

[General Help.](#)

The information below reflects the content of the FMCSA management information systems as of **09/04/2024**.

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: | 3026085 | State Carrier ID Number: |
| MCS-150 Form Date: | 06/19/2024 | MCS-150 Mileage (Year): 1,000 (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-37003 | |
| COMPANY INFORMATION | | |
| Legal Name: | PEEK TRANSPORT LLC | |
| DBA Name: | PEEK TRANSPORT | |
| Physical Address: | 160 HERITAGE CT FAYETTEVILLE, GA 30214 | |
| Phone: | (404) 422-2422 | |
| Mailing Address: | 160 HERITAGE CT FAYETTEVILLE, GA 30214-7348 | |
| DUNS Number: | 80-834-622 | |
| Power Units: | 1 | Drivers: 1 |
| Operation Classification: | | |
| <input checked="" type="checkbox"/> Auth. For Hire | Priv. Pass.(Non-business) | State Gov't |
| <input type="checkbox"/> Exempt For Hire | Migrant | Local Gov't |
| <input type="checkbox"/> Private(Property) | U.S. Mail | Indian Nation |
| <input type="checkbox"/> Priv. Pass. (Business) | 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 | Liquids/Gases | Chemicals |
| <input type="checkbox"/> Household Goods | <input checked="" type="checkbox"/> Intermodal Cont. | Commodities Dry Bulk |
| <input checked="" type="checkbox"/> Metal: sheets, coils, rolls | Passengers | Refrigerated Food |
| <input type="checkbox"/> Motor Vehicles | Oilfield Equipment | Beverages |
| <input checked="" type="checkbox"/> Drive/Tow away | Livestock | <input checked="" type="checkbox"/> Paper Products |
| <input type="checkbox"/> Logs, Poles, Beams, Lumber | Grain, Feed, Hay | Utilities |
| <input checked="" type="checkbox"/> Building Materials | Coal/Coke | <input checked="" type="checkbox"/> Agricultural/Farm Supplies |
| <input type="checkbox"/> Mobile Homes | Meat | <input checked="" type="checkbox"/> Construction |
| <input checked="" type="checkbox"/> Machinery, Large Objects | Garbage/Refuse | Water Well |
| <input type="checkbox"/> Fresh Produce | US Mail | |



1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: PEEK TRANSPORT LLC (DOT3026085) **Phone:** (404) 422-2422**Date:** 08/19/24**Address:** 160 HERITAGE CT FAYETTEVILLE, GA 30214 **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.

Legiste Claudin (Aug 19, 2024 10:42 EDT)

Kristina Milacic (Aug 19, 2024 10:57 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 mYd mhc H Jg]bei JfmYgdYV]b[H Jg Udd J]Wbh"5g'nci k J" fYUX k Uij Yf gUHXY UWcj YZU""JUV] JmcZnci UbX nci f Wda dUbm U gVYYb fY YUgYX VmH Y Udd J]Wbt"

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

Name of Applicant:

Legiste Claudin SSN: 658744119

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: _____

[Print](#)

AFF Trans LLC

Legiste Claudin[Re-Send Request](#)Dates Requested: **12-2022** to **12-2023**Status: **Submitted** ▼[Add/Edit Note](#)Items Requested: **EMP**SSN: **658-74-4119**Date Requested: **08-20-2024**DOB: **07-22-1991**[Log Phone Attempt](#)Request Method: **Network**Attempts: **1**[Actual Provide Method:](#) **N/A**Count towards Experience ☐[Summary](#)Next Action Date: **08-21-24** [Edit](#) [Delete](#)

Request #: 48946758

[Report](#)[Activity Log](#)[Supporting Documents](#)[Print](#)

Request / Response Report

Response Tracking ID: (None)

Request #: 48946758

AFF Trans LLC

Provided By: **Corina Marc**
Title: **Recruiter**
Address: **823 Paisley Ct**
City / State / Zip: **Naperville, IL 60540**
Email: **elvina@afftrans.com**
Phone: **630-788-4113**
Fax:
Items Requested: **EMP**

[Questions about this report?](#)

Requested Subject Information

■ Denotes a value not equal to the Provided value**Legiste Claudin**SSN: **xxx-xx-4119**
DOB: **07-22-1991**Date Range Requested: **12-2022** to **12-2023**

Provided Subject Information

■ Denotes a value not equal to original Requested value**Claudin Legiste**SSN: **xxx-xx-4119**
DOB: **07-22-1991**Date Range Provided: **09-2023** to **11-2023**

Original Request Information

Provided Information

| | |
|--|----------------|
| Position Held | Truck Driver |
| Reason For Leaving | Resigned |
| Driver Class | Lease Purchase |
| Driver Type | Solo |
| Was the driver Terminated? | |
| Was the driver subject to FMCSRs while employed? | Review |
| Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40? | Yes |
| Areas Driven | Yes |
| Equipment Driven | FULL TIME |

| | | |
|----------------|-------------------------|-----------------|
| Trailer Driven | Areas Driven | OTR |
| Loads Hauled | Equipment Driven | Tractor-Trailer |
| | Trailer Driven | Van |
| | Loads Hauled | |
| | Miles per week | |
| | Number of States Driven | |
| | Trailer Length | 53' |

Activity Log

08-20-2024 03:07 PM - Corina Marc (AFF Trans LLC)

Response added. Request #48946758 status set to "Submitted".

