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



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.

1

Kristina Milacic (Aug 27, 2024 09:14 EDT) Soerlando Rivero Villasuso (Aug 27, 2024 09:13 EDT) Company representative Applicant's Signature 8YUf DYfgcbbY A UbU[Yf H\Y dYfqcb bUa YX \YfY]b \UqUdd`]YX hc h\]q Waa dUbmZcf Ya d`cma Ybh]b U qUZYhnhqYbq]hjj Y dcq]hjcbžiMci f Z[bX]b[h\Y Udd`]WubhUgU'dUghYa d`cnYf"K]``nci _]bX`mfYd`mhc'h.]g]bei]fmfYgdYWuJb[h.]g'Udd`]WubhU'5g'nci k]``fYUX kUjjYf ghUhYX UVcj YžU```]UV]]hmcZnci UbX nci f Wa dUbm\ Ug'VYYb fY YUgYX Vmh\ Y Udd`]Wbt" PLEASE BE ADVISED! Noi a UmfYd 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: Start Date : _____ End Date : _____ If employed as a driver, please answer the following: Other? Company Driver Owner/Operator 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? | No If yes, please give date: | | | |
|--|------------------------------|--|--|--|
| Verified positive controlled substances test results? | No If yes, please give date: | | | |
| Refusals to be tested? | No If yes, please give date: | | | |
| Rehab completed under direction of SAP/MRO? | No If yes, please give date: | | | |
| Any problems with bonding? Yes No If yes, please e | 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 Ser | vice Date: | None |
| USDOT Number: | 3365652 | State Carrier I | D Number: | |
| MCS-150 Form Date: | 11/30/2022 | MCS-150 Milea | ge (Year); | 85,352 (2020) |
| | OP | ERATING AUTHORITY INFORMATIO | | |
| Operating Authority Status: | Attus: NOT AUTHORIZED *Please Note: NOT AUTHORIZED does not apply to Private or Intrastate operations. For Licensing and Insurance details click here. Interface | | | |
| | | | | |
| | | | | |
| MC/MX/FF Number(s): | MC-1078464 | | | |
| | | | | |
| | | COMPANY INFORMATION | | |
| Legal Name: | EDS TRUCKING LLC | | | |
| DBA Name: | | | | |
| Physical Address: | 228 W 6TH AVE CLEARFIELD, PA 16 | 830 | | |
| Phone: | (814) 592-9869 | | | |
| Mailing Address: | 228 W 6TH AVE CLEARFIELD, PA 16 | 830-1625 | | |
| DUNS Number: | | | | |
| Power Units: | 1 | | Drivers: | 2 |
| Operation Classification: | | | | |
| v Anth Err | LEns | Driv Dana (Nan husiagas) | 0 | - 4 |
| × Auth. For Hire Exempt For Hire | | Priv. Pass.(Non-business) Migrant | State G Local G | |
| Private(P | | | | |
| • | s. (Business) | Fed. Gov't | malan | adon |
| | , (Buoincoo) | | | |
| Carrier Operation: | | | | |
| × Interstat | e | Intrastate Only (HM) | Intrasta | ate Only (Non-HM) |
| Cargo Carried: | | | | |
| x General Freight | | Liquids/Gases | Chen | nicals |
| • | | Intermodal Cont. | | modities Dry Bulk |
| | | Passengers | | gerated Food |
| Motor Vehicles | | Oilfield Equipment | | rages |
| Drive/Tow awa | | Livestock | | r Products |
| Logs, Poles, Be | , | Grain, Feed, Hay | Utiliti | |
| Building Mater | | Coal/Coke | Agric | ultural/Farm Supplies |
| Mobile Homes | | Meat | Cons | truction |
| Machinery, Lar | ge Objects | Garbage/Refuse | Wate | er Well |
| Fresh Produce | x | US Mail | | |

