

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of **06/23/2024**. **Carrier VMT Outdated.**

To find out if this entity has a pending insurance cancellation, please [click here](#).

USDOT INFORMATION		
Entity Type:	CARRIER	
USDOT Status:	ACTIVE	Out of Service Date: None
USDOT Number:	4152997	State Carrier ID Number:
MCS-150 Form Date:	11/03/2023	MCS-150 Mileage (Year):
OPERATING AUTHORITY INFORMATION		
Operating Authority Status:	NOT AUTHORIZED	
	*Please Note: NOT AUTHORIZED does not apply to Private or Intrastate operations. For Licensing and Insurance details click here .	
MC/MX/FF Number(s):	MC-1594621	
COMPANY INFORMATION		
Legal Name:	ALBERTO'S TRANSPORTATION CORP	
DBA Name:		
Physical Address:	925 NE 34TH AVE UNIT 204 HOMESTEAD, FL 33033	
Phone:	(786) 712-2937	
Mailing Address:	925 NE 34TH AVE UNIT 204 HOMESTEAD, FL 33033-5338	
DUNS Number:	--	
Power Units:	1	Drivers: 1
Operation Classification:		
<input checked="" type="checkbox"/> Auth. For Hire	Priv. Pass.(Non-business)	State Gov't
<input type="checkbox"/> Exempt For Hire	Migrant	Local Gov't
<input type="checkbox"/> Private(Property)	U.S. Mail	Indian Nation
<input type="checkbox"/> Priv. Pass. (Business)	Fed. Gov't	
Carrier Operation:		
<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)
Cargo Carried:		
<input checked="" type="checkbox"/> General Freight	Liquids/Gases	Chemicals
<input type="checkbox"/> Household Goods	Intermodal Cont.	Commodities Dry Bulk
<input type="checkbox"/> Metal: sheets, coils, rolls	Passengers	<input checked="" type="checkbox"/> Refrigerated Food
<input type="checkbox"/> Motor Vehicles	Oilfield Equipment	Beverages
<input type="checkbox"/> Drive/Tow away	Livestock	Paper Products
<input type="checkbox"/> Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities
<input type="checkbox"/> Building Materials	Coal/Coke	Agricultural/Farm Supplies
<input type="checkbox"/> Mobile Homes	Meat	Construction
<input type="checkbox"/> Machinery, Large Objects	Garbage/Refuse	Water Well
<input type="checkbox"/> Fresh Produce	US Mail	



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: ALBERTO'S TRANSPORTATION CORP (DOT **Phone:** (786) 712-2937**Date:** 05/23/24**Address:** 925 NE 34TH AVE UNIT 204 HOMESTEAD, FL 33033 **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.

Ramon Antonio Jr Mejias (May 23, 2024 12:33 EDT)

Kristina Milacic (May 23, 2024 12:35 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'dcg]hcbZ'Mci f Z]bX]b[H Y Udd' WbhUg U'dUghYa d'cnyf"K J" nci _]bX' mfyd' mhc H Jg]bei Jf mfygdYV]b[H Jg Udd' Wbh' 5g'nci 'k J" fYUX'k Uij Yf gUHXX Uvcj YZU""JUV] JmcZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX VmH Y Udd' Wbt"

PLEASE BE ADVISED! Mci 'a Umfyd' nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** Ramon Antonio Jr Mejias SSN: 589229979**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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USDOT INFORMATION		
Entity Type:	CARRIER	
USDOT Status:	ACTIVE	Out of Service Date: None
USDOT Number:	3252886	State Carrier ID Number:
MCS-150 Form Date:	06/02/2022	MCS-150 Mileage (Year): 15,000 (2021)
OPERATING AUTHORITY INFORMATION		
Operating Authority Status:	NOT AUTHORIZED	
	<p>*Please Note: NOT AUTHORIZED does not apply to Private or Intrastate operations.</p> <p>For Licensing and Insurance details click here.</p>	
MC/MX/FF Number(s):	MC-1078389	
COMPANY INFORMATION		
Legal Name:	CER TRUCKING LLC	
DBA Name:		
Physical Address:	4021 PARTRIDGE AVE EVANS, CO 80620	
Phone:	(970) 673-3459	
Mailing Address:	4021 PARTRIDGE AVE EVANS, CO 80620	
DUNS Number:	--	
Power Units:	1	Drivers: 1
Operation Classification:		
<input checked="" type="checkbox"/> Auth. For Hire <input type="checkbox"/> Exempt For Hire <input type="checkbox"/> Private(Property) <input type="checkbox"/> Priv. Pass. (Business)	<input type="checkbox"/> Priv. Pass.(Non-business) <input type="checkbox"/> Migrant <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fed. Gov't	<input type="checkbox"/> State Gov't <input type="checkbox"/> Local Gov't <input type="checkbox"/> Indian Nation
Carrier Operation:		
Interstate	Intrastate Only (HM)	<input checked="" type="checkbox"/> Intrastate Only (Non-HM)
Cargo Carried:		
<input checked="" type="checkbox"/> General Freight <input type="checkbox"/> Household Goods <input type="checkbox"/> Metal: sheets, coils, rolls <input type="checkbox"/> Motor Vehicles <input type="checkbox"/> Drive/Tow away <input checked="" type="checkbox"/> Logs, Poles, Beams, Lumber <input checked="" type="checkbox"/> Building Materials <input type="checkbox"/> Mobile Homes <input checked="" type="checkbox"/> Machinery, Large Objects <input type="checkbox"/> Fresh Produce	<input type="checkbox"/> Liquids/Gases <input checked="" type="checkbox"/> Intermodal Cont. <input type="checkbox"/> Passengers <input checked="" type="checkbox"/> Oilfield Equipment <input type="checkbox"/> Livestock <input checked="" type="checkbox"/> Grain, Feed, Hay <input type="checkbox"/> Coal/Coke <input type="checkbox"/> Meat <input type="checkbox"/> Garbage/Refuse <input type="checkbox"/> US Mail	<input type="checkbox"/> Chemicals <input type="checkbox"/> Commodities Dry Bulk <input type="checkbox"/> Refrigerated Food <input type="checkbox"/> Beverages <input type="checkbox"/> Paper Products <input type="checkbox"/> Utilities <input checked="" type="checkbox"/> Agricultural/Farm Supplies <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Water Well



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: CER TRUCKING LLC (DOT3252886)**Phone:** (970) 673-3459**Date:** 05/23/24**Address:** 4021 PARTRIDGE AVE EVANS, CO 80620**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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Name/Title (of person providing the above information): _____

Company: _____

Date: _____