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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

Company: BZ EXPRESS INC (DOT2327057)

Phone: (281) 715-3517

Date: 05/07/24

Address: 13702 RANKIN PARK DR HOUSTON, TX 77073 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.

Miguel Angel Coppinger Chamorro (May 7, 2024 18:45 EDT)

Kristina Milacic (May 8, 2024 09:02 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]hcbZMc 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 gUHYX Uvcj YZU" JUV] J]mcZnci UbX nci f Wda dUbm U gVYYb 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](mailto:safety@royal3inc.com).

Name of Applicant: Miguel Angel Coppinger Chamorro SSN: 769769870

Job Applying For: OTR Driver

Did the Applicant work for you as a driver: ☒ Yes ☐ No

If No, please explain: \_\_\_\_\_ 1. 02/05/2019 to 05/06/2023

If employed as a driver, please answer the following: Start Date : \_\_\_\_\_ 2. 08/29/2023 to 12/06/2023 End Date : \_\_\_\_\_

☐ Company Driver ☒ Owner/Operator ☐ Other? \_\_\_\_\_Type of tractor operated: Tractor-Trailer Type of trailer pulled: Dry vanOther equipment operated: n/a Commodities operated: General freightAccidents: ☐ 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): Judy Ruiz, Operations Manager-Safety and Compliance DptCompany: BZ Express IncDate: 5/17/2024




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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: \_\_\_\_\_

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Name/Title (of person providing the above information): \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_