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

September 6, 2024

RE: Employee Verification Requests for Lopez Amaury from ORAM FREIGHT INC.

To whom it may concern:

As of August 14, 2024 I have made the following attempts to contact ORAM FREIGHT INC in order to verify Lopez Amaury's employment there.

The first attempt was made on August 20, 2024 when I sent a request at <u>RADAN_ANTUNEZ@yahoo.es</u> which was recommended by safety person when I reached out through phone to their office.

On August 27, 2024 I re-sent request completing the second attempt and on August 29, 2024 I have made a third and final attempt. A formal response from ORAM FREIGHT INC was never received.

Sincerely,

Kristina Milacic

her



Employment Verification for Lopez Amaury

Employment Verifications <ev@royal3inc.com> To: RADAN_ANTUNEZ@yahoo.es

Thu, Aug 29, 2024 at 9:10 PM

Hello,

I am a safety officer from Royal3 INC company. I am sending you this email to confirm Lopez Amaury's employment with your company. Please find the attached form, and send itback to me at your earliest convenience. Thank you!

Kind regards, Sofia <u>HR Department</u> <u>Zigi Freight dba Royal 3 Inc.</u> 6850 W. 63rd St. Chicago, IL 60638 p. 630-566-2119 f. 630-485-6980 e. ev@royal3inc.com

03DQ Royal 3 Inc_Lopez Amaury-3.pdf 897K



Employment Verification for Lopez Amaury

Employment Verifications <ev@royal3inc.com> To: RADAN_ANTUNEZ@yahoo.es

Tue, Aug 27, 2024 at 6:06 PM

Hello,

I am a safety officer from Royal3 INC company. I am sending you this email to confirm Lopez Amaury's employment with your company. Please find the attached form, and send itback to me at your earliest convenience. Thank you!

Kind regards, Sofia <u>HR Department</u> <u>Zigi Freight dba Royal 3 Inc.</u> 6850 W. 63rd St. Chicago, IL 60638 p. 630-566-2119 f. 630-485-6980 e. ev@royal3inc.com

03DQ Royal 3 Inc_Lopez Amaury-3.pdf 897K



Employment Verification for Lopez Amaury

Employment Verifications <ev@royal3inc.com> To: RADAN_ANTUNEZ@yahoo.es

Tue, Aug 20, 2024 at 8:44 PM

Hello,

I am a safety officer from Royal3 INC company. I am sending you this email to confirm Lopez Amaury's employment with your company. Please find the attached form, and send itback to me at your earliest convenience. Thank you!

Kind regards, Sofia <u>HR Department</u> <u>Zigi Freight dba Royal 3 Inc.</u> 6850 W. 63rd St. Chicago, IL 60638 p. 630-566-2119 f. 630-485-6980 e. ev@royal3inc.com

03DQ Royal 3 Inc_Lopez Amaury-3.pdf





F







8.26.24.

Outgoing call 15:08 (49 sec)

From (630) 566-2119 (me)



(786) 444-5019 Phone number

Create new contact

Add to existing contact

Block and report







F







8.23.24.

Outgoing call 12:55 (46 sec)

From (630) 566-2119 (me)



(786) 444-5019 Phone number

Create new contact

Add to existing contact

Block and report







F



(786) 444-5019



8.21.24.

Outgoing call 11:29 (43 sec)

From (630) 566-2119 (me)



(786) 444-5019 Phone number

Create new contact

Add to existing contact

Block and report





SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: ORAM FREIGHT INC (DOT2788125)

Phone: (786) 444-5019

Date: 08/14/24

Address: 118 BORDER STREET WHITINSVILLE, MA 01588 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.

1

here American (Aug 14, 2024 11:03 EDT)

h	
Kristina Milacic (Aug 14, 2024 11:05 EDT)	

Applicant's Signature

Company representative

8YUf DYfgobbY`A UbU[Yf H\Y'dYfgobbV`A UbU[Yf H\Y'dYfgobbUa YX`\YfY]b`\Ug'Udd`]YX'ho'h`]g'Wda dUbmZof Ya d`ona Ybh]b`U'gUZYmagYbg]hjj Y'dog]hjobžMti f`ZjbX]b[`H\Y Udd`]WIbh'Ug'U'dUghYa d`onYf"'K]```nœi _]bX`mfYd`mho'h`]g'Jbei]fmfYgdYWIJb[`H\]g'Udd`]WIbh''5g'nœi 'k]```fYUX'k Ujj Yf`gHUhYX UVcj Yž'U```]UV]`]mcZnœi 'UbX'nœi f`Wda dUbm\Ug'VYYb fY`YUgYX Vmh\Y'Udd`]WIbt'' <u>PLEASE BE ADVISED/</u>'Mci 'a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	Lopez Amaury	y <i>ssn:</i> 11358	Job Applying For: OTR Drive	
Did the Applicant work for yo If No, please explain:		No		
If employed as a driver, pleas	se answer the following:	Start Date :		End Date :
Company Driver Owne	er/Operator Other?			
Type of tractor operated: _		Type of trailer	pulled:	
Other equipment operated: _	C	Commodities op	erated:	
Accidents: Yes No	If yes, please give the d	ate and brief de	escription of each acc	dent:
Traffic Violations: Yes	No If yes, please lis	st all including t	he date and type of vi	olation:
INQUIRY FOR ALCOHOL A	ND CONTROLLED SUBS	TANCES INFO	RMATION	
Alcohol tests with a result of	0.04 or greater?	Yes 🗌 No	If yes, please give d	ate:
Verified positive controlled su	bstances test results? 🗌	Yes 🗌 No	If yes, please give d	ate:
Refusals to be tested?		Yes 🗌 No	If yes, please give d	ate:
Rehab completed under direc	tion of SAP/MRO?	Yes 🗌 No	If yes, please give d	ate:
Any problems with bonding?				
Why did this employee leave				
Would you re-employee this p	person? Yes No	If no, please	explain:	
Additional comments: (Any p	problems with customer rela	ations, supervis	ion, or abuse of equip	ment?
Name/Title (of person providi	ing the above information):	:		
Company:				
Date:				

