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

May 25, 2022

RE: Employee Verification Requests for Angel Mauricio de la Rosa Garcia from TX TRANSPORT.

To whom it may concern:

As of April 28, 2022 I have made the following attempts to contact TX TRANSPORT in order to verify Angel Mauricio de la Rosa Garcia's employment there.

The first attempt was made on May 3, 2022 when I sent a request to +18008520686 which was recommended by safety person when I reached out through phone to their office.

On May 10, 2022 I re-sent request completing the second attempt and on May 18, 2022 I have made a third and final attempt. A formal response from TX TRANSPORT was never received.

Sincerely,

Diana Baranda

24

From: Sofija Mitic Fax: 16304857370 To: Fax: (800) 852-0685 Page: 1 of 2 05/18/2022 11:08 AM



From To

Sofija Mitic

Phone (630) 485-7370 * 402 Phone

Fax 16304857370 Fax (800) 852-0685

DATE 05/18/2022

Pages including cover sheet: 2

NOTE

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Angel Mauricio de la Rosa Garcia's employment with your company. Please find the attached form, and send it back to me at your earliest convenience.

From: Sofija Mitic Fax: 16304857370 To: Fax: (800) 852-0685 Page: 2 of 2 05/18/2022 11:08 AM

1



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: TX TRANSPORT (USDOT 1814491)	Phone: 9158438742	<i>Date:</i> 04/28/22
Address: 424 Ascencion St, El Paso, TX 79928	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.

Applicant's Signature	Company representative	
angel de la rosa garcia (Apr 29, 2022 15:15 CDT)	Safety Department (Apr 29, 2022 15:16 CDT)	

PLEASE BE ADVISED!

by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Angel Mauricio De La Rosa Garcia SSN: 635585853	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 accidents	ent:
Traffic Violations: Yes No If yes, please list all including the date and type of violations	lation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION	
Alcohol tests with a result of 0.04 or greater? Yes No If yes, please give date	e:
Verified positive controlled substances test results?	e:
Refusals to be tested? Yes No If yes, please give date	e:
Rehab completed under direction of SAP/MRO? Yes No If yes, please give dat	e:
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 equipments)	nent?
Name/Title (of person providing the above information):	
Company:	
Date:	

From: Sofija Mitic Fax: 16304857370 To: Fax: (800) 852-0685 Page: 1 of 2 05/10/2022 3:18 PM



From To

Sofija Mitic

Phone (630) 485-7370 * 402 Phone

Fax 16304857370 Fax (800) 852-0685

DATE 05/10/2022

Pages including cover sheet: 2

NOTE

Hello,

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I am sending you this email to confirm Angel Mauricio de la Rosa Garcia's employment with your company. Please find the attached form, and send it back to me at your earliest convenience.

From: Sofija Mitic Fax: 16304857370 To: Fax: (800) 852-0685 Page: 2 of 2 05/10/2022 3:18 PM



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: TX TRANSPORT (USDOT 1814491)	Phone: 9158438742	<i>Date:</i> 04/28/22
Address: 424 Ascencion St, El Paso, TX 79928	Fax:	

1

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.

Applicant's Signature	Company representative
angel de a rosa garcia (Apr 29, 2022 15:15 CDT)	Safety Department (Apr 29, 2022 15:16 CBT)

PLEASE BE ADVISED!

by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Angel Mauricio De La Rosa Garcia SSN: 635585853	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 ac	cident:
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?	date:
Verified positive controlled substances test results? Yes No If yes, please give	date:
Refusals to be tested?	date:
Rehab completed under direction of SAP/MRO?	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 equi	pment?
Name/Title (of person providing the above information):	
Company:	
Date:	

From: Sofija Mitic Fax: 16304857370 To: Fax: (800) 852-0686 Page: 1 of 2 05/03/2022 4:04 PM



From To

Sofija Mitic

Phone (630) 485-7370 * 402 Phone

Fax 16304857370 Fax (800) 852-0686

DATE 05/03/2022

Pages including cover sheet: 2

NOTE

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Angel Mauricio'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 From: Sofija Mitic Fax: 16304857370 To: Fax: (800) 852-0686 Page: 2 of 2 05/03/2022 4:04 PM

