
Record Inactive

The record matching **USDOT Number = 3395320** is INACTIVE in the SAFER database.

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



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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: BARRERA A PLUS TRUCKING LLC (DOT3395320) **Phone:** (786) 778-0884**Date:** 08/26/24**Address:** 1201 HARLESS AVE APT 122 ODESSA, TX 79763 **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.

Soerlando Rivero Villasuso (Aug 27, 2024 09:13 EDT)

Kristina Milacic (Aug 27, 2024 09:14 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]WbhUg U dUghYa d'cnYf"K J" nci _]bX' mYd' m'hc H Jg]bei Jf mYgdYV]b[H Jg Udd' J]Wbh' 5g'nci 'k J" fYUX'k Uij Yf gUHXY Uvcj YZU" JUV] J]mcZnci 'UbX'nci f Wda dUbm\ Ug VYYb fY YUgYX VmH Y Udd' J]Wbt"

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

Name of Applicant: Soerlando Rivero Villasuso SSN: 835015451

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: _____

The information below reflects the content of the FMCSA management information systems as of 09/10/2024. Carrier VMT Outdated.

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:	3365652	State Carrier ID Number:	
MCS-150 Form Date:	11/30/2022	MCS-150 Mileage (Year):	85,352 (2020)
OPERATING AUTHORITY INFORMATION			
Operating Authority Status:	NOT AUTHORIZED		
	<p>*Please Note: NOT AUTHORIZED does not apply to Private or Intrastate operations.</p> <p>For Licensing and Insurance details click here.</p>		
MC/MX/FF Number(s):	MC-1078464		
COMPANY INFORMATION			
Legal Name:	EDS TRUCKING LLC		
DBA Name:			
Physical Address:	228 W 6TH AVE CLEARFIELD, PA 16830		
Phone:	(814) 592-9869		
Mailing Address:	228 W 6TH AVE CLEARFIELD, PA 16830-1625		
DUNS Number:	--		
Power Units:	1	Drivers:	2
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	Intermodal Cont.	Commodities Dry Bulk	
<input type="checkbox"/> Metal: sheets, coils, rolls	Passengers	Refrigerated Food	
<input type="checkbox"/> Motor Vehicles	Oilfield Equipment	Beverages	
<input type="checkbox"/> Drive/Tow away	Livestock	Paper Products	
<input type="checkbox"/> Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities	
<input type="checkbox"/> Building Materials	Coal/Coke	Agricultural/Farm Supplies	
<input type="checkbox"/> Mobile Homes	Meat	Construction	
<input type="checkbox"/> Machinery, Large Objects	Garbage/Refuse	Water Well	
<input type="checkbox"/> Fresh Produce	<input checked="" type="checkbox"/> US Mail		




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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: EDS TRUCKING LLC (DOT3365652)**Phone:** (814) 592-9869**Date:** 08/26/24**Address:** 228 W 6TH AVE CLEARFIELD, PA 16830**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.


Soerlando Rivero Villasuso (Aug 27, 2024 09:13 EDT)
Kristina Milacic (Aug 27, 2024 09:14 EDT)

Applicant's Signature

Company representative

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Name of Applicant: Soerlando Rivero Villasuso SSN: 835015451

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: _____

General Info.

The information below reflects the content of the FMCSA management information systems as of **09/10/2024**. **Carrier VMT Outdated.**

USDOT INFORMATION		
Entity Type:	CARRIER	
USDOT Status:	ACTIVE	Out of Service Date: None
USDOT Number:	4072187	State Carrier ID Number:
MCS-150 Form Date:	05/05/2023	MCS-150 Mileage (Year):
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):		
COMPANY INFORMATION		
Legal Name:	REDSTONE TRUCKS INC	
DBA Name:		
Physical Address:	11381 MIDWICK PL GARDEN GROVE, CA 92840-3461	
Phone:	(714) 864-6226	
Mailing Address:	1307 W 6TH ST STE 138 CORONA, CA 92882-1643	
DUNS Number:	--	
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 type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input checked="" type="checkbox"/> Intrastate Only (Non-HM)
Cargo Carried:		
General Freight	Liquids/Gases	Chemicals
Household Goods	Intermodal Cont.	Commodities Dry Bulk
Metal: sheets, coils, rolls	Passengers	Refrigerated Food
Motor Vehicles	Oilfield Equipment	Beverages
Drive/Tow away	Livestock	Paper Products
Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities
Building Materials	Coal/Coke	Agricultural/Farm Supplies
Mobile Homes	Meat	Construction
Machinery, Large Objects	Garbage/Refuse	Water Well
Fresh Produce	US Mail	<input checked="" type="checkbox"/> OTHER



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: REDSTONE TRUCKS INC (DOT4072187) **Phone:** (714) 864-6226**Date:** 08/26/24**Address:** 11381 MIDWICK PL GARDEN GROVE, CA 92840-3461 **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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H Y dYfgcbbUa YX YfYb U Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHij Y d'cgHjcbZMci f ZbXb H Y Udd J WbhUg U dUghYa d'cnYf K J nci JbX mYd mhc H Jg bei JmYgdYVb H Jg Udd J Wbh 5g nci k J FYUX k Uij Yf gUHX Uvcj YZU JUV JmcZnci UbX nci f Wda dUbm U gVYYb fY YUgYX VmH Y Udd J Wbt

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

Name of Applicant: Soerlando Rivero Villasuso SSN: 835015451

Job Applying For: OTR Driver

Did the Applicant work for you as a driver: Yes No

If No, please explain: _____

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☐ Company Driver ☐ Owner/Operator ☐ Other? _____

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Additional comments: (Any problems with customer relations, supervision, or abuse of equipment? _____

Name/Title (of person providing the above information): _____

Company: _____

Date: _____