



2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: Star Transportation (DOT549928)**Phone:** (813) 659-1002**Date:** 04/10/24**Address:** 2302 HENDERSON WAY PLANT CITY, FL 33563 **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.

Roger Barroso (Apr 10, 2024 11:23 EDT)

Kristina Milacic (Apr 10, 2024 11:23 EDT)

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 YmgYbgHj Y d'cg H cbZ 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 J 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 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 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 U m f Y d m b y FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant:

Barroso Roger SSN: 592131699

Job Applying For: OTR Driver

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 Date : 07/2023 End Date : 11/2023

☐ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: Tractor-Trailer Type of trailer pulled: Van, 53 ft

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): Olha Zykova

Company: Star Transportation PA, Inc

Date: 04/11/2024

BRZ



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SAFETY PERFORMANCE HISTORY
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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.

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Company representative

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

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 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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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: Royal 3 Inc (DOT2828543)**Phone:** (630)485-7370**Date:** 04/10/24**Address:** 6850 W 63rd Street, Chicago, IL 60638**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.


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Company representative

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 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 b e i J m f Y g d Y M j b H g U d d 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 U g V Y Y b f Y Y U g Y X V m h Y U d d J M b t "

PLEASE BE ADVISED! M c i a U n f Y d m b y FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

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 Date : 02/08/2023 End Date : 05/23/2023

☐ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: Semi truck Type of trailer pulled: Dry van

Other equipment operated: n/a Commodities operated: General freight

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): Sofia M

Company: Zigi Freight dba Royal 3 Inc.

Date: 04/10/2024



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: Royal 3 Inc (DOT2828543)**Phone:** (630)485-7370**Date:** 04/10/24**Address:** 6850 W 63rd Street, Chicago, IL 60638**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.

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Kristina Milacic (Apr 10, 2024 11:23 EDT)

Applicant's Signature

Company representative

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H Y dYfgc 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]MbhUg U dUghYa d'cnYf K J nci J]bX mrfYd mhc H Jg]bei Jf mrfYgdYV]b H Jg Udd J]Mbh 5g nci k J fYUX k Uij Yf gUHUX UVcj YZU JUV JmicZnci UbX nci f Wda dUbmU Ug VYYb fY YUgYX VmH Y Udd J]Mbh

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

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 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: _____

Request / Response Report

Response Tracking ID: (None)


Request #: 39579179

North American Transport Services, LLC

Provided By: **Annia Marichal**
 Title: **(N/A)**
 Address: **7550 W 2nd Court**
 City / State / Zip: **Hialeah, FL 33014**
 Email: **amarichal@nalogistics.com**
 Phone: **305-805-9400**
 Fax: **305-805-9955**
 Items Requested: **EMP**

[Questions about this report?](#)


Requested Subject Information

 Denotes a value not equal to the Provided value

Roger Barroso
 SSN: **xxx-xx-1699**
 DOB: **09-28-1967**

Date Range Requested: **02-2016** to **08-2021**

Provided Subject Information

 Denotes a value not equal to original Requested value

Roger Barroso
 SSN: **xxx-xx-1699**
 DOB: **09-28-1967**

Date Range Provided: **12-2018** to **06-2019**

Original Request Information

Provided Information

Position Held
Reason For Leaving
Driver Class
Driver Type
Was the driver Terminated?
Was the driver subject to FMCSRs while employed?
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
Equipment Driven
Trailer Driven
Loads Hauled

Position Held	COMPANY DRIVER
Reason For Leaving	
Driver Class	Company
Driver Type	Solo
Was the driver Terminated?	
Eligible for Rehire?	Review
Was the driver subject to FMCSRs while employed?	Yes
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
Full Time / Part Time	FT
Areas Driven	OTR
Equipment Driven	Tractor-Trailer
Trailer Driven	Van
Loads Hauled	
Miles per week	
Number of States Driven	
Trailer Length	

Activity Log

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

Response added. Request #39579179 status set to "Submitted".

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 American Transport Services, LLC****Barroso Roger**Status: Submitted ▼SSN: **592-13-1699**DOB: **09-28-1967**Attempts: **1**Count towards Experience ☐

Request #: 46751467

[Re-Send Request](#)[Add/Edit Note](#)[Log Phone Attempt](#)[Summary](#)Dates Requested: **06-2021** to **01-2023**Items Requested: **EMP**Date Requested: **04-10-2024**Request Method: **Network**Actual Provide Method: **N/A**Next Action Date: **04-11-24** [Edit](#) [Delete](#)[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)**Request / Response Report**

Response Tracking ID: (None)

Request #: 46751467

North American Transport Services, LLCProvided By: **Annia Marichal**Title: **(N/A)**Address: **7550 W 2nd Court**City / State / Zip: **Hialeah, FL 33014**Email: **amarichal@nalogistics.com**Phone: **305-805-9400**Fax: **305-805-9955**Items Requested: **EMP**[Questions about this report?](#)**Requested Subject Information**Denotes a value not equal to the Provided value**Barroso Roger**SSN: **xxx-xx-1699**DOB: **09-28-1967**Date Range Requested: **06-2021** to **01-2023****Provided Subject Information**Denotes a value not equal to original Requested value**Roger Barroso**SSN: **xxx-xx-1699**DOB: **09-28-1967**Date Range Provided: **04-2021** to **08-2021****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?

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

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

Equipment Driven

Full Time / Part Time

FT

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 Transport Services, LLC)

Response added. Request #46751467 status set to "Submitted".

04-10-2024 05:02 PM - Zigi Stamenkovic

Request sent under order #19879609 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: NORTH AMERICAN TRANSPORT SERVICES LL(DOT1284430)**Phone:** (305) 455-1150**Date:** 04/10/24**Address:** 160 ALI-BABA AVENUE OPA LOCKA, FL 33054 **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.


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Applicant's Signature

Company representative

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H Y dYfgcb bUa YX \ YfY b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHij Y d'cgHjcbZ Mti f ZbX b H Y Udd J Mbh Ug U dUgh Ya d'cnYf K J nci J bX mYd mhc H Jg bei J mYgdYV Mjb H Jg Udd J Mbh 5g nci k J fYUX k Uij Yf gUHYX UVcj YZU JUV J mZnci UbX nci f Wda dUbm Ug VYYb fY YUGYX VmH Y Udd J Mbt

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

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 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: _____