1



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: TX TRANSPORT (USDOT 1814491)	Phone: 9158438742	<i>Date:</i> 04/28/22
Address: 424 Ascencion St, El Paso, TX 79928	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.

angel de la rosa garcia (Apr 29, 2022 15:15 CDT)	Safety Department (Apr 29, 2022 15:16 CDT)
Applicant's Signature	Company representative

PLEASE BE ADVISED!

by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Angel Mauricio De La Rosa Garcia SSN: 635585853	Job Applying For: OTR Drive	
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 e	each accident:	
Traffic Violations: Yes No If yes, please list all including the date and the second s	type of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION		
Alcohol tests with a result of 0.04 or greater?	se give date:	
Verified positive controlled substances test results? Yes No If yes, please	se 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	e of equipment?	
Name/Title (of person providing the above information):		
Company:		
Date:		



SAFETY PERFORMANCE HISTORY **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 04/28/22

Company: TX TRANSPORT (USDOT 1814491) Phone: 9158438742

Address: 424 Ascencion St, El Paso, TX 79928

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 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
angel de la rosa garcia (Apr 29, 2022 15:15 CDT)	Safety Department (Apr 29, 2022 15:16 CDT)
Applicant's Signature	Company representative
8YUF DYfgebbY `A UbU[Yf H\ Y'dYfgeb bUa YX`\YfY]b`\Ug'Udd`]YX`hc'h\]g'Wa dUbmZef Ya Udd`]WIbhUg'U'dUghYa d`enYf"K]``nci `_]bX`mfYd`mhc'h\]g']b Uvej YžU```]UV]`]hmcZnci `UbX`nci f`Wa dUbm\Ug'VYYb`fY`YUg PLEASE BE ADVISED!' Nci `a UmfYd`mby FAX +1 630 485 698	oei]fmfYgdYVM[b["h.]g'Udd`]VMbH"5g'ncik]``fYUXkU]jYf'gHUhYX gYX'VmhNY'Udd`]VMbt"
Name of Applicant: Angel Mauricio De La Rosa Garcia SSN: 635	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: Company Driver Owner/Operator Other?	: End Date :
Type of tractor operated: Type of trail	iler 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 including	ng the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	NFORMATION
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):	
Date:	

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

May 25, 2022

RE: Employee Verification Requests for Angel Mauricio de la Rosa Garcia from Kcn Logistics LLC.

To whom it may concern:

As of April 28, 2022 I have made the following attempts to contact Kcn Logistics LLC in order to verify Angel Mauricio de la Rosa Garcia's employment there.

The first attempt was made on May 3, 2022 when I sent a request to kcnlogisticsllc@yahoo.com which was recommended by safety person when I reached out through phone to their office.

On May 10, 2022 I re-sent request completing the second attempt and on May 18, 2022 I have made a third and final attempt. A formal response from Kcn Logistics LLC was never received.

Sincerely,

Diana Baranda





Employment Verifications <ev@royal3inc.com>

Employment Verification for Angel Mauricio de la Rosa Garcia

Employment Verifications <ev@royal3inc.com>

Tue, May 10, 2022 at 10:17 PM

To: kcnlogisticsllc@yahoo.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Angel Mauricio de la Rosa Garcia'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

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





Employment Verifications <ev@royal3inc.com>

Employment Verification for Angel Mauricio de la Rosa Garcia

Employment Verifications <ev@royal3inc.com>

Wed, May 18, 2022 at 6:14 PM

To: kcnlogisticsllc@yahoo.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Angel Mauricio de la Rosa Garcia'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

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





Employment Verifications <ev@royal3inc.com>

Employment Verification for Angel Mauricio de la Rosa Garcia

1 message

Employment Verifications <ev@royal3inc.com>

Tue, May 3, 2022 at 11:27 PM

To: kcnlogisticsllc@yahoo.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Angel Mauricio de la Rosa Garcia'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

