

**Zigi Freight Inc. dba Royal 3, Inc.**  
**6850 W. 63<sup>rd</sup> St.**  
**Chicago, IL 60638**

**August 31, 2024**

RE: Employee Verification Requests for Vento Perez Jorge Luis from ALFA STEP TRUCKS ONE LLC.

To whom it may concern:

As of July 31, 2024 I have made the following attempts to contact ALFA STEP TRUCKS ONE LLC in order to verify Vento Perez Jorge Luis's employment there.

The first attempt was made on July 31, 2024 when I sent a request at [OPERATION@alfastepone.com](mailto:OPERATION@alfastepone.com) which was recommended by safety person when I reached out through phone to their office.

On August 7, 2024 I re-sent request completing the second attempt and on August 14, 2024 I have made a third and final attempt. A formal response from ALFA STEP TRUCKS ONE 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@royal3inc.com>

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## Employment Verification for Vento Perez Jorge Luis

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**Employment Verifications** <ev@royal3inc.com>

Wed, Aug 14, 2024 at 6:06 PM

To: OPERATION@alfastepone.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Vento Perez Jorge Luis'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**

**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](mailto:ev@royal3inc.com)



**03DQ Royal 3 Inc\_Vento Perez Jorge Luis-3.pdf**

897K



Employment Verifications <ev@royal3inc.com>

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## Employment Verification for Vento Perez Jorge Luis

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**Employment Verifications** <ev@royal3inc.com>  
To: OPERATION@alfastepon.com

Wed, Aug 7, 2024 at 10:39 PM

Hello,

I am a safety officer from Royal3 INC company.  
I am sending you this email to confirm Vento Perez Jorge Luis'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**  
**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](mailto:ev@royal3inc.com)

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 **03DQ Royal 3 Inc\_Vento Perez Jorge Luis-3.pdf**  
897K



Employment Verifications <ev@royal3inc.com>

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## Employment Verification for Vento Perez Jorge Luis

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**Employment Verifications** <ev@royal3inc.com>

Wed, Jul 31, 2024 at 7:02 PM

To: OPERATION@alfastepon.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Vento Perez Jorge Luis'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**

**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](mailto:ev@royal3inc.com)



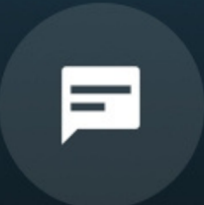
**03DQ Royal 3 Inc\_Vento Perez Jorge Luis-3.pdf**

897K





(954) 314-7974



8.19.24.

Outgoing call  
11:19 (49 sec)

From  
(630) 566-2119 (me)

(954) 314-7974  
Phone number



Create new contact



Add to existing contact

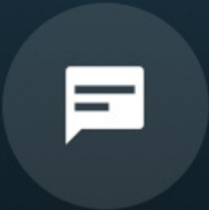


Block and report





(954) 314-7974



8.12.24.

Outgoing call  
12:41 (51 sec)

From  
(630) 566-2119 (me)

(954) 314-7974  
Phone number



Create new contact



Add to existing contact

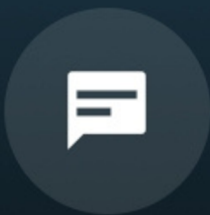


Block and report





(954) 314-7974



8.5.24.

Outgoing call  
11:12 (54 sec)

From  
(630) 566-2119 (me)

(954) 314-7974  
Phone number



Create new contact



Add to existing contact



Block and report






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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** ALFA STEP TRUCKS ONE LLC (DOT3968603) **Phone:** (954) 314-7974**Date:** 07/31/24**Address:** 13450 W SUNRISE BLVD STE 190 SUNRISE, FL 33323 **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.

  
Vento Perez Jorge Luis (Jul 31, 2024 12:04 EDT)  
Kristina Milacic (Jul 31, 2024 12:04 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 X 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:** Vento Perez Jorge Luis **SSN:** 345131733**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: \_\_\_\_\_

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## ***Record Inactive***

The record matching **USDOT Number = 2789894** is INACTIVE in the SAFER database.

If you believe this to be in error, you can report it using FMCSA's [DataQs](#) system.



[SAFER Home](#) | [Feedback](#) | [Privacy Policy](#) | [USA.gov](#) | [Freedom of Information Act \(FOIA\)](#) | [Accessibility](#) | [OIG Hotline](#) | [Web Policies and Important Links](#) | [Plug-ins](#)

Federal Motor Carrier Safety Administration  
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • [Field Office Contacts](#)




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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** 365 Logistics LLC (DOT2789894)**Phone:****Date:** 07/31/24**Address:** The record matching USDOT Number = 2789894 is INACTIVE in the SAFER database.**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.

  
Vento Perez Jorge Luis (Jul 31, 2024 12:04 EDT)  
Kristina Milacic (Jul 31, 2024 12:04 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 \_]bX mifYd mhc H Jg]bei JfmfYgdYV]b[ H Jg Udd J]Wbh 5g'nci k J" fYUX k Uij Yf gUHfX Uvcj YZU" JUV] JmcZnci UbX nci f Wda dUbm U gVYYb 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: Vento Perez Jorge Luis SSN: 345131733

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: \_\_\_\_\_






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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** FERRER LOGISTICS LLC (DOT2798537)**Phone:** (754) 200-2898**Date:** 07/31/24**Address:** 2030 S DOUGLAS RD STE 424 CORAL GABLES, FL 33134 **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.

  
Vento Perez Jorge Luis (Jul 31, 2024 12:04 EDT)  
Kristina Milacic (Jul 31, 2024 12:04 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgc 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 mfygd Ym b H g Udd J Wbh 5g nci k J fYUX k Uij Yf g UH X 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 Unfyd nby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant: Vento Perez Jorge Luis SSN: 345131733

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 : 1/22/2023 End Date : 02/06/2024

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

Type of tractor operated: Semi-truck 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): Misbel Fraga H.R.

Company: Ferrer Logistics, LLC

Date: 07/31/2024




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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** FERRER LOGISTICS LLC (DOT2798537)**Phone:** (754) 200-2898**Date:** 07/31/24**Address:** 2030 S DOUGLAS RD STE 424 CORAL GABLES, FL 33134 **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.

  
Vento Perez Jorge Luis (Jul 31, 2024 12:04 EDT)  
Kristina Milacic (Jul 31, 2024 12:04 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 JfmYgdYV]b[ H Jg Udd' Wbh' 5g'nci 'k J" fYUX'k Uij Yf gUHXX Uvcj YZU""JUV] JmcZnci 'UbX'nci f Wda dUbmUg VYYb fY YUgYX VmH Y Udd' Wbt"

**PLEASE BE ADVISED!** Mti 'a UmYd' mby FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant: Vento Perez Jorge Luis SSN: 345131733

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: \_\_\_\_\_