| Royal Vinc. | | PERFORMANCE HISTORY RECORDS REQUEST |
|---|--|---|
| Noyal Sinc. | | - CONFIDENTIAL - |
| <i>Company:</i> EDS TRUCKING LLC (DOT3365652) <i>Address:</i> 228 W 6TH AVE CLEARFIELD, PA 16830 I hereby authorize this company to release all records of employn dates of any and all alcohol or drug tests, those confirmed results completion under direction of SAP/MRO) to each and every comp connection with my application for employment company, I hereb from any and all liable type as a result of providing the following | s, and/or my refusing to any al any(their authorized agents) w by release this company, and its | cohol or drug tests and any rehabilitation which may request such information in s employees, officers, directors, and agents |
| Soerlando Rivero Villasuso (Aug 27, 2024 09:13 EDT) | Kristina Milacic (Aug 27, | 2024 09:14 EDT) |
| Applicant's Signature | Company represer | |
| 8YUF DYfgebbY A UbU[Yf H\Y'dYfgeb bUa YX`\YfY]b`\Ug'Udd`]YX he h\]g'Wa dUbmZef Udd`]WbhUg'U'dUghYa d`enYf"K]``nti`]bX`mfYd`mhe h\]g UVej Yž'U```]UV]`]hmeZnti`UbX'ntif Vka dUbm\Ug'VYb fY`Y <u>PLEASE BE ADVISED!</u> Nti`a UmfYd`mby FAX +1 630 485 6 | j]bei]fmfYgdYV M b[Th]g'Udd 'UgYX Vmh\Y Udd`]VVbt'' 5980 or e-mail: safety@roya | l']Wohl''5ginci 'k]``fYUX'kUjjYf'grUhYX al3inc.com. |
| Name of Applicant: Soerlando Rivero Villasuso SSN: 83 | 35015451 | 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 Dat | | |
| | | |
| Type of tractor operated: Type of t | | |
| Other equipment operated: Commoditi | | |
| Accidents: Yes No If yes, please give the date and b | rief description of each accide | nt: |
| Traffic Violations: Yes No If yes, please list all inclu | ding the date and type of viola | ition: |
| INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES | INFORMATION | |
| Alcohol tests with a result of 0.04 or greater? | No If yes, please give date | :: |
| Verified positive controlled substances test results? | No If yes, please give date | :: |
| Refusals to be tested? | No If yes, please give date | :: |
| Rehab completed under direction of SAP/MRO? | No If yes, please give date | :: |
| Any problems with bonding? Yes No If yes, please ex | kplain: | |
| Why did this employee leave your company? | | |
| Would you re-employee this person? Yes No If no, p | lease explain: | |
| Additional comments: (Any problems with customer relations, su | pervision, or abuse of equipme | ent? |
| | | |
| Company: | | |
| Date: | _ | |