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





SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: Kcn Logistics LLC (USDOT 3343144) **Phone:** 9153075511 **Date:** 04/28/22

Address: 6006 N Mesa Ste 1006 El Paso, TX 79912

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.

connection with my application for employment company, I her from any and all liable type as a result of providing the followin	eby release this company, and its employees, officers, directors, and agents g information to the below mentioned person and/or company.
angel de la rosa garcia (Apr 29, 2022 15:15 CDT)	Safety Department (Apr 29, 2022 15:16 CDT)
Applicant's Signature	Company representative
Name of Applicant: Angel Mauricio De La Rosa Garcia SSN:	635585853 Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes No If No, please explain:	
	Date : End Date :
Type of tractor operated: Type o	f trailer pulled:
Other equipment operated: Commod	lities 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 ind	cluding the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCE	SINFORMATION
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,	supervision, or abuse of equipment?
Name/Title (of person providing the above information): Company:	

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

May 25, 2022

RE: Employee Verification Requests for Angel Mauricio de la Rosa Garcia from Luna Trucking Company Inc.

To whom it may concern:

As of April 28, 2022 I have made the following attempts to contact Luna Trucking Company Inc in order to verify Angel Mauricio de la Rosa Garcia's employment there.

The first attempt was made on May 4, 2022 when I sent a request to +15122468781 which was recommended by safety person when I reached out through phone to their office.

On May 10, 2022 I re-sent request completing the second attempt and on May 18, 2022 I have made a third and final attempt. A formal response from Luna Trucking Company Inc was never received.

Sincerely,

Diana Baranda

24

From: Sofija Mitic Fax: 16304857370 To: Fax: (512) 246-8781 Page: 1 of 2 05/18/2022 11:12 AM



From To

Sofija Mitic

Phone (630) 485-7370 * 402 Phone

Fax 16304857370 Fax (512) 246-8781

DATE 05/18/2022

Pages including cover sheet: 2

NOTE

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From: Sofija Mitic Fax: 16304857370 To: Fax: (512) 246-8781 Page: 2 of 2 05/18/2022 11:12 AM

3



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Date: 04/28/22

Company: Luna Trucking Company Inc

Address: 2025 W 2175 N Lehi UT 84043

Phone: 8017669737

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.

angel de la rosa garcía (Apr 29, 2022 15:15 CDT)	Safety Department (Apr 29, 2022 15:16 CDT)
Applicant's Signature	Company representative

PLEASE BE ADVISED!

by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

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 tractor 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: 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 of Applicant: Angel Mauricio De La Rosa Garcia SSN: 635585853 Job Applying For: OTR Driver
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: Yerified 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? No If no, please explain: Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?	Did the Applicant work for you as a driver: Yes No If No, please explain:
Type of tractor operated: Type of trailer pulled:	If employed as a driver, please answer the following: Start Date : End Date :
Other equipment operated:	Company Driver Owner/Operator Other?
Accidents: Yes No If yes, please give the date and brief description of each accident:	Type of tractor operated: Type of trailer pulled:
Traffic Violations: Yes No If yes, please list all including the date and type of violation:	Other equipment operated: Commodities operated:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION Alcohol tests with a result of 0.04 or greater?	Accidents: No If yes, please give the date and brief description of each accident:
Alcohol tests with a result of 0.04 or greater?	Traffic Violations: Yes No If yes, please list all including the date and type of violation:
Verified positive controlled substances test results?	INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION
Refusals to be tested?	Alcohol tests with a result of 0.04 or greater? Yes No If yes, please give date:
Rehab completed under direction of SAP/MRO?	Verified positive controlled substances test results? 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):	Refusals to be tested? Yes No If yes, please give date:
Why did this employee leave your company?	Rehab completed under direction of SAP/MRO? Yes No If yes, please give date:
Would you re-employee this person?	Any problems with bonding? Yes No If yes, please explain:
Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?	Why did this employee leave your company?
Name/Title (of person providing the above information):	Would you re-employee this person?
	Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?
Company:	Name/Title (of person providing the above information):
	Company:
Date:	Date:

