



2

SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** Armada Trucking Group Inc  
**Address:** 1517 E Grand Ave Pomona, CA 91766

**Phone:** 8006208592  
**Fax:**

**Date:** 04/13/22

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.

Nathan Cordeiro  
 Nathan Cordeiro (Apr 13, 2022 12:59 CDT)

MAF  
 Safety Department (Apr 13, 2022 14:29 CDT)

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@royal3inc.com](mailto:safety@royal3inc.com).

**Name of Applicant:** Nathan Cordeiro **SSN:** 031669997 **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 :** 8/2019 **End Date :** 8/2020

☒ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: Semi Tractor Type of trailer pulled: 53" Reefer

Other equipment operated: N/A 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? Resigned

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

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

Very good driver Resigned to do local work

Name/Title (of person providing the above information): Jessica Preciado HR Manager

Company: Armada Trucking Group

Date: 4/19/2022



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

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**Company:** Armada Trucking Group Inc**Phone:** 8006208592**Date:** 04/13/22**Address:** 1517 E Grand Ave Pomona, CA 91766**Fax:**

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Nathan cordeiro (Apr 13, 2022 12:55 CDT)

Safety Department (Apr 13, 2022 14:29 CDT)

Applicant's Signature

Company representative

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Name of Applicant:

Nathan Cordeiro

SSN: 031669997

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:** BiRite Foodservice Distributors  
**Address:** 123 S Hill Dr, Brisbane, CA 94005

**Phone:** 4156560187  
**Fax:**

**Date:** 04/13/22

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.

Nathan cordeiro (Apr 13, 2022 12:55 CDT)

Safety Department (Apr 13, 2022 14:25 CDT)

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@royal3inc.com](mailto:safety@royal3inc.com).

**Name of Applicant:** Nathan Cordeiro **SSN:** 031669997 **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:** 05/27/16 **End Date:** 12/29/20

☒ Company Driver ☐ Owner/Operator ☐ Other? \_\_\_\_\_

Type of tractor operated: TRUCK 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? Resignation

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): Fernando Cordeiro Vallejo

Company: BiRite Foodservice HR Generalist,

Date: 12-29-2021 4/21/22



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** BiRite Foodservice Distributors  
**Address:** 123 S Hill Dr, Brisbane, CA 94005

**Phone:** 4156560187  
**Fax:**

**Date:** 04/13/22

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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Safety Department (Apr 13, 2022 14:29 CDT)

Applicant's Signature

Company representative

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**Name of Applicant:** Nathan Cordeiro **SSN:** 031669997 **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: \_\_\_\_\_

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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: \_\_\_\_\_

**Zigi Freight Inc. dba Royal 3, Inc.**  
**6850 W. 63<sup>rd</sup> St.**  
**Chicago, IL 60638**

**May 6, 2022**

RE: Employee Verification Requests for Nathan Cordeiro from D&M Trucking.

To whom it may concern:

As of March 13, 2022 I have made the following attempts to contact D&M Trucking in order to verify Nathan Cordeiro's employment there.

The first attempt was made on April 14, 2022 when I sent a request to +12069844259 which was recommended by safety person when I reached out through phone to their office.

On April 21, 2022 I re-sent request completing the second attempt and on April 29, 2022 I have made a third and final attempt. A formal response from D&M Trucking was never received.

Sincerely,

A handwritten signature in black ink, appearing to read 'MAD' with a horizontal line extending to the right.

Maryury Acero

# FAX

**From**

Sofija Mitic

**To**

**Phone** (630) 485-7370 \* 402  
**Fax** 16304857370

**Phone**  
**Fax** (206) 984-4259

**DATE** 04/29/2022**Pages including cover sheet:** 2**NOTE**

Hello,  
I am a safety officer from Royal3 INC company.  
I am sending you this email to confirm Nathan Cordeiro's employment with your company. Please find the attached form, and send it back to me at your earliest convenience.  
Thank you, and have a nice day!  
Sofia

# FAX

**From**

Sofija Mitic

**To****Phone** (630) 485-7370 \* 402**Fax** 16304857370**Phone****Fax** (206) 984-4259**DATE** 04/21/2022**Pages including cover sheet:** 2**NOTE**

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Nathan Cordeiro's employment with your company. Please find the attached form, and send it back to me at your earliest convenience.

Thank you, and have a nice day!

Sofia

# FAX

**From**

Sofija Mitic

**To****Phone** (630) 485-7370 \* 402**Fax** 16304857370**Phone****Fax** (206) 984-4259**DATE** 04/14/2022**Pages including cover sheet:** 2**NOTE**

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Nathan Cordeiro's employment with your company. Please find the attached form, and send it back to me at your earliest convenience.

Thank you, and have a nice day!

Sofia





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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** D&M Trucking**Phone:** 5202244832**Date:** 04/13/22**Address:** 1882 East Zachary Way Huachuca City, AZ 85616 **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.

Nathan cordeiro (Apr 13, 2022 12:55 CDT)

Safety Department (Apr 13, 2022 14:29 CDT)

Applicant's Signature

Company representative

**Dear Personnel Manager**

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**Name of Applicant:** Nathan Cordeiro **SSN:** 031669997 **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:** BRZ INC**Phone:** (630) 485-7370**Date:** 04/13/22**Address:** 8225 Leclair Ave, Burbank, IL 60459**Fax:** 6304856980

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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Safety Department (Apr 13, 2022 14:29 CDT)

Applicant's Signature

Company representative

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**PLEASE BE ADVISED!** You may reply by FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).

Name of Applicant:

Nathan Cordeiro

SSN: 031669997

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 : 8/12/21

End Date : 4/13/22

☒ 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): \_\_\_\_\_

Safety Officer

Company: Riki Transportation BRZ INC

Date: 5/9/22



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** BRZ INC**Phone:** (630) 485-7370**Date:** 04/13/22**Address:** 8225 Leclaire Ave, Burbank, IL 60459**Fax:** 6304856980

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.

Nathan cordeiro (Apr 13, 2022 12:55 CDT)

Safety Department (Apr 13, 2022 14:29 CDT)

Applicant's Signature

Company representative

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**PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 or e-mail: [safety@royal3inc.com](mailto:safety@royal3inc.com).**

Name of Applicant:

Nathan Cordeiro

SSN: 031669997

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: \_\_\_\_\_