

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

June 18, 2023

RE: Employee Verification Requests for Jose Miguel Del Toro Bestard from K TRANSCO INC.

To whom it may concern:

As of May 19, 2023 I have made the following attempts to contact K TRANSCO INC in order to verify Jose Miguel Del Toro Bestard's employment there.

The first attempt was made on May 25, 2023 when I sent a request at KTRANSCOINC@gmail.com which was recommended by safety person when I reached out through phone to their office.

On June 1, 2023 I re-sent request completing the second attempt and on June 8, 2023 I have made a third and final attempt. A formal response from K TRANSCO INC you was never received.

Sincerely,

Diana Baranda

A handwritten signature in black ink, appearing to be 'D. Baranda', with a stylized flourish at the end.



Employment Verifications <ev@royal3inc.com>

Employment Verification for Jose Miguel Del Toro Bestard

Employment Verifications <ev@royal3inc.com>

Thu, Jun 8, 2023 at 11:51 PM

To: KTRANSCOINC@gmail.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Jose Miguel Del Toro Bestard's employment with your company.

Please find the attached form, and send it back to me at your earliest convenience.

Thank you!

Sofia

HR Department

Zigi Freight dba Royal 3 Inc.

6850 W. 63rd St.

Chicago, IL 60638

p. 630-485-7370

f. 630-485-6980

e. ev@royal3inc.com

**EV JoseMiguelDelToroBestard-3.pdf**

204K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Jose Miguel Del Toro Bestard

Employment Verifications <ev@royal3inc.com>

Thu, Jun 1, 2023 at 1:03 PM

To: KTRANSCOINC@gmail.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Jose Miguel Del Toro Bestard's employment with your company.

Please find the attached form, and send it back to me at your earliest convenience.

Thank you!

Sofia

HR Department

Zigi Freight dba Royal 3 Inc.

6850 W. 63rd St.

Chicago, IL 60638

p. 630-485-7370

f. 630-485-6980

e. ev@royal3inc.com

**EV JoseMiguelDelToroBestard-3.pdf**

204K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Jose Miguel Del Toro Bestard

1 message

Employment Verifications <ev@royal3inc.com>
To: KTRANSCOINC@gmail.com

Thu, May 25, 2023 at 12:22 PM

Hello,

I am a safety officer from Royal3 INC company.
I am sending you this email to confirm Jose Miguel Del Toro Bestard's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.

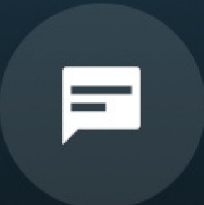
Thank you!

Sofia
HR Department
Zigi Freight dba Royal 3 Inc.
6850 W. 63rd St.
Chicago, IL 60638
p. 630-485-7370
f. 630-485-6980
e. ev@royal3inc.com

 **EV JoseMiguelDelToroBestard-3.pdf**
204K



(708) 377-9444



6.15.23.

Outgoing call
15:38 (47 sec)

From
(630) 566-2119 (me)

(708) 377-9444
Phone number



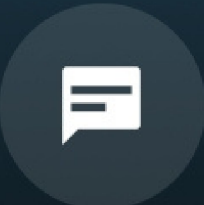
Create new contact 

Add to existing contact 

Block number 



(708) 377-9444



6.8.23.

Outgoing call
17:27 (29 sec)

From
(630) 566-2119 (me)

(708) 377-9444
Phone number



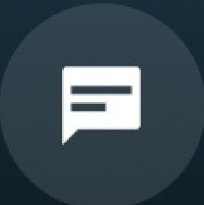
Create new contact 

Add to existing contact 

Block number 



(708) 377-9444



6.1.23.


Outgoing call
16:54 (34 sec)

From
(630) 566-2119 (me)

(708) 377-9444
Phone number



Create new contact 

Add to existing contact 

Block number 



1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: K TRANSCO INC**Phone:** 7083779444**Date:** 05/19/23**Address:** 13207 WEST HUNT MASTER LN LEMONT, IL 60439 **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.

Jose Miguel Del Toro Bestard (May 19, 2023 11:56 CDT)

Safety (May 19, 2023 14:08 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.

