

Order Details

Employment History Report

[Print Report](#)

Name: Richie Elysee
SSN: 2417
Case number: 34074584

[Submit a missing record request](#)

15000

Lead result: Completed

Lead start date: 05/31/2024

Lead end date: 06/22/2024

```
=====
CARRIER INFORMATION:                                USDOT# :80806
J B Hunt Transport Inc
AKA : JB Hunt
AKA : JBHunt
615 J B Hunt Corporate Drive                        PHONE :479-820-0000
Lowell AR 72745
```

```
CARRIER TYPE      RECORD AVAILABILITY
-----
LAST CARRIER UPDATE : 06/22/2024
DRIVER RECORDS SINCE: 01/01/2009
ACCIDENT/INCIDENT AVAILABLE : Yes
CURRENT DRIVER AVAILABLE   : Yes
```

Additional Notes:
NOTE: JB Hunt provides accident information as they occur.

Non-FMCSA DOT regulated employers (FAA/FTA/FRA/PHMSA/USCG) for Drug and Alcohol Records will need to contact JB Hunt directly via email at brendan.long@jbhunt.com

For FMCSA regulated employers - Employers MUST use the FMCSA Drug & Alcohol Clearinghouse to obtain the results of DOT Drug or Alcohol tests or refusals conducted under the authority of 49 CFR part 382.

```
=====
DRIVER INFORMATION:
NAME      : Elysee, Richie                      SSN : 728-88-2417
PHONE                                           DOB : 12/22
MV LIC 1: FL-E420720934620
ADDRESS : 1392 NE 147TH ST MIAMI FL 33161
```

EQUIP TYPE : Not Provided
LOADS HAULED : Gen Commodity
DRIVER EXP : Over the Road

WORK DETAIL

```
-----
FROM      TO      COMPANY      : JB HUNT
06/26/2023 06/10/2024 POSITION      : Owner/Operator
REASON FOR LEAVING : Resigned/Quit (Or Driver Terminated
Lease)
```

VOL / INVOL : Not Provided
ELIGIBLE FOR REHIRE: REVIEW

=====

ACCIDENT/INCIDENT DETAIL : 0 ACCIDENT/INCIDENT RECORDS REPORTED FOR DRIVER.



1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: J B HUNT TRANSPORT INC (DOT0080806) **Phone:** (479) 820-0000**Date:** 05/30/24**Address:** 615 J B HUNT CORPORATE DRIVE LOWELL, AR 72745 **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.

Richie Elysee (May 30, 2024 11:26 EDT)

Kristina Milacic (May 30, 2024 11:27 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby A UbU Yf

H Y dYfgcb bUa YX YfYb U gUdd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUzYmgYbgHij Y d'cgHjcbZMci f ZbXb H Y Udd J Wbh Ug U dUgh Ya d'cnYf K J nci J bX mfyd mhc H Jg bei J mfygdYVb H Jg Udd J Wbh 5g nci k J fYUX k Uij Yf gUHX Uvcj YZU JUV JmcZnci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J Wbt

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

Name of Applicant:

Richie Elysee SSN: 728882417

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: _____

General Info.

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

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:	2562671	State Carrier ID Number:
MCS-150 Form Date:	02/16/2023	MCS-150 Mileage (Year): 69,340 (2022)
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-894377	
COMPANY INFORMATION		
Legal Name:	ARBJ TRANSPORT LLC	
DBA Name:		
Physical Address:	18220 NW 16 AVE MIAMI, FL 33169	
Phone:	(786) 715-5310	
Mailing Address:	18220 NW 16 AVE MIAMI, FL 33169	
DUNS Number:	--	
Power Units:	1	Drivers: 1
Operation Classification:		
<input checked="" type="checkbox"/> Auth. For Hire Exempt For Hire Private(Property) 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:		
<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 Household Goods Metal: sheets, coils, rolls Motor Vehicles Drive/Tow away Logs, Poles, Beams, Lumber Building Materials Mobile Homes Machinery, Large Objects <input checked="" type="checkbox"/> Fresh Produce	Liquids/Gases Intermodal Cont. Passengers Oilfield Equipment Livestock Grain, Feed, Hay Coal/Coke <input checked="" type="checkbox"/> Meat Garbage/Refuse US Mail	Chemicals Commodities Dry Bulk <input checked="" type="checkbox"/> Refrigerated Food <input checked="" type="checkbox"/> Beverages Paper Products Utilities Agricultural/Farm Supplies Construction Water Well



