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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: STATEWIDE PROPANE LLC (DOT3198714) **Phone:** (305) 906-1136**Date:** 05/28/24**Address:** 186 SW 1 STREET HOMESTEAD, FL 33030 **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.

Elijah Raymond Bess

Elijah Raymond Bess (May 28, 2024 11:17 EDT)

Kristina Milacic

Kristina Milacic (May 28, 2024 11:20 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@royal3inc.com.

Name of Applicant: Elijah Raymond Bess SSN: 593446806**Job Applying For:** OTR DriverDid 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 : 12/16/23 End Date : 4/7/24☒ Company Driver ☐ Owner/Operator ☐ Other? _____Type of tractor operated: Flat bed 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? He said he hurt his back @ home. we gave him 2 weeks off (1 week paid) He then never answered the phone again for weeks.Would you re-employee this person? ☐ Yes ☒ No If no, please explain: _____Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? No call, No show. 4/1/24Name/Title (of person providing the above information): Office ManagerCompany: Statewide PropaneDate: 6/10/24



1

SAFETY PERFORMANCE HISTORY
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Company: STATEWIDE PROPANE LLC (DOT3198714) **Phone:** (305) 906-1136**Date:** 05/28/24**Address:** 186 SW 1 STREET HOMESTEAD, FL 33030 **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.

Elijah Raymond Bess

Elijah Raymond Bess (May 28, 2024 11:17 EDT)

Kristina Milacic

Kristina Milacic (May 28, 2024 11:20 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 YmgYbg H j Y d'cg H jcbZ Mti f Z bX b H Y Udd J Wbh Ug U dUgh Ya d'cnYf K J nci J bX mfyd mhc H g bei J mfygdYV M b H g Udd J Wbh 5g nci k J fYUX k U j Yf g UH X Uvcj YZ U JUV J mcz nci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J Wbt

PLEASE BE ADVISED! Mti a Unfyd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** Elijah Raymond Bess SSN: 593446806**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 -

Date: 05/28/24

Company: PFH AIR LLC (DOT3067240)

Phone: (773) 610-2310

Address: 2 FEATHERSTONE CT LK IN THE HLS, IL 60156 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.

Elijah Raymond Bass

Elijah Raymond Bass (May 28, 2024 11:17 EDT)

Applicant's Signature

[Signature]
Kirstina Wilkie (May 28, 2024 11:35 EDT)

Company representative

PLEASE BE ADVISED!by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:

Elijah Raymond Bass ssn: 593446806

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 :

07/2023

End Date :

08/2023

☒ Company Driver ☐ Owner/Operator ☐ Other?

Type of tractor operated:

SEMI-TRUCK

Type of trailer pulled:

53' VAN

Other equipment operated:

Commodities operated:

FAIR

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:

N/A

Any problems with bonding? Yes No If yes, please explain:

Why did this employee leave your company?

LEFT

Would you re-employ this person? | Yes |

☒ No

If no, please explain:

HE LEFT COMPANY

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?)

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

Company:

PFH AIR LLC

Date:

05/30/2024



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: PFH AIR LLC (DOT3067240)**Phone:** (773) 610-2310**Date:** 05/28/24**Address:** 2 FEATHERSTONE CT LK IN THE HLS, IL 60156 **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.

Elijah Raymond Bess

Elijah Raymond Bess (May 28, 2024 11:17 EDT)

Kristina Milacic (May 28, 2024 11:20 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 gUZYmAgYbg]hij Y d'cg]hcbZMcI f Z]bX]b[H Y Udd' WbhUg U dUghYa d'cnYf"K J" nci _]bX' mYd' mhc H Jg]bei JfmYgdYV]b[H Jg Udd' Wbh' 5g'nci 'k J" fYUX'k Uij Yf gUHYX Uvcj YZU" JUV] JmcZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX VmH Y Udd' Wbt"

PLEASE BE ADVISED! Mci 'a UmYd' nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** Elijah Raymond Bess SSN: 593446806**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: _____

The information below reflects the content of the FMCSA management information systems as of **06/27/2024**. **Carrier VMT Outdated.**

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

For more information about the Out of Service status of this company, click on [OOS Details](#).

USDOT INFORMATION			
Entity Type:	CARRIER		
USDOT Status:	OUT-OF-SERVICE	Out of Service Date:	04/10/2024
USDOT Number:	2549069	State Carrier ID Number:	
MCS-150 Form Date:	08/30/2022	MCS-150 Mileage (Year):	6,968,230 (2021)
OPERATING AUTHORITY INFORMATION			
Operating Authority Status:	OUT-OF-SERVICE For Licensing and Insurance details click here .		
MC/MX/FF Number(s):	MC-887756		
COMPANY INFORMATION			
Legal Name:	STREAMLINE EXPRESS INC		
DBA Name:			
Physical Address:	9219 INDIANAPOLIS BLVD STE 105D HIGHLAND , IN 46322		
Phone:			
Mailing Address:	6435 S QUINCY ST WILLOWBROOK, IL 60527		
DUNS Number:	--		
Power Units:	40	Drivers:	40
Operation Classification:			
<input checked="" type="checkbox"/> Auth. For Hire	<input type="checkbox"/> Priv. Pass.(Non-business)	<input type="checkbox"/> State Gov't	
<input type="checkbox"/> Exempt For Hire	<input type="checkbox"/> Migrant	<input type="checkbox"/> Local Gov't	
<input type="checkbox"/> Private(Property)	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Indian Nation	
<input type="checkbox"/> Priv. Pass. (Business)	<input type="checkbox"/> 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	<input type="checkbox"/> Liquids/Gases	<input type="checkbox"/> Chemicals	
<input type="checkbox"/> Household Goods	<input type="checkbox"/> Intermodal Cont.	<input type="checkbox"/> Commodities Dry Bulk	
<input type="checkbox"/> Metal: sheets, coils, rolls	<input type="checkbox"/> Passengers	<input type="checkbox"/> Refrigerated Food	
<input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Oilfield Equipment	<input type="checkbox"/> Beverages	
<input type="checkbox"/> Drive/Tow away	<input type="checkbox"/> Livestock	<input type="checkbox"/> Paper Products	
<input type="checkbox"/> Logs, Poles, Beams, Lumber	<input type="checkbox"/> Grain, Feed, Hay	<input type="checkbox"/> Utilities	
<input type="checkbox"/> Building Materials	<input type="checkbox"/> Coal/Coke	<input type="checkbox"/> Agricultural/Farm Supplies	
<input type="checkbox"/> Mobile Homes	<input type="checkbox"/> Meat	<input type="checkbox"/> Construction	
<input type="checkbox"/> Machinery, Large Objects	<input type="checkbox"/> Garbage/Refuse	<input type="checkbox"/> Water Well	
<input type="checkbox"/> Fresh Produce	<input type="checkbox"/> US Mail		



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: STREAMLINE EXPRESS INC (DOT2549069) **Phone:****Date:** 05/28/24**Address:** 9219 INDIANAPOLIS BLVD STE 105D HIGHLAND, IN 46322 **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.

Elijah Raymond Bess

Elijah Raymond Bess (May 28, 2024 11:17 EDT)

Kristina Milacic

Kristina Milacic (May 28, 2024 11:20 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]hcbZ Mti f Z]bX]b[H Y Udd J]WbhUg U dUghYa d'cnYf"K J" nci _]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 dUbmUg VYYb fY YUgYX VmH Y Udd J]Wbt"

PLEASE BE ADVISED! Mti 'a UmfYd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Elijah Raymond Bess SSN: 593446806

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: _____