

**Riki Transportation Inc dba BRZ
8225 Leclaire Ave
Burbank, IL 60459**

July 24, 2024

RE: Employee Verification Requests for Peter Carmant from FREMONT TRANS INC.

To whom it may concern:

As of June 24, 2024 I have made the following attempts to contact FREMONT TRANS INC in order to verify Peter Carmant's employment there.

The first attempt was made on June 24, 2024 when I sent a request at INFO@fremonttransinc.com which was recommended by safety person when I reached out through phone to their office.

On July 1, 2024 I re-sent request completing the second attempt and on July 8, 2024 I have made a third and final attempt. A formal response from FREMONT TRANS INC was never received.

Sincerely,

Kristina Milacic

A handwritten signature in blue ink, appearing to read 'Kristina', is positioned above a solid blue horizontal line.



Employment Verifications <ev@rtbrz.com>

Employment Verification for Peter Carmant

Employment Verifications <ev@rtbrz.com>

Mon, Jul 8, 2024 at 12:45 PM

To: INFO@fremonttransinc.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Peter Carmant's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you.

Kind regards,
Sofia

[HR Department](#)
[Riki Transportation Inc dba BRZ](#)

MC#086875
8225 Leclaire Ave,
Burbank, IL 60459
Phone Number: 630-566-2119
Email: ev@rtbrz.com



03DQ BRZ_Carmant Peter-3.pdf
816K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Peter Carmant

Employment Verifications <ev@rtbrz.com>

Mon, Jul 1, 2024 at 5:59 PM

To: INFO@fremonttransinc.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Peter Carmant's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you.

Kind regards,
Sofia

[HR Department](#)
[Riki Transportation Inc dba BRZ](#)

MC#086875
8225 Leclair Ave,
Burbank, IL 60459
Phone Number: 630-566-2119
Email: ev@rtbrz.com

 **03DQ BRZ_Carmant Peter-3.pdf**
816K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Peter Carmant

Employment Verifications <ev@rtbrz.com>

Mon, Jun 24, 2024 at 11:34 PM

To: INFO@fremonttransinc.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Peter Carmant's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you.

Kind regards,

Sofia

[HR Department](#)

[Riki Transportation Inc dba BRZ](#)

MC#086875

8225 Leclair Ave,

Burbank, IL 60459

Phone Number: 630-566-2119

Email: ev@rtbrz.com

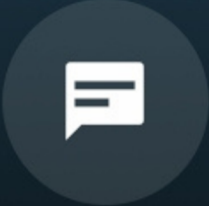


03DQ BRZ_Carmant Peter-3.pdf

816K



(708) 393-1945



7.6.24.

Outgoing call
12:11 (45 sec)

From
(630) 566-2119 (me)

(708) 393-1945
Phone number



Create new contact



Add to existing contact

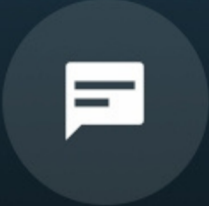


Block and report





(708) 393-1945



7.8.24.

Outgoing call

13:47 (41 sec)

From

(630) 566-2119 (me)

(708) 393-1945

Phone number



Create new contact



Add to existing contact

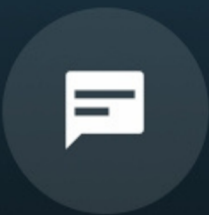


Block and report





(708) 393-1945



7.15.24.

Outgoing call
12:36 (39 sec)

From
(630) 566-2119 (me)

(708) 393-1945
Phone number



Create new contact



Add to existing contact



Block and report





1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: FREMONT TRANS INC (DOT2820179)**Phone:** (708) 393-1945**Date:** 06/24/24**Address:** 5413 WALNUT AVE UNIT 1-G DOWNERS GROVE, IL 60561 **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.

