

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 **08/18/2024**.

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:	4083014	State Carrier ID Number:
MCS-150 Form Date:	07/18/2023	MCS-150 Mileage (Year): 1 (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-1553828	
COMPANY INFORMATION		
Legal Name:	KERVTRANSPORTATION LLC	
DBA Name:		
Physical Address:	118 OHIO AVE NORTH SUITE A LIVE OAK, FL 32064	
Phone:	(786) 382-1354	
Mailing Address:	430 NE 160TH TER MIAMI, FL 33162	
DUNS Number:	--	
Power Units:	1	Drivers: 1
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	





1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: Kerv Transportation LLC (DOT4083014)**Phone:** 7863821354**Date:** 07/18/24**Address:** 430 NE 160 Ter, Miami, FL 33162**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.


Kervens Jorelus (Jul 18, 2024 13:51 EDT)
Kristina Milacic (Jul 18, 2024 13:52 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[Yf

H Y dYfgcb' bUa YX\ YfY]b\ UgUdd' JYX'hc' H Jg Wda dUbmZcf Ya d'cna Ybh]b' U'gUZ/magYbg]hij Y' d'cg]h'cbZ'Mci f' Z]bX]b['H Y Udd' WbhUg' U' dUghYa d'cnyf"K J" nci ' _]bX' mfyd' m'hc' H Jg]bei Jf mfygdYV]b['H Jg Udd' Wbh' 5g'nci 'k J" fYUX'k U]j Yf gUHXY Uvcj YZU" JUV] JmcZnci 'UbX'nci f' Wda dUbmUg VYYb fY YUgYX Vm'h Y Udd' Wb't"

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

Name of Applicant:

Kervens Jorelus SSN: 731188500

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: _____

Zigi Freight Inc. dba Royal 3, Inc.
6850 W. 63rd St.
Chicago, IL 60638

August 19, 2024

RE: Employee Verification Requests for Kervens Jorelus from LINTRANS INC.

To whom it may concern:

As of July 18, 2024 I have made the following attempts to contact LINTRANS INC in order to verify Kervens Jorelus's employment there.

The first attempt was made on July 22, 2024 when I sent a request at SAFETY@lintrans.us which was recommended by safety person when I reached out through phone to their office.

On July 26, 2024 I re-sent request completing the second attempt and on August 1, 2024 I have made a third and final attempt. A formal response from LINTRANS 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@royal3inc.com>

Employment Verification for Kervens Jorelus

Employment Verifications <ev@royal3inc.com>
To: SAFETY@lintrans.us

Thu, Aug 1, 2024 at 9:44 PM

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Kervens Jorelus's employment with your company.

Please find the attached form, and send it back to me at your earliest convenience.

Thank you!

Sofia

HR Department

Zigi Freight dba Royal 3 Inc.

6850 W. 63rd St.

Chicago, IL 60638

p. 630-566-2119

f. 630-485-6980

e. ev@royal3inc.com



03DQ Royal 3 Inc_Jorelus Kervens-4.pdf
897K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Kervens Jorelus

Employment Verifications <ev@royal3inc.com>

Fri, Jul 26, 2024 at 6:39 PM

To: SAFETY@lintrans.us

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Kervens Jorelus's employment with your company.

Please find the attached form, and send it back to me at your earliest convenience.

Thank you!

Sofia

HR Department

Zigi Freight dba Royal 3 Inc.

6850 W. 63rd St.

Chicago, IL 60638

p. 630-566-2119

f. 630-485-6980

e. ev@royal3inc.com



03DQ Royal 3 Inc_Jorelus Kervens-4.pdf

897K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Kervens Jorelus

Employment Verifications <ev@royal3inc.com>

Mon, Jul 22, 2024 at 4:47 PM

To: SAFETY@lintrans.us

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Kervens Jorelus's employment with your company.

Please find the attached form, and send it back to me at your earliest convenience.

Thank you!

Sofia

HR Department

Zigi Freight dba Royal 3 Inc.