Name of Applicant: Jose Miguel Del Toro Bestard SSN: 771-96-5071**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: _____

[Print](#)[Set This Request Complete](#)**Request / Response Report**

Response Tracking ID: (None)

Request #: 41292238

Nationwide Cargo Incorporated

Provided By: **Petya B**
 Title: **(N/A)**
 Address: **566 Rock Road Drive**
 City / State / Zip: **East Dundee, IL 60118**
 Email: **safety@nationwidecargo.com**
peterp@nationwidecargo.com
recruiting@nationwidecargo.com
 Phone: **877-410-0781**
 Fax:
 Items Requested: **EMP**

[Questions about this report?](#)**Requested Subject Information**Denotes a value not equal to the Provided value**Jose M Del Toro Bestard**

SSN: **xxx-xx-5071**
 DOB: **11-02-1973**

Date Range Requested: **05-2020 to 12-2020****Provided Subject Information**Denotes a value not equal to original Requested value**Jose Del Toro**

SSN: **xxx-xx-5071**
 DOB: **11-02-1973**

Date Range Provided: **05-2020 to 12-2021****Original Request Information****Provided Information**

Position Held	Position Held	Owner operator
Reason For Leaving	Reason For Leaving	resignation
Driver Class	Driver Class	Lease Purchase
Driver Type	Driver Type	Team
Was the driver Terminated?	Was the driver Terminated?	No
Was the driver subject to FMCSRs while employed?	Eligible for Rehire?	Review
Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Was the driver subject to FMCSRs while employed?	Yes
Areas Driven	Was the driver's job designated as a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Yes
Equipment Driven	Full Time / Part Time	Full Time
Trailer Driven	Areas Driven	OTR
Loads Hauled	Equipment Driven	Tractor-Trailer
	Trailer Driven	Van
	Loads Hauled	General Freight
	Miles per week	
	Number of States Driven	48
	Trailer Length	53'

Accidents

No Accidents

Activity Log

05-26-2023 01:18 PM - Petya B (Nationwide Cargo Incorporated)

Request was set "Submitted", authorized, and automatically fulfilled.

05-25-2023 05:17 AM - Zigi Stamenkovic

Request sent under order #17844887 via **Network** method.

Tenstreet, 120 W. 3rd Street Tulsa, OK 74103.

Drivers: for questions about this report, contact the Tenstreet Consumer Service Department at 877-219-9283, Option 1, then 1 or email:
drivers@tenstreet.com



2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: NATION WIDE CARGO**Phone:** (847)378-8917**Date:** 05/19/23**Address:** 566 Rock Rd Dr Unit 2, East Dundee, IL 60118 **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.

Jose Miguel Del Toro Bestard (May 19, 2023 11:56 CDT)

Safety (May 19, 2023 14:08 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.

Name of Applicant: Jose Miguel Del Toro Bestard SSN: 771-96-5071**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: _____



3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: BRZ (USDOT 3119062)

Phone: (708) 303-5150

Date: 05/19/23

Address: 8225 LECLAIRE AVE BURBANK, IL 60459

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.

Jose Miguel Del Toro Bestard (May 19, 2023 11:56 CDT)

Safety (May 19, 2023 14:08 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.

Name of Applicant: Jose Miguel Del Toro Bestard SSN: 771-96-5071

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 : 09/09/2022 End Date : 04/03/2023☒ Company Driver ☐ Owner/Operator ☐ Other? _____Type of tractor operated: Semi truck Type of trailer pulled: Dry vanOther equipment operated: N/A Commodities operated: General freightAccidents: ☐ 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? +30 days vacationWould 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): Mateja MarkovicCompany: BRZDate: 05/23/2023



3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: BRZ (USDOT 3119062)**Phone:** (708) 303-5150**Date:** 05/19/23**Address:** 8225 LECLAIRE AVE BURBANK, IL 60459**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.

Jose Miguel Del Toro Bestard (May 19, 2023 11:56 CDT)

Safety (May 19, 2023 14:08 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.

Name of Applicant: Jose Miguel Del Toro Bestard SSN: 771-96-5071**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: _____