2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: ARBJ TRANSPORT LLC (DOT2562671)**Phone:** (786) 715-5310**Date:** 05/30/24**Address:** 18220 NW 16 AVE MIAMI, FL 33169**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.

Richie Elysee (May 30, 2024 11:26 EDT)

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Applicant's Signature

Company representative

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

Name of Applicant:

Richie Elysee SSN: 728882417

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: _____

[Print](#)**Gurman Trucking****Richie Elysee**[Re-Send Request](#)Dates Requested: **03-2020** to **06-2022**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **728-88-2417**Date Requested: **05-31-2024**DOB: **12-22-1993**[Log Phone Attempt](#)Request Method: **Network**Attempts: **1**Actual Provide Method: **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **06-01-24** [Edit](#) [Delete](#)**Request #:** 47599633[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)**Request / Response Report**

Response Tracking ID: (None)

Request #: 47599633**Gurman Trucking**

Provided By: **Khusnora Makhkamova**
Title: **(N/A)**
Address: **2020 Algonquin Road**
City / State / Zip: **Schaumburg, IL 60173**
Email: **anna@gurmanprime.com**
Phone: **407-583-4607**
Fax:
Items Requested: **EMP**

[Questions about this report?](#)**Requested Subject Information**■ Denotes a value not equal to the Provided value**Richie Elysee**Date Range Requested: **03-2020** to **06-2022**SSN: **xxx-xx-2417**DOB: **12-22-1993****Provided Subject Information**■ Denotes a value not equal to original Requested value**Richie Elysee**Date Range Provided: **06-2020** to **01-2022**SSN: **xxx-xx-2417**DOB: **12-22-1993****Original Request Information****Provided Information**

Position Held

Position Held

DRIVER

Reason For Leaving

Reason For Leaving

RESIGNED

Driver Class

Driver Class

Lease Purchase

Driver Type

Driver Type

Team

Was the driver Terminated?

Was the driver Terminated?

No

Was the driver subject to FMCSRs while employed?

Termination Reason:

DETAILED WORKING PERIOD:**START 06/12/2020- STOP 09/01/2020****START 01/04/2021- STOP 05/10/2021****START 06/15/2021- STOP 12/18/2021****START 01/17/2022- STOP 01/24/2022**

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?

Eligible for Rehire?

Review

Areas Driven

Was the driver subject to FMCSRs while employed?

Yes

Equipment Driven

Trailer Driven	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
Loads Hauled	Full Time / Part Time	FULL
	Areas Driven	OTR DRIVER
	Equipment Driven	Tractor-Trailer
	Trailer Driven	Van
	Loads Hauled	GENERAL COMMODITIES
	Miles per week	N/A
	Number of States Driven	48
	Trailer Length	53

Activity Log

06-03-2024 09:33 AM - Khusnora Makhkamova (Gurman Trucking)

Response added. Request #47599633 status set to "Submitted".

05-31-2024 02:46 PM - Zigi Stamenkovic

Request sent under order #20200669 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



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: GURMAN TRUCKING INC (DOT1244207)**Phone:** (630) 381-0064**Date:** 05/30/24**Address:** 2020 E ALGONQUIN ROAD SUITE 308 SCHAUMBURG, IL 60173 **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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Applicant's Signature

Company representative

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H Y dYfgc bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ/magYbgHij Y d'cgHjcbZMci f ZbXb H Y Udd J Wbh Ug U dUgh Ya d'cnYf K J nci J bX mfyd mhc H g bei J mfygdYVJb H g Udd J Wbh 5g nci k J fYUX k Uij 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

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Company: _____

Date: _____