Print				
		Shi	ippers Preferred Express Inc.	
Romero Omar	Re-Send Request	Dates Reques	sted: 05-2024 to 05-2024	
Status: Submitted	Add/Edit Note	Items Reque	sted: EMP	
SSN: <b>592-87-0321</b>		Date Reque	sted: 05-14-2024	
DOB: 06-09-1960	Log Phone Attempt	Request Met	thod: <b>Network</b>	
Attempts: 1		Actual Provide Met	thod: N/A	
Count towards Experience	Summary	Next Action I	Date: 05-15-24 Edit Delete	
Request #: 47316810				
Report Activ	ity Log	Supporting Documents	Print	
Request / Response Report	Re	sponse Tracking ID: (None)	Request #: 47316810	
Shippers Preferred Express Inc.   Provided By: Mario Garcia   Title: (N/A)   Address: 2224 Grand Ave   City / State / Zip: Phoenix, AZ 85008   Email: mgarcia@spxinc.com   Phone: 602-278-6004   Fax: Items Requested:   Items Requested: EMP   Requested Subject Information   Romero Omar   SSN: xxx-xx-0321   DOB: 06-09-1960	com	Denotes a value Date Range Requested		
Provided Subject Information Denotes a value not equal to original Requested value   Omar Romero Date Range Provided: 07-2023 to 04-2024   SSN: xxx-xx-0321 DOB: 06-09-1960				
Original Request Information		Provided Information		
Position Held		Position Held	OTR Driver	
Reason For Leaving		Reason For Leaving	Resigned	
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		Eligible for Rehire?	Yes	
while employed? Was the driver's job designated as a safety sensitive function in DOT		Was the driver subject to FMC while employed?		
regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?		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		
Areas Driven		Part 40?		

Full Time / Part Time	Full			
Areas Driven	OTR			
Equipment Driven	Tractor-Trailer			
Trailer Driven	Van			
Loads Hauled	General Freight			
Miles per week	3000			
Number of States Driven	48			
Trailer Length	53			
05-14-2024 05:19 PM - Mario Garcia (Shippers Preferred Express Inc.)				
Response added. Request #47316810 status set to "Submitted".				
nod.				
	Areas Driven Equipment Driven Trailer Driven Loads Hauled Miles per week Number of States Driven Trailer Length Express Inc.) bmitted".			

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: <u>drivers@tenstreet.com</u>



## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## - CONFIDENTIAL -

Company: SHIPPERS PREFERRED EXPRESS INC (DOT1119424) Phone: (602) 278-6004

Date: 05/14/24

Address: 2224 GRAND AVENUE PHOENIX, AZ 85009 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.

1

Romero, Omar (May 14, 2024 13:00 EDT)

k	
Kristina Milacic (May 14, 2024 13:01 EDT)	

Applicant's Signature

Company representative

8YUf DYfgobbY`A UbU[Yf H\Y'dYfgobbUa YX`\YfY]b`\Ug'Udd`]YX ho'h\]g'Wda dUbmZof Ya d`ona Ybh]b`U'gUZYhn\gYbg]h]j Y'dog]h]cbžMti f`Z]bX]b[`H\Y Udd`]WIbhUg'U'dUghYa d`onYf"K]``noti \_]bX`mfYd`mho'h\]g']bei ]fmfYgdYVM]b[`H\]g'Udd`]WIbh"5g'noti k]``fYUX k Ujj Yf`gHUHYX UVcj Yž'U```]UV]`]hmcZnoti `UbX`noti f`Vda dUbm\Ug'VYb`fY`YUgYX Vmh\Y`Udd`]WIbt" <u>PLEASE BE ADVISED!</u> Noti `a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	me of Applicant: Romero, Omar SSN: 592870321		Job Applying For: OTR Drive	
Did the Applicant work for your for your for your for the second se				
If employed as a driver, plea	se answer the following: Start Date :		End Date :	
Company Driver Own	er/Operator Other?			
Type of tractor operated: _	Type of trail	er pulled:		
Other equipment operated: _	Commodities	operated:		
Accidents: Yes No	If yes, please give the date and brief	description of each acci	ident:	
Traffic Violations: Yes	No If yes, please list all includin	g the date and type of vi	olation:	
INQUIRY FOR ALCOHOL	AND CONTROLLED SUBSTANCES IN	FORMATION		
Alcohol tests with a result of	0.04 or greater? Yes No	If yes, please give da	ate:	
Verified positive controlled su	ubstances test results? Yes No	If yes, please give da	ate:	
Refusals to be tested?	Yes No	If yes, please give da	ate:	
Rehab completed under dire	ction of SAP/MRO?	If yes, please give da	ate:	
Any problems with bonding?	Yes No If yes, please expla	in:		
Why did this employee leave	your company?			
Would you re-employee this	person? Yes No If no, pleas	se explain:		
Additional comments: ( Any	problems with customer relations, super	vision, or abuse of equip	ment?	
Name/Title (of person provid	ing the above information):			
Company:				
Date:				

