 11:23 EDT)	Kristina Milacic (Apr 10, 2024 1	1-22 EDT)
Applicant's Signature 8YUf DYfgcbbY``A UbU[ Yf	Company representative	
H\Y'dYfgeb bUa YX`\YfY]b`\Ug'Udd`]YX`he`H\]gV&a dUbmZe Udd`]WIbhUg'U'dUghYa d`enYf"'K]``nci]bX`mfYd`mhe`H\]e Uvcj Yž'U```]UV]`]ImcZnci 'UbX`nci f`Wa dUbm\Ug'VYYb`fY`\ <u>PLEASE BE ADVISED!</u> Nci `a UmfYd`mby FAX +1 630 485 (	g]bei ]fmfYgdYV <b>b</b> [ h.]gUdd`]Wb /UgYX Vmh\Y Udd`]Wbt''	hl'5ginci k]`fYUX kUjjYf ghUhYX
Name of Applicant: Barroso Roger SSN: 5	92131699 Job A	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 Da Company Driver Owner/Operator Other?		
Type of tractor operated: Type of	trailer pulled:	_
Other equipment operated: Commodit	ties operated:	_
Accidents: Yes No If yes, please give the date and b	prief description of each accident:	
Traffic Violations: Yes No If yes, please list all inclu	uding the date and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES		
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	xplain:	
Why did this employee leave your company?		
Would you re-employee this person? Yes No If no, p	please explain:	
Additional comments: ( Any problems with customer relations, su	upervision, or abuse of equipment?	
Name/Title (of person providing the above information):		
Company: Date:		

Print			Set This Request Complete
	naa Dawart		· · · · · · · · · · · · · · · · · · ·
Request / Respo	onse Report	Response Tracking ID: (None)	Request #: 39579179
Provided By: Title: Address:	Fransport Services, LLC Annia Marichal (N/A) 7550 W 2nd Court Hialeah, FL 33014 amarichal@nalogistics.com 305-805-9400 305-805-9955 EMP	Question	s about this report?
Requested Subj	ect Information	Denotes a value	e not equal to the <u>Provided</u> value
Roger Barroso SSN: xxx-xx-169 DOB: 09-28-1967	-	Date Range Request	ed: 02-2016 to 08-2021
Provided Subje	ct Information	Denotes a value not e	equal to original <u>Requested</u> value
Roger Barroso SSN: xxx-xx-169 DOB: 09-28-1967	-	Date Range Provide	d: 12-2018 to 06-2019
<b>Original Reques</b>	st Information	<b>Provided Information</b>	
Position Held		Position Held	COMPANY DRIVER
Reason For Leavir	 IQ	Reason For Leaving	

Reason For Leaving	Reason For Leaving	
Driver Class	Driver Class	Company
Driver Type	Driver Type	Solo
Was the driver Terminated?	Was the driver Terminated?	
Was the driver subject to FMCSRs	Eligible for Rehire?	Review
while employed?	Was the driver subject to FMCSRs <b>Yes</b> while employed? Was the driver's job designated as <b>Yes</b> a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR	
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?		
Areas Driven	Part 40?	
Equipment Driven	Full Time / Part Time	FT
Trailer Driven	Areas Driven	OTR
Loads Hauled	Equipment Driven	Tractor-Trailer
	Trailer Driven	Van

Loads Hauled Miles per week

Number of States Driven

02-21-2023 09:36 AM - Annia Marichal (North American Transport Services, LLC)

02-18-2023 03:45 PM - Zigi Stamenkovic

Request sent under order #17203324 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

