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## North American Transport Services, LLC

**Armando Perera**[Re-Send Request](#)Dates Requested: **02-2024** to **04-2024**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **591-08-6063**Date Requested: **05-08-2024**DOB: **10-27-1959**[Log Phone Attempt](#)Request Method: **Network**Attempts: **2**Actual Provide Method: **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **05-16-24** [Edit](#) [Delete](#)

Request #: 47224945

[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)

## Request / Response Report

Response Tracking ID: (None)

Request #: 47224945

## 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**Armando Perera**Date Range Requested: **02-2024** to **04-2024**SSN: **xxx-xx-6063**DOB: **10-27-1959**

## Provided Subject Information

■ Denotes a value not equal to original Requested value**Armando Perera**Date Range Provided: **02-2024** toSSN: **xxx-xx-6063**DOB: **10-27-1959**

## Original Request Information

## Provided Information

Position Held	COMPANY DRIVER
Reason For Leaving	
Driver Class	Company
Driver Type	Solo
Was the driver Terminated?	No
Was the driver subject to FMCSRs while employed?	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?	Yes
Areas Driven	Yes
Equipment Driven	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

05-15-2024 03:17 PM - Annia Marichal (North American Transport Services, LLC)

Response added. Request #47224945 status set to "Submitted".

05-15-2024 03:56 AM - Zigi Stamenkovic

Request Re-sent via Network method

05-08-2024 04:16 PM - Zigi Stamenkovic

Request sent under order #20058859 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](mailto:drivers@tenstreet.com)



1

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** NORTH AMERICAN TRANSPORT SERVICES LLC (DOT1284430) **Phone:** (305) 455-1150**Date:** 05/08/24**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.

Armando Perera (May 8, 2024 14:44 EDT)

Kristina Milacic (May 8, 2024 14:44 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'gUZ/magYbg]hij Y d'cg]hcbZ'Mci f Z]bX]b[ H Y Udd' J]MbhUg U dUghYa d'cnyf"K J" nci \_]bX' mfyd' mhc H Jg]bei Jf mfygdYV]b[ H Jg Udd' J]Mbh' 5g'nci 'k J" fYUX'k Uij Yf gUHXY Uvcj YZU"" JUV] JmicZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX VmH Y Udd' J]Mbt"

**PLEASE BE ADVISED!** Mci 'a Unfyd' nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: Armando Perera

SSN: 591086063

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: GEMCAP TRUCKING INC (DOT1841988) Phone: (305) 551-5626

Date: 05/08/24

Address: 7570 NW 14 ST SUITE 106 MIAMI, FL 33126 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.

Armando Perera (May 8, 2024 14:44 EDT)

Kristina Milacic (May 8, 2024 14:44 EDT)

Applicant's Signature

Company representative

## Dear Personnel Manager

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.

**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: Armando Perera

SSN: 591086063

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 : 7/6/2023 End Date : 1/15/2024☒ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_Type of tractor operated: Tractor truck Type of trailer pulled: 53 Foot

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? ResignedWould 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): Marbelis Montiel, DirectorCompany: GEMCAP Trucking IncDate: 5/20/24



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** GEMCAP TRUCKING INC (DOT1841988) **Phone:** (305) 551-5626**Date:** 05/08/24**Address:** 7570 NW 14 ST SUITE 106 MIAMI, FL 33126 **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.

Armando Perera (May 8, 2024 14:44 EDT)

Kristina Milacic (May 8, 2024 14:44 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgc bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ Ymg Ybg H j Y d c g H j c b Z M c i f Z b X b H Y 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 j b e i j f m f Y g d Y M j b H g Udd 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 h 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 UnfYd nby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant: Armando Perera

SSN: 591086063

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**

**June 7, 2024**

RE: Employee Verification Requests for Armando Perera from AVALANCHE EXPRESS.