Print						
						M&M AMERICAN, INC
Lopez Amaury		Re-Send F	Request	Dates Requ	uested: 0	4-2017 to 06-2023
Status: Submitted	~	Add/Edit	Note	Items Requ	uested: E	MP
SSN: 113-58-0406				·		8-20-2024
DOB: 04-05-1969		Log Phone	Attempt	Request M	lethod: E	Email
Attempts: 1				Actual Provide M	lethod: N	I/A
Count towards Expe	rience	Summ	ary	Next Action	n Date: 0	8-21-24 Edit Delete
Request #: 4894530						
Report	Activ	vity Log	S	upporting Documents)	Print
Request / Respo	onse Report		Res	oonse Tracking ID: (None)	Request #: 48945304
M&M AMERICAN Address: City / State / Zip: Email: Phone: Fax: Items Requested:	7300 INDUSTRIAL Mason, OH 45040 kimh@mmameric briej@mmameric 513-874-3601 513-881-2427	an.com		Question	ns abo	out this report?
Provided Subject Lopez Amaury SSN: xxx-xx-0400 DOB: 04-05-1969	6			Date Range Provide	ed: 04-2	017 to 06-2023
Original Reques	t Information		[Provided Information		
Position Held			F	Position Held		Driver
Reason For Leavin	ng		F	Reason For Leaving		Resigned
Driver Class				Driver Class		Owner/Operator
Driver Type				Driver Type		Solo
Was the driver Terr	minated?		\	Nas the driver Terminated?		No
Was the driver sub	ject to FMCSRs		E	Eligible for Rehire?		Yes
while employed? Was the driver's jol a safety sensitive f			v	Vas the driver subject to FN vhile employed?		
regulated mode su and Alcohol testing Part 40? Areas Driven	bject to Drug		a r 	Vas the driver's job designa a safety sensitive function ir egulated mode subject to E and Alcohol testing per 49 C Part 40?	n DOT)rug	Yes
Equipment Driven				Full Time / Part Time		Full
Trailer Driven				Areas Driven		OTR
Loads Hauled			·	Equipment Driven		Tractor-Trailer
L				Frailer Driven		Van
				oads Hauled		General Freight
			N	/liles per week		

	Number of States Driven	All	
	Trailer Length	53'	
Activity Log			
08-20-2024 02:07 PM -			
Response added. Request #48945304 status se	to "Submitted".		
08-20-2024 01:41 PM - Zigi Stamenkovic			
Request sent under order #20719845 via Email	nethod. Sent to email address kimh@mma	american.com	
Tenstreet,	20 W. 3rd Street Tulsa, OK 74103.		
Drivers: for questions about this report, contact the or e	<pre>Fenstreet Consumer Service Department a nail: drivers@tenstreet.com</pre>	t 877-219-9283, Option 1, then ²	



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: M & M AMERICAN LOGISTICS INC (DOT2227272) Phone: (513) 874-3610

Date: 08/14/24

Address: 7300 INDUSTRIAL ROW DRIVE MASON, OH 45040 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.

2

Une Maryury (Aug 14, 2024 11:03 EDT)

Kristina Milacic (Aug 14, 2024 11:05 EDT)

Company representative

8YUf DYfgcbbY A UbU[Yf

Applicant's Signature

H Y dYfgeb bla YX \YfY]b \ Ug Udd`]YX he h]g Wa dUbmZef Ya d`ena Ybh]b U gUZYhnigYbg]h] Y deg]h]ebžMti f Z[bX]b['h Y Udd`]WlbhUg U dUghYa d`enYf"K]``nœi _]bX`mfYd`mhe 'h]g]bei]fmfYgdYVld[b['h]g Udd`]Wlbh"5g nœi 'k]``fYUX k Ujj Yf grUhYX UVcj YžU```]UV]]hmeZnœi 'UbX`nœi f Wa dUbm\ Ug VYYb fY`YUgYX Vmh Y Udd`]Wlbt" <u>PLEASE BE ADVISED!</u> Mci 'a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant:	580406	Job Applying For: OTR Drive		
Did the Applicant work for your for the form of the provident of the provi				
If employed as a driver, plea	End Date :			
Company Driver Owr	er/Operator Ot	ther?		
Type of tractor operated:		Type of traile	er pulled:	
Other equipment operated:		Commodities of	operated:	
Accidents: Yes No	If yes, please give t	the date and brief	description of each	accident:
Traffic Violations: Yes	No If yes, plea	ase list all including	g the date and type	of violation:
INQUIRY FOR ALCOHOL	AND CONTROLLED S	UBSTANCES IN	FORMATION	
Alcohol tests with a result of	0.04 or greater?	Yes No	If yes, please gi	ve date:
Verified positive controlled s	ubstances test results?	Yes No	If yes, please gi	ve date:
Refusals to be tested?		Yes No	If yes, please gi	ve date:
Rehab completed under dire	ction of SAP/MRO?	Yes No	If yes, please gi	ve date:
Any problems with bonding?	Yes No If	yes, please expla	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 custome	er relations, super	vision, or abuse of e	equipment?
Name/Title (of person provid	ling the above informa	tion):		
Company:				
Date:				