

- CONFIDENTIAL -

Date: 05/28/24

Company: MIRELA'S COMPANY INC (DOT3176429) Phone: (773) 900-4455

Address: 2980 BANBURY LN LAKE IN THE HILLS, 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.

from any and all liable type as a result of providing the following information	ation to the below mentioned person and/or company.
Osorio, Silvio Gabriel (May 29, 2024 15:18 EDT)	Kristina Milacic (May 29, 2024 15:19 EDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for employer applicant as a past employer. Will you kindly reply to this inquir above, all liability of you and your company has been released to <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980 or	y respecting this applicant. As you will read waiver stated by the applicant.
Name of Applicant: Osorio, Silvio Gabriel SSN: 770927	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 : $\frac{3/3}{2}$ Company Driver Owner/Operator Other?	
Type of tractor operated: Type of trailer p	ulled: 53 semi trailer
Other equipment operated: Commodities open	rated:
Traffic Violations: Yes No If yes, please list all including the	scription of each accident:
Failure to Maintain Lane 5/4/21 INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION IN THE PROPERTY OF	PMATION
	If yes, please give date:
Why did this employee leave your company?couldn't meet the targets for o	ur company
Would you re-employee this person? \square Yes \square No \square if no, please e	explain:only if he can meet our target goals
Additional comments: (Any problems with customer relations, supervision	on, or abuse of equipment?no
Name/Title (of person providing the above information):	EUTA

Royal3 Inc.

5/31/24



- CONFIDENTIAL -

Date: 05/28/24

Company: MIRELA'S COMPANY INC (DOT3176429) Phone: (773) 900-4455

Address: 2980 BANBURY LN LAKE IN THE HILLS, IL 60156 Fax:

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Osorio, Silvio Gabriel (May 29, 2024 15:18 EDT)	Kristina Milacic (May 29, 2024 15:19 EDT)
Applicant's Signature	Company representative
8YUf DYfgebbY`A UbU[Yf H\Y'dYfgeb bUa YX`\YfY]b`\Ug'Udd`]YX'hc'h\]g'Wa dUbmZef Ya Udd`]WbhUg'U'dUghYa d`enYf"K]``nci '_]bX`mfYd`nmc'h\]g']b UVej YžU``]UV]]hmeZnci 'UbX'nci f Wa dUbm\Ug'VYYb fY'YUg <u>PLEASE BE ADVISED!</u> Nci 'a UmfYd`mby FAX +1 630 485 698	oei]fmfYgdYVM[b["h.]g'Udd']VMbH"5g'ncik]``fYUX'kU[jYf'gHUhYX gYX'Vmhl.Y'Udd']VMbt"
Name of Applicant: Osorio, Silvio Gabriel SSN: 770	9927211 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 Company Driver Owner/Operator Other?	: End Date :
Type of tractor operated: Type of train	iler pulled:
Other equipment operated: Commodities	operated:
Accidents: Yes No If yes, please give the date and brie	f description of each accident:
Traffic Violations: Yes No If yes, please list all including	ng the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	NFORMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results? Yes No	If yes, please give date:
Refusals to be tested?	If yes, please give date:
Rehab completed under direction of SAP/MRO?	If yes, please give date:
Any problems with bonding? Yes No If yes, please expla	ain:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, plea	ase explain:
Additional comments: (Any problems with customer relations, supe	ervision, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	<u> </u>

Royal3 Inc.



- CONFIDENTIAL -

Date: 05/28/24

Company: STAR TRANSPORTATION PA INC (DOT1437731) Phone: (267) 397-8040

Address: 301 NW 171ST ST MIAMI GARDENS, 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 (sconnection with my application for employment company, I hereby rele	
from any and all liable type as a result of providing the following inform	
Osorio, Silvio Gabriel (May 29, 2024 15:18 EDT)	Kristina Milacic (May 29, 2024 15:19 EDT)
Applicant's Signature	Company representative
8YUf DYfgcbbY A UbU[Yf H\Y'dYfgcb bUa YX'\YfY]b \Ug'Udd`]YX hc h\]g'Wfa dUbmZcf Ya c Udd`]WIbhUg'U'dUghYa d`cnYf"K]``nci `_]bX`mfYd`nrhc'h\]g']bei UVcj YžU```]UV]]hmcZnci 'UbX'nci f Wfa dUbm\Ug'VYYb fY`YUgYX PLEASE BE ADVISED! Mci 'a UmfYd`nrby FAX +1 630 485 6980	d`cma Ybh]b`U`gUZYhn:\hgYbg]h]j Y`dcg]h]cbžNtif`Z]bX]b[`h\Y]fmfYgdYVM[b[`h\]g`Udd`]WMbH"5g`nci k]``fYUX`kU]jYf`ghUhYX (`Vmh\Y`Udd`]WMbt''
Name of Applicant: Osorio, Silvio Gabriel SSN: 77092	27211 Job Applying For: OTR Driver
Did the Applicant work for you as a driver: X Yes No If No, please explain:	02/2023 08/2023 End Date : 04/2023
If employed as a driver, please answer the following: Start Date :	End Date :
Type of tractor operated: TRACTOR-TRAILER Type of trailer	
Other equipment operated: Commodities op	perated:
Accidents: Yes X No If yes, please give the date and brief d	escription 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 INFO	DRMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results? Yes X No	If yes, please give date:
Refusals to be tested?	If yes, please give date:
Rehab completed under direction of SAP/MRO? Yes X No	If yes, please give date:
Any problems with bonding? Yes No If yes, please explain	I:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, please	e explain:
Additional comments: (Any problems with customer relations, supervise	sion, or abuse of equipment?
Name/Title (of person providing the above information):GIOVANN	NI PEDRAZZOLI
Company: STAR TRANSPORTATION PA, INC	_
Date: 5/31/2024	