Print				
		North Ame	erican Transport Services, LLC	
Barroso Roger	Re-Send Request	Dates Requ	ested: 06-2021 to 01-2023	
Status: Submitted	Add/Edit Note	Items Requ	ested: EMP	
SSN: <b>592-13-1699</b>		 Date Requ	ested: 04-10-2024	
DOB: <b>09-28-1967</b>	Log Phone Attempt	Request M	ethod: Network	
Attempts: <b>1</b>		<u>Actual Provide M</u>	ethod: N/A	
Count towards Experience	Summary	Next Action	Date: 04-11-24 Edit Delete	
Request #: 46751467				
Report Activ	Report         Activity Log         Supporting Documents         Print			
Request / Response Report	Res	sponse Tracking ID: (None)	Request #: 46751467	
North American Transport Services, Provided By:Provided By:Annia MarichalTitle:(N/A)Address:7550 W 2nd CourtCity / State / Zip:Hialeah, FL 33014Email:amarichal@nalogiPhone:305-805-9400Fax:305-805-9955Items Requested:EMP		Question	s about this report?	
Requested Subject Information		Denotes a value	e not equal to the <u>Provided</u> value	
Barroso Roger SSN: xxx-xx-1699 DOB: 09-28-1967		Date Range Request	ed: 06-2021 to 01-2023	
Provided Subject Information		Denotes a value not e	equal to original <u>Requested</u> value	
Roger Barroso SSN: xxx-xx-1699 DOB: 09-28-1967		Date Range Provide	d: <b>04-2021</b> to <b>08-2021</b>	
Original Request Information	]	Provided Information		
Position Held		Position Held	COMPANY DRIVER	
Reason For Leaving		Reason For Leaving		
Driver Class		Driver Class	Company	
Driver Type		Driver Type	Solo	
Was the driver Terminated?		Was the driver Terminated?	Νο	
Was the driver subject to FMCSRs		Eligible for Rehire?	Review	
while employed?		Was the driver subject to FM	CSRs Yes	
Was the driver's job designated as a safety sensitive function in DOT		while employed?		
regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?		Was the driver's job designat a safety sensitive function in regulated mode subject to D	DOT rug	
Fait 40?		and Alcohol testing per 49 C	FR	
Areas Driven		Part 40?	FK	

Trailer Driven	Areas Driven	OTR
Loads Hauled	Equipment Driven	Tractor-Trailer
	Trailer Driven	
	Loads Hauled	
	Miles per week	
	Number of States Driven	
	Trailer Length	
Activity Log		
04-11-2024 11:36 AM - Annia Marichal (North American Tra	ansport Services, LLC)	
Response added. Request #46751467 status set to "Sub	mitted".	
04-10-2024 05:02 PM - Zigi Stamenkovic		
Request sent under order #19879609 via <b>Network</b> metho	od.	
Drivers: for questions about this report, contact the Tenstree	rd Street Tulsa, OK 74103. t Consumer Service Departmer vers@tenstreet.com	nt at 877-219-9283, Option 1, then

	4	SAFETY PERFOR	MANCE HISTORY
		RECORDS	REQUEST
			C
		- CONFII	DENTIAL -
Company: NORTH AMERICAN TRANSPORT SERVICES LL(DOT	<sup>г1284430)</sup> <i>Phone:</i> (З	05) 455-1150	<i>Date:</i> 04/10/24
Address: 160 ALI-BABA AVENUE OPA LOCKA,			
I hereby authorize this company to release all records of dates of any and all alcohol or drug tests, those confirm completion under direction of SAP/MRO) to each and ex connection with my application for employment compar from any and all liable type as a result of providing the	ned results, and/or my very company( their au ny, I hereby release this	refusing to any alcohol or drug te thorized agents) which may reque s company, and its employees, off	sts and any rehabilitation est such information in icers, directors, and agents
المريد (Apr 10, 2024 11:23 EDT)		Kristina Milacic (Apr 10, 2024 11:23 EDT)	
Applicant's Signature 8YUf 'DYfqcbby' 'A UbU[ Yf	(	Company representative	
H\Y'dYfgcb'bUaYX`\YfY]b`\Ug'Udd`]YX hc'h\]g\Vta Udd`]WlbhUg'U'dUghYad`cnYf"K]``nœi _]bX`mfYd UVcjYž'U```]UV]]ImcZnœi 'UbX'nœi f`VtadUbm\Ug'\ <u>PLEASE BE ADVISED!</u> Nti 'a UmfYd`mby FAX +16	ìm <mark>hc h\]g]</mark> bei]fmfYg VYYb fY`YUgYX Vmh\Y	dYWgb[`h\]g`Udd`]Wbh'`5g`nci '`Udd`]Wbt''	
Name of Applicant: Barroso Roge	er <i>ssn:</i> 592131699	Job Applying F	or: OTR Driver
Did the Applicant work for you as a driver: Yes If No, please explain:	No		
If employed as a driver, please answer the following:		End Date :	
Type of tractor operated:	Type of trailer pulled:		
Other equipment operated: 0	Commodities operated:		
Accidents: Yes No If yes, please give the c	late and brief description	on of each accident:	
Traffic Violations: Yes No If yes, please li	st all including the date	e and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	TANCES INFORMAT	ION	
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 re	lations, supervision, or	abuse of equipment?	
Name/Title (of person providing the above information)	):		
Company:			
Date:			