Peter Carmant
Peter carmant (Jun 24, 2024 12:42 EDT)

Kristina Milacic
Kristina Milacic (Jun 24, 2024 12:42 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcbbUa YX YfYb U Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHij Y d'cgHjcbZ Mti f ZbX]b[H Y Udd J MbiH Ug U dUgh Ya d'cnYf K J nci JbX mfyd mhc H Jg bei JmrfYgdYV Mjb[H Jg Udd J MbiH 5g nci k J fYUX k Uij Yf gUHYX UVcj YZU JUV JmicZ nci UbX nci f Wda dUbmH Ug VYYb fY YUgYX VmH Y Udd J MbiH

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

Name of Applicant:

Peter Carmant

SSN: 135170905

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: _____

Riki Transportation Inc dba BRZ
8225 Leclair Ave
Burbank, IL 60459

July 24, 2024

RE: Employee Verification Requests for Peter Carmant from FATHER & SONS LOGISTICS LLC.

To whom it may concern:

As of June 24, 2024 I have made the following attempts to contact FATHER & SONS LOGISTICS LLC in order to verify Peter Carmant's employment there.

The first attempt was made on June 24, 2024 when I sent a request at FNSTRUCKINGLLC@gmail.com which was recommended by safety person when I reached out through phone to their office.

On July 1, 2024 I re-sent request completing the second attempt and on July 8, 2024 I have made a third and final attempt. A formal response from FATHER & SONS LOGISTICS LLC was never received.

Sincerely,

Kristina Milacic

A handwritten signature in blue ink, appearing to read 'Kristina', is positioned above a solid blue horizontal line.



Employment Verifications <ev@rtbrz.com>

Employment Verification for Peter Carmant

Employment Verifications <ev@rtbrz.com>
To: FNSTRUCKINGLLC@gmail.com

Mon, Jul 8, 2024 at 12:45 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Peter Carmant's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you.

Kind regards,
Sofia

[HR Department](#)
[Riki Transportation Inc dba BRZ](#)

MC#086875
8225 Leclair Ave,
Burbank, IL 60459
Phone Number: 630-566-2119
Email: ev@rtbrz.com

 **03DQ BRZ_Carmant Peter-4.pdf**
817K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Peter Carmant

Employment Verifications <ev@rtbrz.com>
To: FNSTRUCKINGLLC@gmail.com

Mon, Jul 1, 2024 at 5:58 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Peter Carmant's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you.

Kind regards,
Sofia

[HR Department](#)
[Riki Transportation Inc dba BRZ](#)

MC#086875
8225 Leclair Ave,
Burbank, IL 60459
Phone Number: 630-566-2119
Email: ev@rtbrz.com

 **03DQ BRZ_Carmant Peter-4.pdf**
817K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Peter Carmant

Employment Verifications <ev@rtbrz.com>
To: FNSTRUCKINGLLC@gmail.com

Mon, Jun 24, 2024 at 11:34 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Peter Carmant's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you.

Kind regards,
Sofia

[HR Department](#)
[Riki Transportation Inc dba BRZ](#)

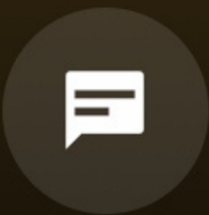
MC#086875
8225 Leclair Ave,
Burbank, IL 60459
Phone Number: 630-566-2119
Email: ev@rtbrz.com



03DQ BRZ_Carmant Peter-4.pdf
817K



ALAGIC AMIL



7.6.24.

Outgoing call
12:27 (47 sec)

From
(630) 566-2119 (me)

(315) 601-1786
Phone number



Create new contact



Add to existing contact

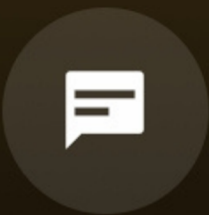


Block and report





ALAGIC AMIL



7.8.24.

