



1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: MIRELA'S COMPANY INC (DOT3176429) **Phone:** (773) 900-4455**Date:** 05/28/24**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.

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 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: Osorio, Silvio Gabriel SSN: 770927211**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 : 3/3/21 1/14/22 11/1/23 End Date : 10/17/21 3/31/22 5/17/24☒ Company Driver ☐ Owner/Operator ☐ Other? _____Type of tractor operated: semi Type of trailer pulled: 53 semi trailer

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: _____

Failure to Maintain Lane 5/4/21

INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATIONAlcohol 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? couldn't meet the targets for our companyWould you re-employee this person? ☐ Yes ☒ No If no, please explain: only if he can meet our target goalsAdditional comments: (Any problems with customer relations, supervision, or abuse of equipment? noName/Title (of person providing the above information): DUMITRU MEREUTACompany: MIRELA'S COMPANY INCDate: 5/31/24



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Company: MIRELA'S COMPANY INC (DOT3176429) **Phone:** (773) 900-4455**Date:** 05/28/24**Address:** 2980 BANBURY LN LAKE IN THE HILLS, IL 60156 **Fax:**

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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 d'cg]hcbZ Mti f Z]bX]b[H Y Udd J]WbhUg U dUghYa d'cnYf K J nci J]bX mYd mhc H Jg]bei JfmYgdYV]b[H Jg Udd J]Wbh 5g nci k J fYUX k Uij Yf gUHX Uvcj YZU JUV J]mcZnci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J]Wbt

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

Name of Applicant: Osorio, Silvio Gabriel SSN: 770927211

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: _____



2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: STAR TRANSPORTATION PA INC (DOT1437731) **Phone:** (267) 397-8040**Date:** 05/28/24**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(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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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 JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZYmgYbg]hij Y d'cg]hcbZMc f Z]bX]b H Y Udd J]WbhUg U dUghYa d'cnyf K J nci J]bX mfyd mhc H Jg]bei JmfYgdYV]b H Jg Udd J]Wbh 5g nci k J fYUX k Uj Yf gUHX Uvcj YZU JUV J]mcZnci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J]Wbt

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Name of Applicant: Osorio, Silvio Gabriel SSN: 770927211

Job Applying For: OTR Driver

Did the Applicant work for you as a driver: X Yes No

If No, please explain: 02/2023 04/2023

If employed as a driver, please answer the following: Start Date : 08/2023 End Date : 10/2023

☒ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: TRACTOR-TRAILER 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): GIOVANNI PEDRAZZOLI

Company: STAR TRANSPORTATION PA, INC

Date: 5/31/2024



2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: STAR TRANSPORTATION PA INC (DOT1437731) **Phone:** (267) 397-8040**Date:** 05/28/24**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(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 dYfgcbbUa YX YfYb U Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZMci 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 gUHXY Uvcj YZU" JUV J]mcZnci UbX nci f Wda dUbm U gVYYb fY YUgYX VmH Y Udd J]Wbt"

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Name of Applicant: Osorio, Silvio Gabriel SSN: 770927211

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: _____



3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: R G UNION LLC (DOT3824253)

Phone: (954) 324-5488

Date: 05/28/24

Address: 7942 BOLES RD ODESSA, TX 79764

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 dYfgcb bUa YX \ YfY]b \ Ug Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]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 g]bei Jf mrfYgdYV]b[H g Udd J]Wbh"5g nci k J" fYUX k Uij Yf gUHXY Uvcj YZU""JUV] JmcZnci UbX nci f Wda dUbmUg 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: Osorio, Silvio Gabriel SSN: 770927211

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 : 03/2022 End Date : 01/2023

☒ 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): Gabriel Osorio

Company: R G Union LLC

Date: 05/31/2024



3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: R G UNION LLC (DOT3824253)**Phone:** (954) 324-5488**Date:** 05/28/24**Address:** 7942 BOLES RD ODESSA, TX 79764**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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Company representative

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Name of Applicant: Osorio, Silvio Gabriel SSN: 770927211

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: _____