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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 | | | |
| Entity Type: | | 0.4.460 | with Data Mana | |
| USDOT Status: | | - | rvice Date: None | |
| USDOT Number: | | State Carrier I | D Number: | |
| MCS-150 Form Date: | 05/05/2023 | MCS-150 Mile | age_(Year); | |
| | OF | PERATING AUTHORITY INFORMATIO | DN | |
| Operating Authority Status: | NOT AUTHORIZED | | | |
| | *Please Note: NOT AUTHORIZED does not apply to Private or Intrastate operations. | | | |
| | For Licensing and In | surance details <u>click here.</u> | | |
| MC/MX/FF Number(s); | 1 | | | |
| | | COMPANY INFORMATION | | |
| Legal Name: | REDSTONE TRUCKS | INC | | |
| DBA Name: | | | | |
| Physical Address: | 11381 MIDWICK PL | | | |
| | GARDEN GROVE, CA | 92840-3461 | | |
| Phone: | (714) 864-6226 | | | |
| <u>Mailing Address:</u> | 1307 W 6TH ST STE CORONA, CA 92882 | | | |
| DUNS Number: | | | | |
| Power Units: | 1 | | Drivers: 1 | |
| Operation Classification: | | | | |
| MANUE For | Ú Bala | Driv Dana (Nam husingan) | 04-4- 0 | |
| | × Auth. For Hire Priv. Pass.(Non-business) State Gov't Exempt For Hire Migrant Local Gov't | | Local Gov't | |
| Private(P | | | | |
| | . (Business) | -F27 | | |
| | (Business) | i cu. covit | | |
| Carrier Operation: | | | | |
| Interstate | | Intrastate Only (HM) | x Intrastate Only (Non-HM) | |
| Cargo Carried: | | | | |
| General Freig | ht | Liquids/Gases | Chemicals | |
| | | Commodities Dry Bulk | | |
| Metal: sheets, coils, rolls Passengers Refrigerated Food | | | | |
| | | Oilfield Equipment | Beverages | |
| | | Livestock | Paper Products | |
| Logs, Poles, Beams, Lumber G | | Grain, Feed, Hay | Utilities | |
| Building Mate | Building Materials Coal/Coke Agricultural/Farm Supplies | | Agricultural/Farm Supplies | |
| | | Construction | | |
| Machinery, Large Objects | | Garbage/Refuse | Water Well | |
| Fresh Produc | e | US Mail | X OTHER | |

| | 3 SAFETY | PERFORMANCE HISTORY |
|--|---|---|
| $\overline{\mathbf{D}} = \mathbf{I}$ | R | ECORDS REQUEST |
| Royal Zinc. | | - |
| | | - CONFIDENTIAL - |
| Company: REDSTONE TRUCKS INC (DOT4072187) | Phone: (714) 864-6226 | <i>Date:</i> 08/26/24 |
| Address: 11381 MIDWICK PL GARDEN GROVE, CA 92840- I hereby authorize this company to release all records of employ | | my job provious shility, and fitness(including |
| dates of any and all alcohol or drug tests, those confirmed resu completion under direction of SAP/MRO) to each and every com connection with my application for employment company, I here from any and all liable type as a result of providing the following | Its, and/or my refusing to any alcompany(their authorized agents) weby release this company, and its | ohol or drug tests and any rehabilitation hich may request such information in employees, officers, directors, and agents |
| SK- | h | |
| Soerlando Rivero Villasuso (Aug 27, 2024 09:13 EDT) | Kristina Milacic (Aug 27, | |
| Applicant's Signature | Company represent | tative |
| H\Y dYfgob bUa YX \YfY]b \Ug Udd`]YX ho H\]g Vita dUbmZ Udd`]WibhUg U dUghYa d`onYf"K]``noi _]bX`mfYd`mho H\ UVoj YžU```]UV]]ImnoZnoi UbX noi f`Vita dUbm\Ug VYYb fY <u>PLEASE BE ADVISED!</u> Moi `a UmfYd`mby FAX +1 630 485 |]g]bei]fmfYgdYW i [b[`H\]gUdd` `YUgYX VmH\Y Udd`]VV ibt '' |]Wohl'5ginci k]``fYUX kUjjYf ghUhYX |
| Name of Applicant: Soerlando Rivero Villasuso SSN: 8 | 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 D | Date : Er | nd Date : |
| Company Driver Owner/Operator Other? | | |
| Type of tractor operated: Type of | f trailer pulled: | |
| Other equipment operated: Commod | lities operated: | |
| Accidents: Yes No If yes, please give the date and | brief description of each acciden | t: |
| Traffic Violations: Yes No If yes, please list all inc | luding the date and type of violat | ion: |
| INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCE | S INFORMATION | |
| Alcohol tests with a result of 0.04 or greater? | No If yes, please give date: | |
| Verified positive controlled substances test results? | No If yes, please give date: | |
| Refusals to be tested? | No If yes, please give date: | |
| Rehab completed under direction of SAP/MRO? | 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, s | supervision, or abuse of equipmer | nt? |
| Name/Title (of person providing the above information): | | |
| Company: | | |
| Date: | | |