

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

Response Tracking ID: (None)

Request #: 36433233

**Crete Carrier Corporation**

Provided By: **Patti Preston**  
 Title: **(N/A)**  
 Address: **400 Northwest 56th St**  
 City / State / Zip: **Lincoln, NE 68528**  
 Email: **tenstreetsafetyverifications@cretecarrier.com**  
 Phone: **800-998-4095**  
 Fax: **402-479-2072**  
 Items Requested: **EMP**

[Questions about this report?](#)**Provided Subject Information****Fednel Byssainthe**SSN: **xxx-xx-6792**DOB: **06-22-1982**Date Range Provided: **08-2018 to 01-2022****Original Request Information**

Position Held
Reason For Leaving
Driver Class
Driver Type
Was the driver Terminated?
Was the driver subject to FMCSRs while employed?
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?
Areas Driven
Equipment Driven
Trailer Driven
Loads Hauled

**Provided Information**

Position Held	<b>Driver</b>
Reason For Leaving	<b>Discharged</b>
Driver Class	<b>Company</b>
Driver Type	
Was the driver Terminated?	<b>Yes</b>
Termination Reason:	<b>No further information on discharges will be released, per company policy.</b>
Eligible for Rehire?	<b>Review</b>
Was the driver subject to FMCSRs while employed?	<b>Yes</b>
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?	<b>Yes</b>
Full Time / Part Time	
Areas Driven	<b>OTR</b>
Equipment Driven	<b>Conventional Tractor</b>
Trailer Driven	<b>Van</b>
Loads Hauled	<b>General Commodity</b>
Miles per week	
Number of States Driven	
Trailer Length	<b>53'</b>

**Activity Log**

08-24-2022 01:31 PM - Patti Preston (Crete Carrier Corporation)

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

08-22-2022 07:50 AM - Mila Miljakovic

Request Re-sent via Network method

08-16-2022 04:30 PM - Mila Miljakovic

Request sent under order #16019727 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](mailto:drivers@tenstreet.com)



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** CRETE CARRIER CORP SHAFFER TRUCKING (USDOT 73705 ) **Phone:** 4024759521**Date:** 07/27/22**Address:** 400 NW 56TH STREET LINCOLN, NE 68528 **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.

Fednel Byssainthe (Aug 1, 2022 17:21 CDT)

Safety Department (Aug 2, 2022 11:11 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: Fednel Byssainthe SSN: 592556792 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: \_\_\_\_\_

**Corrected Record**

You are viewing a Corrected Record that was edited 08-15-2022.

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

Response Tracking ID: (None)

Request #: 36403807

**Gurman Trucking**

Provided By: **Khusnora Makhkamova**  
 Title: **(N/A)**  
 Address: **2020 Algonquin Road**  
 City / State / Zip: **Schaumburg, IL 60173**  
 Email: **anna@gurmanprime.com**  
 Phone: **407-583-4607**  
 Fax:  
 Items Requested: **EMP**

**Questions about this report?****Requested Subject Information**Denotes a value not equal to the Provided value**Fednel Byssainthe**

SSN: **xxx-xx-6792**  
 DOB: **06-22-1982**

Date Range Requested: **01-2022 to 07-2022****Provided Subject Information**Denotes a value not equal to original Requested value**Fednel Byssainthe**

SSN: **xxx-xx-6792**  
 DOB: **06-22-1982**

Date Range Provided: **12-2021 to 07-2022****Original Request Information****Provided Information**

Position Held
Reason For Leaving
Driver Class
Driver Type
Was the driver Terminated?
Was the driver subject to FMCSRs while employed?
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?
Areas Driven
Equipment Driven
Trailer Driven
Loads Hauled

Position Held	<b>Driver</b>
Reason For Leaving	<b>N/A</b>
Driver Class	<b>Lease Purchase</b>
Driver Type	<b>Team</b>
Was the driver Terminated?	<b>No</b>
Eligible for Rehire?	<b>Review</b>
Was the driver subject to FMCSRs while employed?	<b>Yes</b>
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?	<b>Yes</b>
Full Time / Part Time	<b>Full Time</b>
Areas Driven	<b>OTR</b>
Equipment Driven	<b>Tractor-Trailer</b>
Trailer Driven	<b>Van</b>
Loads Hauled	<b>FAK</b>
Miles per week	<b>N/A</b>
Number of States Driven	<b>48</b>
Trailer Length	<b>53</b>

**Accidents**

No Accidents

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

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[drivers@tenstreet.com](mailto:drivers@tenstreet.com)



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** GURMAN TRUCKING INC (USDOT 1244207 ) **Phone:** 6303810064**Date:** 07/27/22**Address:** 2020 E ALGONQUIN ROAD SUITE 308 SCHAUMBURG, IL 60173 **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.

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Company representative

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

Name/Title (of person providing the above information): \_\_\_\_\_

Company: \_\_\_\_\_

Date: \_\_\_\_\_