Outgoing call

14:07 (49 sec)

From

(630) 566-2119 (me)

(315) 601-1786

Phone number



Create new contact



Add to existing contact

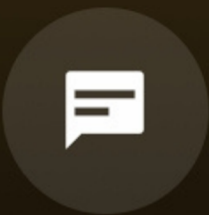


Block and report





ALAGIC AMIL



7.15.24.

Outgoing call

13:06 (42 sec)

From

(630) 566-2119 (me)

(315) 601-1786

Phone number



Create new contact



Add to existing contact



Block and report





2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: FATHER & SONS LOGISTICS LLC (DOT2401895)**Phone:** (315) 601-1786**Date:** 06/24/24**Address:** 110 S IOWA ST SHAMROCK, TX 79079**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.

Peter Carmant
Peter Carmant (Jun 24, 2024 12:42 EDT)

Kristina Milacic
Kristina Milacic (Jun 24, 2024 12:42 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]MbhUg U dUghYa d'cnYf"K J" nci _]bX' mYfYd' m'hc H Jg]bei Jf mYfYgdYV]b[H Jg Udd' J]Mbh' 5g'nci 'k J" fYUX'k Uij Yf gUHfX UVcj YZU"" JUV] JmicZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX VmHk Y Udd' J]Mbt"

PLEASE BE ADVISED! Mti 'a UnfYd' mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant:

Peter Carmant

SSN: 135170905

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: _____

**Riki Transportation Inc dba BRZ
8225 Leclaire Ave
Burbank, IL 60459**

July 24, 2024

RE: Employee Verification Requests for Peter Carmant from TJJ TRANSPORT INC.

To whom it may concern:

As of June 24, 2024 I have made the following attempts to contact TJJ TRANSPORT INC in order to verify Peter Carmant's employment there.

The first attempt was made on June 24, 2024 when I sent a request at TJJTRANSPORTINC@gmail.com which was recommended by safety person when I reached out through phone to their office.

On July 1, 2024 I re-sent request completing the second attempt and on July 8, 2024 I have made a third and final attempt. A formal response from TJJ TRANSPORT INC was never received.

Sincerely,

Kristina Milacic

A handwritten signature in black ink, appearing to read 'Kristina', is positioned above a solid blue horizontal line.



Employment Verifications <ev@rtbrz.com>

Employment Verification for Peter Carmant

Employment Verifications <ev@rtbrz.com>
To: TJJTRANSPORTINC@gmail.com

Mon, Jul 8, 2024 at 12:46 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Peter Carmant's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you.

Kind regards,
Sofia

[HR Department](#)
[Riki Transportation Inc dba BRZ](#)

MC#086875
8225 Leclair Ave,
Burbank, IL 60459
Phone Number: 630-566-2119
Email: ev@rtbrz.com

 **03DQ BRZ_Carmant Peter-5.pdf**
817K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Peter Carmant

Employment Verifications <ev@rtbrz.com>
To: TJJTRANSPORTINC@gmail.com

Mon, Jul 1, 2024 at 5:58 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Peter Carmant's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you.

Kind regards,
Sofia

[HR Department](#)
[Riki Transportation Inc dba BRZ](#)

MC#086875
8225 Leclair Ave,
Burbank, IL 60459
Phone Number: 630-566-2119
Email: ev@rtbrz.com

 **03DQ BRZ_Carmant Peter-5.pdf**
817K



Employment Verifications <ev@rtbrz.com>

Employment Verification for Peter Carmant

Employment Verifications <ev@rtbrz.com>
To: TJJTRANSPORTINC@gmail.com

Mon, Jun 24, 2024 at 11:35 PM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Peter Carmant's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you.

Kind regards,
Sofia

[HR Department](#)
[Riki Transportation Inc dba BRZ](#)

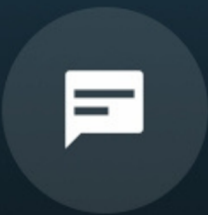
MC#086875
8225 Leclair Ave,
Burbank, IL 60459
Phone Number: 630-566-2119
Email: ev@rtbrz.com



03DQ BRZ_Carmant Peter-5.pdf
817K



(347) 634-3560



7.6.24.

