

[Print](#)**North American Transport Services, LLC****David Aaron Greer**[Re-Send Request](#)Dates Requested: **08-2020** to **08-2023**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **406-15-4292**Date Requested: **06-19-2024**DOB: **10-09-1979**[Log Phone Attempt](#)Request Method: **Network**Attempts: **1**Actual Provide Method: **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **06-20-24** [Edit](#) [Delete](#)**Request #:** 47920238[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)**Request / Response Report**

Response Tracking ID: (None)

**Request #:** 47920238**North American Transport Services, LLC**Provided By: **Annia Marichal**Title: **(N/A)**Address: **7550 W 2nd Court**City / State / Zip: **Hialeah, FL 33014**Email: **amarichal@nalogistics.com**Phone: **305-805-9400**Fax: **305-805-9955**Items Requested: **EMP**[Questions about this report?](#)**Requested Subject Information**■ Denotes a value not equal to the Provided value**David Aaron Greer**SSN: **xxx-xx-4292**DOB: **10-09-1979**Date Range Requested: **08-2020** to **08-2023****Provided Subject Information**■ Denotes a value not equal to original Requested value**David AA Greer**SSN: **xxx-xx-4292**DOB: **10-09-1979**Date Range Provided: **08-2020** to **10-2022****Original Request Information**

Position Held
Reason For Leaving
Driver Class
Driver Type
Was the driver Terminated?
Was the driver subject to FMCSRs while employed?
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?
Areas Driven
Equipment Driven

**Provided Information**

Position Held	<b>COMPANY DRIVER</b>
Reason For Leaving	
Driver Class	<b>Company</b>
Driver Type	<b>Solo</b>
Was the driver Terminated?	<b>No</b>
Eligible for Rehire?	<b>Review</b>
Was the driver subject to FMCSRs while employed?	<b>Yes</b>
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?	<b>Yes</b>
Full Time / Part Time	<b>FT</b>

Trailer Driven	Areas Driven	OTR
Loads Hauled	Equipment Driven	Tractor-Trailer
	Trailer Driven	
	Loads Hauled	
	Miles per week	
	Number of States Driven	
	Trailer Length	

### Activity Log

06-20-2024 07:28 AM - Annia Marichal (North American Transport Services, LLC)

Response added. Request #47920238 status set to "Submitted".

06-19-2024 03:48 PM - Zigi Stamenkovic

Request sent under order #20323650 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](mailto:drivers@tenstreet.com)



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** NORTH AMERICAN TRANSPORT SERVICES LLC (DOT1284430) **Phone:** (305) 455-1150**Date:** 06/17/24**Address:** 160 ALI-BABA AVENUE OPA LOCKA, FL 33054 **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.

David Aaron Greer (Jun 17, 2024 10:22 EDT)

Kristina Milacic (Jun 17, 2024 10:24 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 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 gUH YX Uvcj YZ U 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](mailto:safety@royal3inc.com).

Name of Applicant: David Aaron Greer SSN: 406154292

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](#)

Nis Express Inc

**David Aaron Greer**[Re-Send Request](#)Dates Requested: **08-2023** to **06-2024**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **406-15-4292**Date Requested: **06-19-2024**DOB: **10-09-1979**[Log Phone Attempt](#)Request Method: **Network**Attempts: **1**Actual Provide Method: **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **06-20-24** [Edit](#) [Delete](#)

Request #: 47920340

[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)**Request / Response Report**

Response Tracking ID: (None)

Request #: 47920340

**Nis Express Inc**

Provided By: **Mihajlo Bogdanovic**  
Title: **Recruiter**  
Address: **9650 S Nottingham Ave #2E**  
City / State / Zip: **Hickory Hills, IL 60415**  
Email: **safety@nisexpressinc.com**  
Phone: **708-880-4090**  
Fax:  
Items Requested: **EMP**

[Questions about this report?](#)**Provided Subject Information****David Aaron Greer**Date Range Provided: **08-2023** to **06-2024**SSN: **xxx-xx-4292**DOB: **10-09-1979****Original Request Information**

Position Held
Reason For Leaving
Driver Class
Driver Type
Was the driver Terminated?
Was the driver subject to FMCSRs while employed?
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?
Areas Driven
Equipment Driven
Trailer Driven
Loads Hauled

**Provided Information**

Position Held	<b>Driver</b>
Reason For Leaving	<b>Voluntarily quit</b>
Driver Class	<b>Company</b>
Driver Type	<b>Solo</b>
Was the driver Terminated?	<b>No</b>
Eligible for Rehire?	<b>Review</b>
Was the driver subject to FMCSRs while employed?	<b>Yes</b>
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?	<b>Yes</b>
Full Time / Part Time	<b>Full time</b>
Areas Driven	<b>OTR</b>
Equipment Driven	<b>Tractor-Trailer</b>
Trailer Driven	<b>Van</b>
Loads Hauled	<b>General freight</b>

Miles per week	
Number of States Driven	<b>48</b>
Trailer Length	<b>53</b>

### Activity Log

06-20-2024 07:21 AM - Mihajlo Bogdanovic (Nis Express Inc)

Response added. Request #47920340 status set to "Submitted".

06-19-2024 03:49 PM - Zigi Stamenkovic

Request sent under order #20323680 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](mailto:drivers@tenstreet.com)



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** NIS EXPRESS INC (DOT2505119)**Phone:** (708) 880-4090**Date:** 06/17/24**Address:** 7667 W 95TH ST SUITE 300 HICKORY HILLS, IL 60457 **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.

David Aaron Greer (Jun 17, 2024 10:22 EDT)

Kristina Milacic (Jun 17, 2024 10:24 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 YmgYbgHij Y d'cgHjcbZ 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 Uij Yf g UH YX 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 Umfyd nby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant:

David Aaron Greer SSN: 406154292

Job Applying For: OTR Driver

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

If No, please explain: \_\_\_\_\_

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☐ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: \_\_\_\_\_ Type of trailer pulled: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_