

BRICKLEY TRANSPORT

Company Overview

USDOT	2511414
Number of Drivers	1
Number of Trucks	1
MCS-150 Mileage Year	2018
MCS-150 Date	3/26/2019
Last Reported Mileage	70000
Carrier Operation	Interstate
In Business Since	6/2/2014
Status	INACTIVE

Company Contact Info

BRICKLEY TRANSPORT
12950 ST RT 49
WILLSHIRE, OH, 45898
☎ 419-910-0488
📠 (417) 495-4087

Rating: No reviews yet for this auto transport company.

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Send **BRICKLEY TRANSPORT** a message



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SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: Brickley Transport (USDOT 2511414)

Phone: (419) 910-0488

Date: 05/23/23

Address: 12950 St Rt 49 Willsire OH 45898

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.


Tyrone Lu Harriott (May 23, 2023 13:37 CDT)


Safety (May 23, 2023 16:33 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: Tyrone Lu Harriott

SSN: 083768639

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: _____