Print					
			North Ar	nerican T	ransport Services, LLC
Romero Omar	Re-Send Req	quest	Dates Rec	quested: <b>(</b>	04-2017 to 04-2024
Status: Submitted	Add/Edit No	ote	Items Rec	uested:	EMP
SSN: <b>592-87-0321</b>					05-14-2024
DOB: 06-09-1960	Log Phone Att	tempt	Request	Method: <b>I</b>	Network
Attempts: <b>1</b>			Actual Provide	Method:	N/A
Count towards Experience	Summary	у	Next Actio	on Date: <b>(</b>	05-15-24 Edit Delete
Request #: 47316757					
Report Activit	ty Log	S	upporting Documents		Print
Request / Response Report		Resp	oonse Tracking ID: (Non	e)	Request #: 47316757
North American Transport Services, IProvided By:Annia MarichalTitle:(N/A)Address:7550 W 2nd CourtCity / State / Zip:Hialeah, FL 33014Email:amarichal@nalogisPhone:305-805-9400Fax:305-805-9955Items Requested:EMP			Questio	ns abo	out this report?
Requested Subject Information			Denotes a val	ue not eq	ual to the <u>Provided</u> value
Romero Omar SSN: xxx-xx-0321 DOB: 06-09-1960			Date Range Reque	sted: <mark>04-</mark>	2017 to <mark>04-2024</mark>
Provided Subject Information			Denotes a value not	equal to	original <u>Requested</u> value
Romero Omar SSN: xxx-xx-0321 DOB: 06-09-1960			Date Range Provid	ded: 11-2	2022 to 05-2023
Original Request Information		Γ	Provided Information		
Position Held		F	Position Held		COMPANY DRIVER
Reason For Leaving		F	Reason For Leaving		BETTER
Driver Class					OPPORTUNITY
Driver Type			Driver Class		Company
Was the driver Terminated?			Driver Type		Solo
Was the driver subject to FMCSRs			Vas the driver Terminated	?	No
while employed?			Eligible for Rehire?		Review
Was the driver's job designated as a safety sensitive function in DOT			Vas the driver subject to F vhile employed?	MCSRs	Yes
regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?		V a	Vas the driver's job design a safety sensitive function egulated mode subject to	in DOT	Yes
Areas Driven		a	and Alcohol testing per 49		
Equipment Driven		F	Part 40?		
					1

Trailer Driven	Full Time / Part Time	FT		
Loads Hauled	Areas Driven	OTR		
	Equipment Driven	Tractor-Trailer		
	Trailer Driven			
	Loads Hauled	Loads Hauled		
	Miles per week			
	Number of States Driven			
Trailer Length				
Activity Log 05-15-2024 03:18 PM - Annia Marichal (North American T Response added. Request #47316757 status set to "Su	•			
05-14-2024 03:21 PM - Zigi Stamenkovic				
Request sent under order #20093603 via <b>Network</b> meth	od.			
Drivers: for questions about this report, contact the Tenstre	3rd Street Tulsa, OK 74103. et Consumer Service Department ; ivers@tenstreet.com	at 877-219-9283, Option 1, then		



## SAFETY PERFORMANCE HISTORY RECORDS REQUEST

## - CONFIDENTIAL -

Company: NORTH AMERICAN TRANSPORT SERVICES LLC (DOT1284430) Phone: (305) 455-1150

Date: 05/14/24

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.

2

Romero, Omar (May 14, 2024 13:00 EDT)

kr
Kristina Milacic (May 14, 2024 13:01 EDT)

Applicant's Signature

Company representative

8YUf DYfgobbY`A UbU[Yf H\Y'dYfgob bUa YX`\YfY]b`\Ug'Udd`]YX ho'h\]g'Wa dUbmZof Ya d`ona Ybh]b`U'gUZYm\gYbg]h]j Y'dog]h]obžWbi f`Z]bX]b[`H\Y Udd`]WIbhUg'U'dUghYa d`onYf''K]``noi \_]bX`mifYd`mho'h\]g']bei ]fmifYgdYWIJb[`H\]g'Udd`]WIbh''5g'noi 'k]``fYUX'k Ujj Yf`gHUHYX UVcj Yž'U```]UV]`]hmcZnoi 'UbX`noi f Wa dUbm\Ug'VYb`fY`YUgYX Vmh\Y'Udd`]WIbt'' <u>PLEASE BE ADVISED!</u>'Noi 'a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	ne of Applicant: Romero, Omar SSN: 592870321		Job Applying For: OTR Drive	
Did the Applicant work for your for your for the Applicant work for your for your for the Applicant work for your for yo	ou as a driver: Yes	No		
If employed as a driver, plea	se answer the following:	Start Date :		End Date :
Company Driver	er/Operator Other?			
Type of tractor operated:		Type of trailer	oulled:	
Other equipment operated:	Co	ommodities ope	erated:	
Accidents: Yes No	If yes, please give the da	te and brief de	scription of each acci	dent:
Traffic Violations: Yes	No If yes, please list	t all including t	ne date and type of vi	olation:
INQUIRY FOR ALCOHOL	AND CONTROLLED SUBST	TANCES INFO	RMATION	
Alcohol tests with a result of	0.04 or greater?	es 🗌 No	If yes, please give da	ate:
Verified positive controlled s	ubstances test results?	es 🗌 No	If yes, please give da	ate:
Refusals to be tested?	Y	′es 🗌 No	If yes, please give da	ate:
Rehab completed under dire	ction of SAP/MRO?	′es 🗌 No	If yes, please give da	ate:
Any problems with bonding?	Yes No If yes, j	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 rela	tions, supervis	on, or abuse of equip	ment?
Name/Title (of person provid	ling the above information):			
Company:				
Date:				