

SAFETY PERFORMANCE HISTORY **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 09/03/24

Company: STAR TRANSPORTATION PA INC (DOT1437731) Phone: (267) 397-8040

Address: 301 NW 171ST ST MIAMI GARDENS, FL 33169 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 ev connection with my application for employment compan from any and all liable type as a result of providing the f	y, I hereby rele	ease this company, a	nd its employees, officers, directors, and		
monificantly und an inable type as a result of providing the f	onowing inform	riacion to the below i	1_		
Valdes Herrera Yousel (Sep 3, 2024 15:05 EDT)		Kristina Milacic (Sep 3, 2024 15:17 EDT)		
Applicant's Signature		Company rep	resentative		
8YUf DYfgebbY`A UbU[Yf H\YdYfgeb bUa YX`\YfY]b`\UgʻUdd`]YX`hc`h\]g`Wta Udd`]WIbhUgʻU'dUghYa d`cnYf'''K]``nci '_]bX`mfYd` UVcj YžU```]UV]`]hmcZnci 'UbX`nci f`Wta dUbm\Ug\ <u>PLEASE BE ADVISED!</u> ' Mci 'a UmfYd`mby FAX +1 6	mhc h\]g]bei YYb fY`YUgYX]fmfYgdYVM]b[h\]o ('Vmh\Y'Udd`]VWbt''	gʻUdd`]Wold'5gʻmoti k.]``fYUX`k.U]jYf		
Name of Applicant: Valdes Herrera Youse	I <i>SSN:</i> 76761	15185	Job Applying For: OTR		
Did the Applicant work for you as a driver: X Yes If No, please explain:	No				
If employed as a driver, please answer the following:	Start Date : _	06/2022	End Date :07/2024		
X Company Driver Owner/Operator Other?					
Type of tractor operated: $\underline{TRACTOR\text{-}TRAILE}R$	Type of trailer	pulled: VAN			
Other equipment operated: C	Commodities op	perated:			
Accidents: \square Yes $[X]$ No \square If yes, please give the d	ate and brief d	escription of each a	ccident:		
Traffic Violations: Yes No If yes, please lis	st all including	the date and type of	violation:		
INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	TANCES INFO	ORMATION			
Alcohol tests with a result of 0.04 or greater?	Yes X No	If yes, please give	date:		
Verified positive controlled substances test results? \Box	Yes X No	If yes, please give	date:		
Refusals to be tested?	Yes X No	If yes, please give	date:		
Rehab completed under direction of SAP/MRO?	Yes No	If yes, please give	date: N/A		
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	e explain:			
Additional comments: (Any problems with customer rela	ations, supervi	sion, or abuse of equ	ipment?		
Name/Title (of person providing the above information):	GIOVANN	II PEDRAZZOLI			
Company: STAR TRANSPORTATION		_			
Date: 9/5/2024					



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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.

connection with my application for employment company, I hereby r from any and all liable type as a result of providing the following info	release this company, and its employees, officers, directors, and agents	
A	Mr.	
Valdes Herrera Yousel (Sep 3, 2024 15:05 EDT)	Kristina Milacic (Sep 3, 2024 15:17 EDT)	
Applicant's Signature	Company representative	
8YUf DYfgcbbY`A UbU[Yf H\Y'dYfgcb'bUa YX`\YfY]b`\Ug'Udd`]YX'hc'h\]g'Wa dUbmZcf'Ya Udd`]WIbhUg'U'dUghYa d'cnYf"K]`nci '_]bX'mfYd'mhc'h\]g']b UVcj YžU```]UV]]ImcZnci 'UbX'nci f'Wa dUbm\Ug'VYYb'fY'YUg PLEASE BE ADVISED!' Nci 'a UmfYd'mby FAX +1 630 485 698	ei]fmfYgdYMjb['h\]g'Udd`]WobH"5g'noci 'k]``fYUX'kUjjYf'gHUHYX gYX'Vm'h\Y'Udd`]Wobt''	
Name of Applicant: Valdes Herrera Yousel SSN: 767	Job Applying For: OTR	
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 : Company Driver Owner/Operator Other?		
Type of tractor operated: Type of trail	ler pulled:	
Other equipment operated: Commodities	operated:	
Accidents: Yes No If yes, please give the date and brief	f description of each accident:	
Traffic Violations: Yes No If yes, please list all includin	ng the date and type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	IFORMATION	
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:	
Verified positive controlled substances test results? Yes No	If yes, please give date:	
Refusals to be tested?	If yes, please give date:	
Rehab completed under direction of SAP/MRO?	If yes, please give date:	
Any problems with bonding? Yes No If yes, please expla	ain:	
Why did this employee leave your company?		
Would you re-employee this person? Yes No If no, plea	ase explain:	
Additional comments: (Any problems with customer relations, super	rvision, or abuse of equipment?	
Name/Title (of person providing the above information):		
Company:		
Date:		

Royal3 Inc.