6850 W. 63rd St.

Chicago, IL 60638

p. 630-566-2119

f. 630-485-6980

e. ev@royal3inc.com

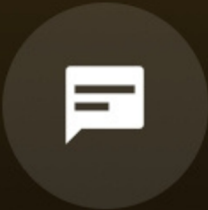


03DQ Royal 3 Inc_Jorelus Kervens-4.pdf

897K



LINTRANS



7.31.24.

Outgoing call

14:39 (56 sec)

From

(630) 566-2119 (me)

(847) 999-7900

Phone number



Create new contact



Add to existing contact

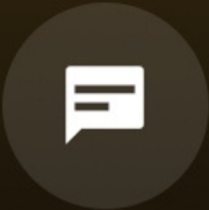


Block and report





LINTRANS



7.29.24.

Outgoing call

12:11 (53 sec)

From

(630) 566-2119 (me)

(847) 999-7900

Phone number



Create new contact



Add to existing contact

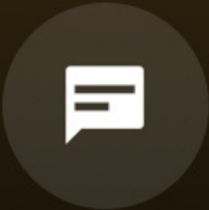


Block and report





LINTRANS



7.25.24.

Outgoing call
15:15 (51 sec)

From
(630) 566-2119 (me)

(847) 999-7900
Phone number



Create new contact



Add to existing contact



Block and report







2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: LINTRANS INC (DOT1280389)**Phone:** (847) 999-7900**Date:** 07/18/24**Address:** 2300 WARRENVILLE RD UNIT 161 DOWNERS GROVE, IL 60515**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.


Kervens Jorelus (Jul 18, 2024 13:51 EDT)
Kristina Milacic (Jul 18, 2024 13:52 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'Mci f Z]bX]b[H Y Udd' WbhUg U dUghYa d'cnYf"K J" nci _]bX' mYd' m'hc H Jg]bei Jf mYgdYV]b[H Jg Udd' Wbh' 5g'nci 'k J" fYUX'k Uij Yf gUHfX Uvcj YZU" JUV] JmcZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX VmH Y Udd' Wbt"

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

Name of Applicant:

Kervens Jorelus SSN: 731188500

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: DOT TRANSPORTATION INC (DOT424023) **Phone:** (217) 773-4411
Address: 1 DOT WAY MT STERLING, IL 62353 **Fax:**

Date: 07/18/24

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.


Kervens Jorelus (Jul 18, 2024 13:51 EDT)


Kristina Milacic (Jul 18, 2024 13:52 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf
H Y dYfgcb bUa YX YfY b U g Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U g UZ/magYbgHj Y d'cgHjcbZMci f ZbXb H Y
Udd JMbH Ug U dUgh Ya d'cnYf K J nci JbX mYd mhc H Jg bei JmYgdYVJb H Jg Udd JMbH 5g nci k J fYUX k Uj Yf gUHX
UWcj YZU JUV JmZnci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd JMbH
PLEASE BE ADVISED! Mci a UmYd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Kervens Jorelus SSN: 731188500

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 : 8/9/2021 End Date : 12/6/2022

☒ Company Driver ☐ Owner/Operator ☐ Other? _____

Type of tractor operated: Tractor/Trailer Type of trailer pulled: Dry Van/Reefer

Other equipment operated: _____ Commodities operated: _____

Accidents: ☒ Yes ☐ No If yes, please give the date and brief description of each accident: _____

11/28/2022 / Miami, FL - Struck by Other Vehicle - Recordable: NO / Preventable: YES / Injuries/Fatalities: NONE

Traffic Violations: ☐ Yes ☐ No If yes, please list all including the date and type of violation: _____**INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION** PLEASE SEE CLEARINGHOUSE FOR DRUG & ALCOHOL INFOAlcohol 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): Alexis Wettstein Safety Specialist Alexis Wettstein

Company: Dot Transportation Inc

Date: 7/22/2024




3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: DOT TRANSPORTATION INC (DOT424023) **Phone:** (217) 773-4411**Date:** 07/18/24**Address:** 1 DOT WAY MT STERLING, IL 62353**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.


Kervens Jorelus (Jul 18, 2024 13:51 EDT)
Kristina Milacic (Jul 18, 2024 13:52 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 U mfyd mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Kervens Jorelus SSN: 731188500

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: _____