To whom it may concern:

As of May 8, 2024 I have made the following attempts to contact AVALANCHE EXPRESS in order to verify Armando Perera's employment there.

The first attempt was made on May 8, 2024 when I sent a request at [OPERATION@avalanchetransports.com](mailto:OPERATION@avalanchetransports.com) which was recommended by safety person when I reached out through phone to their office.

On May 15, 2024 I re-sent request completing the second attempt and on May 20, 2024 I have made a third and final attempt. A formal response from AVALANCHE EXPRESS was never received.

Sincerely,

Krisitna Milacic

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



Employment Verifications <ev@rtbrz.com>

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## Employment Verification for Armando Perera

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**Employment Verifications** <ev@rtbrz.com>

Mon, May 20, 2024 at 10:10 PM

To: OPERATION@avalanchetransports.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Armando Perera'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](mailto:ev@rtbrz.com)



**03DQ BRZ\_Armando Perera-5.pdf**

817K



Employment Verifications <ev@rtbrz.com>

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## Employment Verification for Armando Perera

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**Employment Verifications** <ev@rtbrz.com>

Wed, May 15, 2024 at 10:55 AM

To: OPERATION@avalanchetransports.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Armando Perera'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](mailto:ev@rtbrz.com)



**03DQ BRZ\_Armando Perera-5.pdf**

817K





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## Employment Verification for Armando Perera

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**Employment Verifications** <ev@rtbrz.com>

Wed, May 8, 2024 at 11:20 PM

To: OPERATION@avalanchetransports.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.  
I am sending you this email to confirm Armando Perera'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](mailto:ev@rtbrz.com)

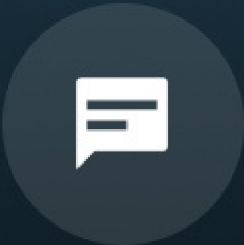


**03DQ BRZ\_Armando Perera-5.pdf**

817K



(305) 592-5333



5.27.24.

Outgoing call

13:04 (51 sec)

From

(630) 566-2119 (me)

(305) 592-5333

Phone number



Create new contact



Add to existing contact

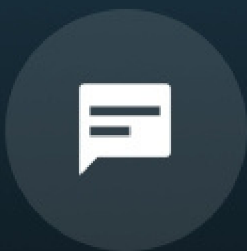


Block and report





(305) 592-5333



5.20.24.

Outgoing call

15:19 (48 sec)

From

(630) 566-2119 (me)

(305) 592-5333

Phone number



Create new contact



Add to existing contact

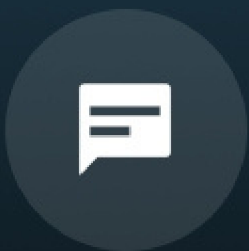


Block and report





(305) 592-5333



5.14.24.

Outgoing call

11:20 (49 sec)

From

(630) 566-2119 (me)

(305) 592-5333  
Phone number



Create new contact



Add to existing contact



Block and report





3

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** AVALANCHE EXPRESS (DOT1845140)**Phone:** (305) 592-5333**Date:** 05/08/24**Address:** 9950 NW SOUTH RIVER DR MEDLEY, FL 33166 **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.

Armando Perera (May 8, 2024 14:44 EDT)

Kristina Milacic (May 8, 2024 14:44 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 gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[ H Y Udd' J]MbhUg U dUghYa d'cnYf"K J" nci \_]bX' mYfYd' m'hc H Jg]bei Jf mYfYgdYV]b[ H Jg Udd' J]Mbh' 5g'nci 'k J" fYUX'k U]j Yf gUHXY UVcj YZU"" JUV] JmicZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX Vm'h Y Udd' J]Mbt"

**PLEASE BE ADVISED!** Mti 'a UmYfYd' mby FAX +1 630 485 6980 or e-mail: [safety@rtbrz.com](mailto:safety@rtbrz.com).

Name of Applicant:

Armando Perera

SSN: 591086063

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: \_\_\_\_\_