Outgoing call
12:48 (41 sec)

From
(630) 566-2119 (me)

(347) 634-3560
Phone number



Create new contact



Add to existing contact

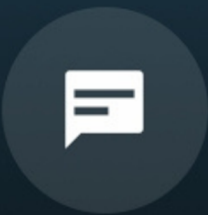


Block and report





(347) 634-3560



7.8.24.

Outgoing call

14:12 (48 sec)

From

(630) 566-2119 (me)

(347) 634-3560

Phone number



Create new contact



Add to existing contact

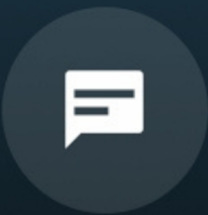


Block and report





(347) 634-3560



7.15.24.

Outgoing call
13:33 (51 sec)

From
(630) 566-2119 (me)

(347) 634-3560
Phone number



Create new contact



Add to existing contact



Block and report





3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: TJJ TRANSPORT INC (DOT2576791)**Phone:** (347) 634-3560**Date:** 06/24/24**Address:** 11880 BUSTLETON AVE STE 212 PHILADELPHIA, PA 19116 **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.

P.C.
Peter carmant (Jun 24, 2024 12:42 EDT)

Kristina Milacic
Kristina Milacic (Jun 24, 2024 12:42 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[Yf

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]h'cbZ' Mti f' Z]bX]b['H.Y
Udd']WbhUg' U' dUghYa d'cnyf"K J" nci _]bX' mfyd' m'hc' H'g]bei]f mfygdYV]b['H'g' Udd']Wbh' 5g' nci 'k J" fYUX' k Uij Yf g' UH'X
UVcj YZU"]UV]]micZ' nci 'UbX' nci f' Wda dUbm\ Ug VYYb' fY YUgYX Vm'h Y' Udd']Wbh"

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

Name of Applicant:

Peter Carmant

SSN: 135170905

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: _____

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of **07/04/2024**.

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:	3713249	State Carrier ID Number:
MCS-150 Form Date:	05/17/2023	MCS-150 Mileage (Year): 2,200,000 (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-1304052	
COMPANY INFORMATION		
Legal Name:	WAYSIDE RESOURCES LLC	
DBA Name:		
Physical Address:	316 E WILLOW STREET SUITE 4 HARRISBURG, SD 57032	
Phone:	(605) 303-5539	
Mailing Address:	316 E WILLOW STREET SUITE 4 HARRISBURG, SD 57032	
DUNS Number:	--	
Power Units:	30	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	



4

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: WAYSIDE RESOURCES LLC (DOT3713249) **Phone:** (605) 303-5539**Date:** 06/24/24**Address:** 316 E WILLOW STREET SUITE 4 HARRISBURG, SD 57032 **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.

Peter Carmant
Peter carmant (Jun 24, 2024 12:42 EDT)

Kristina Milacic
Kristina Milacic (Jun 24, 2024 12:42 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[Yf

H Y dYfgcb' bUa YX\ YfY]b \ Ug Udd' JYX' h' H' g' Wda dUbmZcf Ya d' cna Ybh]b' U' gUZYmngYbg]hij Y' d'cg]h' cbZ' Mti f' Z]bX]b[' H' Y
Udd']MbhUg' U' dUghYa d' cnyf"K J" nci ']bX' mfyd' m' h' g']bei]f mfygdYV]b[' H' g' Udd']Mbh' 5g' nci ' k J" fYUX' k Uij Yf g' UH' X
UVcj YZU"]UV]]micZ' nci ' UbX' nci f' Wda dUbm\ Ug VYYb' fY YUgYX Vmih Y Udd']Mbt"

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

Name of Applicant:

Peter Carmant

SSN: 135170905

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: _____