Record Inactive

The record matching **USDOT Number = 4093476** is INACTIVE in the SAFER database.

If you believe this to be in error, you can report it using FMCSA's <u>DataQs</u> 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



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Kristina Milacic (Aug 7, 2024 13:53 EDT)

Date: 08/07/24

Company: VELOCITY AUTO CARRIERS LLC (DOT4093476) Phone: (786) 752-6129

Address: 7741 NW 7TH ST APT 514 MIAMI, FL 33126 Fax

Mario (Aug 7, 2024 13:52 EDT)

Royal3 Inc.

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.

1

Applicant's Signature	Company representative			
Dear Personnel Manager The person named herein has applied to this cor applicant as a past employer. Will you kindly rep above, all liability of you and your company has PLEASE BE ADVISED! You may reply by FAX +1	ly to this inquiry respecting this been released by the applicant.	applicant. As you will read waiver stated		
Name of Applicant: Rodes Frank Mari	o <i>ssn:</i> 766661028	Job Applying For: OTR Driver		
Did the Applicant work for you as a driver: Yes If No, please explain:	No			
If employed as a driver, please answer the following: Company Driver Owner/Operator Other	Start Date :			
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	ist all including the date and type of v	violation:		
INQUIRY FOR ALCOHOL AND CONTROLLED SUB	STANCES INFORMATION			
Alcohol tests with a result of 0.04 or greater?	Yes No If yes, please give o	date:		
Verified positive controlled substances test results?	Yes No If yes, please give o	date:		
Refusals to be tested?	Yes No If yes, please give o	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? \square Yes \square No	If no, please explain:			
Additional comments: (Any problems with customer re	elations, supervision, or abuse of equi	pment?		
Name/Title (of person providing the above information	•			
Company:				
Date:				

Record Inactive

The record matching USDOT Number = 3982699 is INACTIVE in the SAFER database.

If you believe this to be in error, you can report it using FMCSA's <u>DataQs</u> 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



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

2

Address: No records matching USDOT Number = 3982699 were found 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.

from any and all liable type as a result of providing the following info	_ ku	
Rodes Frank Mario (Aug 7, 2024 13:52 EDT) Applicant's Signature	Kristina Milacic (Aug 7, 2024 13:53 EDT) Company representative	
Dear Personnel Manager The person named herein has applied to this company for em	nployment in a safety-sensitive position, Your finding the quiry respecting this applicant. As you will read waiver stated by the applicant.	
Name of Applicant: Rodes Frank Mario SSN: 7666	30b 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 :	
Type of tractor operated: Type of traile	er pulled:	
Other equipment operated: Commodities of	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	g the date and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	FORMATION	
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:	
Verified positive controlled substances test results? Yes No	If yes, please give date:	
Refusals to be tested?	If yes, please give date:	
Rehab completed under direction of SAP/MRO?	If yes, please give date:	
Any problems with bonding? Yes No If yes, please explai	in:	
Why did this employee leave your company?		
Would you re-employee this person? Yes No If no, pleas	se explain:	
Additional comments: (Any problems with customer relations, super	vision, or abuse of equipment?	
Name/Title (of person providing the above information):		

Royal3 Inc.

Date: _____

Company:

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

September 6, 2024

RE: Employee Verification Requests for Rodes Frank Mario from PRIME ONE LOGISTICS LLC.

To whom it may concern:

As of August 7, 2024 I have made the following attempts to contact PRIME ONE LOGISTICS LLC in order to verify Rodes Frank Mario's employment there.

The first attempt was made on August 12, 2024 when I sent a request at PRIMEONELOGISTICS@gmail.com which was recommended by safety person when I reached out through phone to their office.

On August 19, 2024 I re-sent request completing the second attempt and on August 25, 2024 I have made a third and final attempt. A formal response from PRIME ONE LOGISTICS LLC was never received.

Sincerely,

Kristina Milacic



Employment Verification for Rodes Frank Mario

Employment Verifications <ev@royal3inc.com> To: PRIMEONELOGISTICS@gmail.com Mon, Aug 12, 2024 at 10:32 PM

Hello.