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Date: 05/28/24

Company: STAR TRANSPORTATION PA INC (DOT1437731) Phone: (267) 397-8040

Address: 301 NW 171ST ST MIAMI GARDENS, FL 33169 Fax:

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completion under direction of SAP/MRO) to each and every company(connection with my application for employment company, I hereby rel from any and all liable type as a result of providing the following infor	lease this company, and its employees, officers, directors, and agents
Troffi any and an habie type as a result of providing the following infor	mation to the below mentioned person and/or company.
Osorio, Silvio Gabriel (May 29, 2024 15:18 EDT)	Kristina Milacic (May 29, 2024 15:19 EDT)
Applicant's Signature	Company representative
8YUF 'DYfgebbY' 'A UbU[Yf H\Y'dYfgeb bUa YX\YfY]b\Ug'Udd']YX he 'h\]g\Wa dUbm'Zef 'Ya Udd']WIbh'Ug'U'dUgh'Ya d'enYf"K]'`'ntti '_]bX'mfYd'mhe 'h\]g]bel UVcj YZ'U```]U\]]mneZmti 'UbX'ntti f\Wa dUbm\Ug\VYYb fY`YUgY. PLEASE BE ADVISED! Mti 'a UmfYd'mby FAX +1 630 485 6980	si]fmfYgdYVM[b['h\]g'Udd`]WWbH'5g'noci k]``fYUX'kU]jYf'ghUhYX X'Vmh\Y'Udd`]WWbt''
Name of Applicant: Osorio, Silvio Gabriel SSN: 7709	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 traile	r pulled:
Other equipment operated: Commodities o	perated:
Accidents: Yes No If yes, please give the date and brief of	description of each accident:
Traffic Violations: Yes No If yes, please list all including	g the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INF	ORMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results? Yes No	If yes, please give date:
Refusals to be tested?	If yes, please give date:
Rehab completed under direction of SAP/MRO?	If yes, please give date:
Any problems with bonding? Yes No If yes, please explain	n:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, please	se explain:
Additional comments: (Any problems with customer relations, superv	rision, or abuse of equipment?
Name/Title (of person providing the above information): Company:	
r· /	-

Royal3 Inc.



- CONFIDENTIAL -

Date: 05/28/24

Company: R G UNION LLC (DOT3824253)

Address: 7942 BOLES RD ODESSA, TX 79764

Phone: (954) 324-5488

Fax:

3

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
8YUf DYfgebbY`A UbU[Yf H\Y'dYfgeb bUa YX`\YfY]b`\Ug'Udd`]YX'nc'H\]g Udd`]WbhUg'U'dUghYa d`cnYf'''K]``nci '_]bX`m UVcj YžU```]UV]]ImrcZnci 'UbX'nci f`Wa dUbm\ <u>PLEASE BE ADVISED!</u> 'Nci 'a UmfYd`mby FAX -	ifYd`mhc Ug`VYYb	h\]g]bei fY`YUgY)	
Name of Applicant: Osorio, Silvio Ga	briel <i>ss</i>	n: 77092	27211 Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes If No, please explain:) No		
If employed as a driver, please answer the followin Company Driver Owner/Operator Ot	_		03/2022 End Date : 01/2023
Type of tractor operated:	Тур	e of trailer	pulled:
Other equipment operated:	Comr	nodities op	perated:
Accidents: \square Yes $igvee$ No $$ If yes, please give t	he date a	and brief d	escription of each accident:
Traffic Violations: Yes Vio If yes, plea	se list all	including	the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED S	UBSTAN	ICES INF	DRMATION
Alcohol tests with a result of 0.04 or greater?	Yes	V 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, plea	ase 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 custome	er relation	ns, supervi	sion, or abuse of equipment?
Name/Title (of person providing the above information	tion):	Gabriel (Osorio



- CONFIDENTIAL -

Date: 05/28/24

Company: R G UNION LLC (DOT3824253)

Address: 7942 BOLES RD ODESSA, TX 79764

Phone: (954) 324-5488

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3

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Applicant's Signature	Company representative	
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Name of Applicant: Osorio, Silvio Gabriel SSN: 7709.	27211 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 : _ Company Driver Owner/Operator Other?	End Date :	
Type of tractor operated: Type of trailer	r pulled:	
Other equipment operated: Commodities o	perated:	
Accidents: Yes No If yes, please give the date and brief of	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 INF	CORMATION	
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:	
Verified positive controlled substances test results? Yes No	If yes, please give date:	
Refusals to be tested?	If yes, please give date:	
Rehab completed under direction of SAP/MRO?	If yes, please give date:	
Any problems with bonding? Yes No If yes, please explain	n:	
Why did this employee leave your company?		
Would you re-employee this person? Yes No If no, please	e explain:	
Additional comments: (Any problems with customer relations, supervi	ision, or abuse of equipment?	
Name/Title (of person providing the above information): Company:		
	_	

Royal3 Inc.