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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: MARATHON XPRESS INC (DOT2157427) Phone: (305) 381-5155
Address: 2621 SW 132ND AVE MIAMI, FL 33175 Fax:

Date: 08/21/24

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.

Jerry
Cruz Sanchez Jose Raul (Aug 21, 2024 13:04 EDT)

Kr
Kristina Milacic (Aug 21, 2024 13:05 EDT)

Applicant's Signature

Company representative

Dear Personnel Manager

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.

PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Cruz Sanchez Jose Raul SSN: 599147584

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 : 04/30/2024 End Date : 08/28/2024☒ Company Driver ☐ Owner/Operator ☐ Other? _____Type of tractor operated: Sleeper Type of trailer pulled: ReeferOther equipment operated: None Commodities operated: ProduceAccidents: ☐ 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? He wanted to work somewhere elseWould you re-employee this person? ☒ Yes ☐ No If no, please explain: _____Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? Good driverName/Title (of person providing the above information): Juan Saenz, H.R AnalystCompany: Marathon Xpress Inc.Date: 09/09/2024



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: MARATHON XPRESS INC (DOT2157427) **Phone:** (305) 381-5155**Date:** 08/21/24**Address:** 2621 SW 132ND AVE MIAMI, FL 33175**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.

Cruz Sanchez Jose Raul (Aug 21, 2024 13:04 EDT)

Kristina Milacic (Aug 21, 2024 13:05 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' J]MbhUg U dUghYa d'cnYf"K J" nci _]bX' mYfYd' m'hc H Jg]bei Jf mYfYgdYV]b[H Jg Udd' J]Mbh' 5g'nci 'k J" fYUX'k Uij Yf gUHUX UVcj YZU""JUV] JmicZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX Vmih Y Udd' J]Mbt"

PLEASE BE ADVISED! Mti 'a UmYfYd' mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.**Name of Applicant:** Cruz Sanchez Jose Raul **SSN:** 599147584**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: _____



Employment Verifications <ev@rtbrz.com>

Employment Verification for Jose Raul Cruz Sanchez

Andrey N <paragonfreightllc@gmail.com>
To: Employment Verifications <ev@rtbrz.com>

Mon, Aug 26, 2024 at 6:06 PM

You got the wrong company, I don't know a Jose

On Mon, Aug 26, 2024 at 9:04 AM Employment Verifications <ev@rtbrz.com> wrote:

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Jose Raul Cruz Sanchez'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](#)
[Riki Transportation Inc dba BRZ](#)
MC#086875
8225 Leclaire Ave,
Burbank, IL 60459
Phone Number: 630-566-2119
Email: ev@rtbrz.com



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: PARAGON FREIGHT LLC (DOT4069746) **Phone:** (206) 355-7425
Address: 13336 SE 308TH CT AUBURN, WA 98092 **Fax:**

Date: 08/21/24

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.

Cruz Sanchez Jose Raul (Aug 21, 2024 13:04 EDT)

Kristina Milacic (Aug 21, 2024 13:05 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcbbUa YX YfYb U UgdUdd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHij Y d'cgHjcbZ Mti f ZbX]b[H Y Udd J MbiH Ug U dUgh Ya d'cnYf K J nci JbX mYfYd mhc H Jg bei Jf mYgdYV Mjb[H Jg Udd J MbiH 5g nci k J fYUX k Uij Yf gUHX Uvcj YZU JUV JmicZ nci UbX nci f Wda dUbmU Ug VYYb fY YUgYX VmH Y Udd J Mbt

PLEASE BE ADVISED! Mti a UmYfYd nby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Cruz Sanchez Jose Raul SSN: 599147584

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? _____

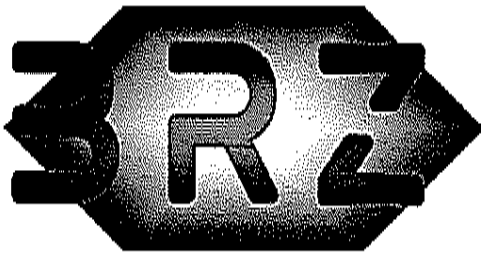
Would you re-employee this person? ☐ Yes ☐ No If no, please explain: _____

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: ROGERS CARTAGE CO (DOT104249)

Phone: (800) 338-5699

Date: 08/21/24

Address: 611 S 28TH STREET MILWAUKEE, WI 53215

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.

Cruz Sanchez Jose Raul (Aug 21, 2024 13:04 EDT)

Kristina Milacic (Aug 21, 2024 13:05 EDT)

Applicant's Signature

Company representative

Dear Personnel Manager

The person named herein has applied to this company for employment in a safety-sensitive position, Your finding the applicant as a past employer. Will you kindly reply to this inquiry respecting this applicant. As you will read waiver stated above, all liability of you and your company has been released by the applicant.

PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.

Name of Applicant: Cruz Sanchez Jose Raul SSN: 599147584

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: 7/22 End Date: 2/23
☒ Company Driver ☐ Owner/Operator ☐ Other? _____
Type of tractor operated: Semi Type of trailer pulled: TankOther equipment operated: _____ Commodities operated: BulkAccidents: ☐ 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? VoluntaryWould you re-employee this person? ☐ Yes ☐ No If no, please explain: Review NeededAdditional comments: (Any problems with customer relations, supervision, or abuse of equipment? n/aName/Title (of person providing the above information): Max Pawci, HR AssistantCompany: Tankstar USADate: 08/27/24



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: ROGERS CARTAGE CO (DOT104249)**Phone:** (800) 338-5699**Date:** 08/21/24**Address:** 611 S 28TH STREET MILWAUKEE, WI 53215**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.

Cruz Sanchez Jose Raul (Aug 21, 2024 13:04 EDT)

Kristina Milacic (Aug 21, 2024 13:05 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]MbhUg U dUghYa d'cnYf"K J" nci _]bX' mYfYd' m'hc H Jg]bei Jf mYfYgdYV]b[H Jg Udd' J]Mbh' 5g'nci 'k J" fYUX'k U]j Yf gUHUX UVcj YZU"" JUV] JmicZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX VmH Y Udd' J]Mbh"

PLEASE BE ADVISED! Mti 'a UmYfYd' mby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.**Name of Applicant:** Cruz Sanchez Jose Raul **SSN:** 599147584**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: _____

Record Inactive

The record matching **USDOT Number = 3135070** 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: Superior Quality Logistics LLC (DOT3135070) **Phone:** 0000000000**Date:** 08/21/24**Address:** The record matching USDOT Number = 3135070 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.

Cruz Sanchez Jose Raul (Aug 21, 2024 13:04 EDT)

Kristina Milacic (Aug 21, 2024 13:05 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 M b h U g U d U g h Ya d'cnyf K J nci J bX m f Y d m h c H g J bei J m f Y g d Y M j b H g Udd J M b h 5g nci k J f Y U X k U j Y f g U H Y X U V c j Y z U J U J J m c Z nci U b X nci f Wda d U b m U g V Y Y b f Y Y U g Y X V m h Y Udd J M b t

PLEASE BE ADVISED! Mti a U m f Y d m b y FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.**Name of Applicant:** Cruz Sanchez Jose Raul **SSN:** 599147584**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: _____