From: Sofija Mitic Fax: 16304857370 To: Fax: (512) 246-8781 Page: 1 of 2 05/10/2022 3:00 PM



From To

Sofija Mitic

Phone (630) 485-7370 * 402 Phone

Fax 16304857370 Fax (512) 246-8781

DATE 05/10/2022

Pages including cover sheet: 2

NOTE

Hello,

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From: Sofija Mitic Fax: 16304857370 To: Fax: (512) 246-8781 Page: 2 of 2 05/10/2022 3:00 PM

3



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Date: 04/28/22

Company: Luna Trucking Company Inc

Address: 2025 W 2175 N Lehi UT 84043

Phone: 8017669737

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.

angel de la rosa garcía (Apr 29, 2022 15:15 CDT)	Safety Department (Apr 29, 2022 15:16 CDT) Company representative	

PLEASE BE ADVISED!

by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Angel Mauricio De La Rosa Garcia SSN: 635585853	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 eac	h accident:
Traffic Violations: Yes No If yes, please list all including the date and typ	e of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORMATION	
Alcohol tests with a result of 0.04 or greater?	give date:
Verified positive controlled substances test results? Yes No If yes, please	give date:
Refusals to be tested?	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:	

From: Sofija Mitic Fax: 16304857370 To: Fax: (512) 246-8781 Page: 1 of 2 05/04/2022 4:18 PM



From To

Sofija Mitic

Phone (630) 485-7370 * 402 Phone

Fax 16304857370 Fax (512) 246-8781

DATE 05/04/2022

Pages including cover sheet: 2

NOTE

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From: Sofija Mitic Fax: 16304857370 To: Fax: (512) 246-8781 Page: 2 of 2 05/04/2022 4:18 PM

3



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Date: 04/28/22

Company: Luna Trucking Company Inc

Address: 2025 W 2175 N Lehi UT 84043

Phone: 8017669737

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.

Applicant's Signature	Company representative
angel de la rosa garcia (Apr 29, 2022 15:15 CDT)	Safety Department (Apr 29, 2022 15:16 CDT)

PLEASE BE ADVISED!

by FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Angel Mauricio De La Rosa Garcia SSN: 635585853 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?
Rehab completed under direction of SAP/MRO?
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:



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Date: 04/28/22

Company: Luna Trucking Company Inc Address: 2025 W 2175 N Lehi UT 84043

Phone: 8017669737

Fax:

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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.

angel de la rosa garcia (Apr 29, 2022 15:15 CDT)	_	fety Department (Apr 29, 2022 15:16 CDT)
Applicant's Signature		pany representative
8YUf DYfgebbY` A UbU[Yf H\ Y dYfgeb bUa YX`\ YfY]b`\ Ug'Udd`]YX`hc h\]g`Wa d Udd`]WIbhUg'U'dUgh'Ya d`cnYf"'K]``nci]bX`mfYd`n UVcj YžU```]UV]`]ImicZnci `UbX`nci f`Wa dUbm\\Ug'V\ <u>PLEASE BE ADVISED!</u> Mbi `a UmfYd`m'by FAX +1 63	lUbmZcf Ya d`cna Ybh] nhc h\]g]bei]fmfYgdYV /Yb fY`YUgYX VmH\Y`Ud	b U gUZYmłigYbg]h]j Y dog]h]obžNobi f Z]bX]b['h\ Y li[b['h\]g Udd`]Wlbh"5g nobi 'k]``fYUX'k U]j Yf ghUhYX d`]Wlbt"
Name of Applicant: Angel Mauricio De La Rosa Garcia	SSN: 635585853	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes If No, please explain:	No	
If employed as a driver, please answer the following:		End Date :
Type of tractor operated: 1	Гуре of trailer pulled:	
Other equipment operated: Co	ommodities operated:	
Accidents: Yes No If yes, please give the da	te and brief description o	f each accident:
Traffic Violations: Yes No If yes, please list	all including the date and	d type of violation:
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