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Rodes Frank Mario'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_Rodes Frank Mario-5.pdf



Employment Verification for Rodes Frank Mario

Employment Verifications <ev@royal3inc.com> To:PRIMEONELOGISTICS@gmail.com Mon, Aug 19, 2024 at 10:24 PM

Hello.

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Rodes Frank Mario'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_Rodes Frank Mario-5.pdf



Employment Verification for Rodes Frank Mario

Employment Verifications <ev@royal3inc.com> To: PRIMEONELOGISTICS@gmail.com Sun, Aug 25, 2024 at 2:04 PM

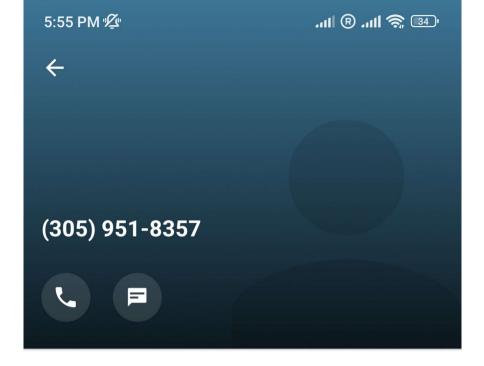
Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Rodes Frank Mario'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_Rodes Frank Mario-5.pdf



8.23.24.

Outgoing call

11:18 (49 sec)

From

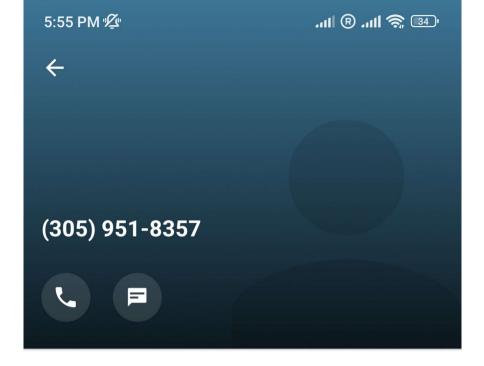
(630) 566-2119 (me)

(305) 951-8357
Phone number

Create new contact

Add to existing contact

Block and report



8.19.24.

Outgoing call

14:12 (47 sec)

From

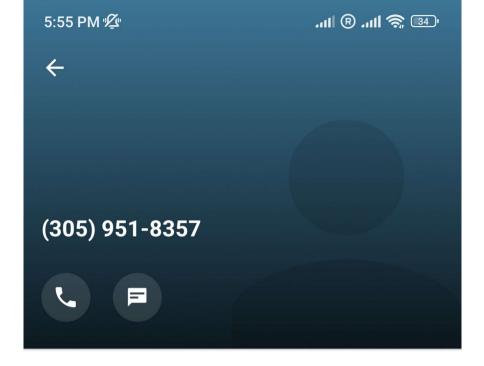
(630) 566-2119 (me)

(305) 951-8357
Phone number

Create new contact

Add to existing contact

Block and report



8.13.24.

Outgoing call

16:31 (43 sec)

From

(630) 566-2119 (me)

(305) 951-8357
Phone number

Create new contact

Add to existing contact

Block and report



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: PRIME ONE LOGISTICS LLC (2986632) **Phone:** (305) 951-8357 **Date:** 08/07/24

3

Address: 13071 NW 43RD AVE OPA LOCKA, FL 33054 Fax:

Royal3 Inc.

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.

Rodes Frank Mario (Aug 7, 2024 13:52 EDT)	Kristina Milacic (Aug 7, 2024 13:53 EDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for employe applicant as a past employer. Will you kindly reply to this inquiry rabove, all liability of you and your company has been released by PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or expressions.	respecting this applicant. As you will read waiver stated the applicant.
Name of Applicant: Rodes Frank Mario SSN: 76666102	28 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	ed:
Other equipment operated: Commodities operated	ed:
Accidents: Yes No If yes, please give the date and brief descri	ption of each accident:
	date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORM	ATION
	yes, please give date:
Verified positive controlled substances test results? Yes No If	yes, please give date:
Refusals to be tested?	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 expl	lain:
Additional comments: (Any problems with customer relations, supervision,	or abuse of equipment?
Name/Title (of person providing the above information):	
Date:	