08-20-2024 02:11 PM - Zigi Stamenkovic

Request sent under order #20720407 via **Network** method.

Tenstreet, 120 W. 3rd Street Tulsa, OK 74103.

Drivers: for questions about this report, contact the Tenstreet Consumer Service Department at 877-219-9283, Option 1, then 1
or email: drivers@tenstreet.com



2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: A F F TRANS LLC (DOT1730271)**Phone:** (630) 382-3377**Date:** 08/19/24**Address:** 2451 SHARON CT NAPERVILLE, IL 60564**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.

Legiste Claudin (Aug 19, 2024 10:42 EDT)

Kristina Milacic (Aug 19, 2024 10:57 EDT)

Applicant's Signature

Company representative

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

Name of Applicant:

Legiste Claudin SSN: 658744119

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: _____

Order Details

Employment History Report

[Print Report](#)

Name: Legiste Claudin
SSN: 4119
Case number: 35273385

[Submit a missing record request](#)

17475

Lead result: Completed

Lead start date: 08/20/2024

Lead end date: 09/11/2024

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| | |
|----------------------|----------|
| CARRIER INFORMATION: | USDOT# : |
| Schneider Entities | |
| PO Box 2545 | PHONE : |
| GREEN BAY WI 54306 | |

| CARRIER TYPE | RECORD AVAILABILITY |
|--------------|-----------------------------------|
| ----- | |
| | LAST CARRIER UPDATE : 09/10/2024 |
| | DRIVER RECORDS SINCE: 01/01/2003 |
| | ACCIDENT/INCIDENT AVAILABLE : Yes |
| | CURRENT DRIVER AVAILABLE : Yes |

Additional Notes:

NOTE: Schneider National provides accident information as they occur.

Non-FMCSA DOT regulated employers (FAA/FTA/FRA/PHMSA/USCG) for Drug and Alcohol Records will need to contact Vault Health via fax 215-396-5612.

For FMCSA regulated employers - Employers MUST use the FMCSA Drug & Alcohol Clearinghouse to obtain the results of DOT Drug or Alcohol tests or refusals conducted under the authority of 49 CFR part 382.

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| | |
|---|-------------------|
| DRIVER INFORMATION: | |
| NAME : Legiste, Claudin | SSN : 658-74-4119 |
| PHONE | DOB : 07/22 |
| MV LIC 1: FL-L223100912620 | |
| ADDRESS : 2811 L B Mcleod Rd Apt B Orlando FL 32805 | |

EQUIP TYPE : Van
LOADS HAULED : Gen Commodity
DRIVER EXP : Over the Road

WORK DETAIL

| | | | |
|------------|------------|----------------------|--|
| FROM | TO | COMPANY | : Schneider National Carriers |
| 08/29/2022 | 09/15/2022 | POSITION | : Student trainee |
| | | REASON FOR LEAVING | : Transfer to Different Company/Position |
| | | VOL / INVOL | : Not Provided |
| | | ELIGIBLE FOR REHIRE: | REVIEW |

FROM TO COMPANY : Schneider National Carriers
09/16/2022 12/20/2022 POSITION : Company Driver
REASON FOR LEAVING : Employment Ended/Lease Terminated
VOL / INVOL : Not Provided
ELIGIBLE FOR REHIRE: REVIEW

HISTORY

DATE DESCRIPTION
12/20/2022 Satisfactory

=====

ACCIDENT/INCIDENT DETAIL : 2 ACCIDENT/INCIDENT RECORDS REPORTED FOR DRIVER.

ACCIDENT/INCIDENT # 1

OCCURRED LOCATION
10/15/2022 ATLANTA GA, US

INJURIES : 0
FATALITIES : 0
HAZMAT RELEASE : No
DOT REPORTABLE : No
PREVENTABLE : Yes

DESCRIPTION :
Damaged Equipment

ACCIDENT/INCIDENT # 2

OCCURRED LOCATION
10/17/2022 Pineville LA, US

INJURIES : 0
FATALITIES : 0
HAZMAT RELEASE : No
DOT REPORTABLE : No
PREVENTABLE : Yes

DESCRIPTION :
Stuck, Need Tow



3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: SCHNEIDER NATIONAL CARRIERS INC (DOT264184) **Phone:** (800) 558-6767**Date:** 08/19/24**Address:** 3101 SOUTH PACKERLAND DRIVE GREEN BAY, WI 54313 **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.

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Applicant's Signature

Company representative

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

Name of Applicant:

Legiste Claudin SSN: 658744119

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: _____

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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: _____