

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Date: 05/26/23

Company: MD POWER INC (USDOT MD POWER INC) Phone: (708) 600-6024

Address: 975 N MAIN ST STE 104 ROCKFORD, IL 61103 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.

	Francisco Epesi Gue	edes <i>ssi</i>	w: 70393	39342	Job Applying For: OTR Dr	ver
	ork for you as a driver: Ye	es No				
	ver, please answer the follow Owner/Operator				_ End Date : <u>09/2022</u>	
	erated:					
	erated:					
Accidents: Yes	No If yes, please give	e the date a	and brief d	escription of each ac	cident:	_
INQUIRY FOR AL	COHOL AND CONTROLLED	SUBSTAN	CES INFO	DRMATION		_
Alcohol tests with a	result of 0.04 or greater?	Yes	L No	If yes, please give of	date:	
Verified positive cor	trolled substances test result	s? Yes	No	If yes, please give of	date:	
Refusals to be teste	d?	Yes	No	If yes, please give of	date:	
Rehab completed u	nder direction of SAP/MRO?	Yes	No	If yes, please give of	date:	
	onding? Yes (No)	If yes, plea	se explain			
Any problems with I	<u> </u>					
	ree leave your company?					_



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connection with my application for employment company from any and all liable type as a result of providing the formal formal francisco Epesi Guedes (May 26, 2023 11:48 CDT)		
Applicant's Signature	Company repre	esentative
Dear Personnel Manager The person named herein has applied to this compapplicant as a past employer. Will you kindly reply above, all liability of you and your company has be pleasE BE ADVISED! You may reply by FAX +1 63	pany for employment in a safety to this inquiry respecting this a een released by the applicant.	-sensitive position, Your finding the applicant. As you will read waiver stated
Name of Applicant: Francisco Epesi Guedes	SSN: 703939342	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: Company Driver Owner/Operator Other?	Start Date :	
Type of tractor operated:	Type of trailer pulled:	
Other equipment operated: Co	ommodities operated:	
Accidents: Yes No If yes, please give the da	ate and brief description of each acc	ident:
Traffic Violations: Yes No If yes, please list	t all including the date and type of v	iolation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBST	TANCES INFORMATION	
Alcohol tests with a result of 0.04 or greater?	es No If yes, please give d	late:
Verified positive controlled substances test results? \Box Y	es No If yes, please give d	late:
Refusals to be tested?	es No If yes, please give d	late:
Rehab completed under direction of SAP/MRO?	es No If yes, please give d	ate:
Any problems with bonding? Yes No If yes, p	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 rela	ations, supervision, or abuse of equip	oment?
Name/Title (of person providing the above information): Company:		

Royal3 Inc.

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VPN ... \$55



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Record Inactive

The record matching USDOT Number = 3077534 is INACTIVE in the SAFER database.

If you believe this to be in error, you can report it using FMCSA's <u>DataQs</u> system.



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Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • Field Office Contacts







SAFETY PERFORMANCE HISTORY **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 05/26/23

Company: FREEMAN MOTORS LLC (USDOT 2937568) Phone: Address: INACTIVE 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 connection with my application for employment company, I hereby re from any and all liable type as a result of providing the following info	elease this company, and its employees, officers, directors, and agents
Tion any and an name type as a result of providing the following into	officiation to the below mentioned person and/or company.
Francisco Epesi Guedes (May 26, 2023 11:48 CDT)	Safety (May 26, 1023 15:19 CDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for en applicant as a past employer. Will you kindly reply to this incabove, all liability of you and your company has been release <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 698	quiry respecting this applicant. As you will read waiver stated ed by the applicant.
Name of Applicant: Francisco Epesi Guedes SSN: 7039	939342 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 trail	er 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 includin	ng the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	FORMATION
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	se explain:
Additional comments: (Any problems with customer relations, super	rvision, or abuse of equipment?
Name/Title (of person providing the above information): Company:	

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Record Inactive

The record matching USDOT Number = 2937568 is INACTIVE in the SAFER database.

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1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • Field Office Contacts







SAFETY PERFORMANCE HISTORY **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 05/26/23

Company: HUGIT TRANSPORT (USDOT 3077534) Phone: **Address:** INACTIVE 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, ar 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 refrom any and all liable type as a result of providing the following info	elease this company, and its employees, officers, directors, and agents rmation to the below mentioned person and/or company.
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Francisco Epesi Guedes (May 26, 2023 11:48 CDT)	Safety (May 26, 1023 15:19 CDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for emapplicant as a past employer. Will you kindly reply to this inquisition above, all liability of you and your company has been release <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 698	uiry respecting this applicant. As you will read waiver stated by the applicant.
Name of Applicant: Francisco Epesi Guedes SSN: 7039	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?	
Type of tractor operated: Type of traile	er pulled:
Other equipment operated: Commodities of	pperated:
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	g the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES IN	FORMATION
Alcohol tests with a result of 0.04 or greater?	If yes, please give date:
Verified positive controlled substances test results?	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 explain	in:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, pleas	se explain:
Additional comments: (Any problems with customer relations, super-	vision, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	

Royal3 Inc.



SAFETY PERFORMANCE HISTORY **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 05/26/23

Company: ALLABOUTLOGISTICS LLC (3177722) Address: 3155 CORAL LN GLENVIEW, IL 60026

Phone: (847) 777-8982

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

	nereby release this company, and its employees, officers, directors, and agents wing information to the below mentioned person and/or company.
Francisco Epesi Guedes (May 26, 2023 11:48 CDT)	Safety (May 26, 7023 15:19 CDT)
Applicant's Signature	Company representative
Name of Applicant: Francisco Epesi Guedes SSI	N: 703939342 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: Star Y Company Driver Owner/Operator Other?	t Date : <u>12/15/2022</u> End Date : <u>05/19/2023</u>
Type of tractor operated: <u>tractor-Trailer</u> Type	e of trailer pulled: <u>dry van</u>
Other equipment operated: Comm	nodities operated:fak
Accidents: \square Yes $\boxed{\hspace{-0.1cm} V}$ No $\hspace{-0.1cm}$ If yes, please give the date a	and brief description of each accident:
Traffic Violations: Yes VNo If yes, please list all	including the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTAN	CES INFORMATION
Alcohol tests with a result of 0.04 or greater?	☑ No If yes, please give date:
Verified positive controlled substances test results? Yes	V 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 NV If yes, plea	se explain:
Why did this employee leave your company? <u>terminate</u>	ed
Would you re-employee this person? Yes V No If	no, please explain:
Additional comments: (Any problems with customer relation	ss, supervision, or abuse of equipment?
Name/Title (of person providing the above information): Company: _AllAboutLogistics LLC	
Date: 6/9/2023	



SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Date: 05/26/23

Company: ALLABOUTLOGISTICS LLC (3177722)

Address: 3155 CORAL LN GLENVIEW, IL 60026

Phone: (847) 777-8982

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 from any and all liable type as a result of providing the follow				
Francisco Epesi Guedes (May 26, 2023 11:48 CDT)	Safety (May 26, 7023	3 15:19 CDT)		
Applicant's Signature	Company repres	Company representative		
Dear Personnel Manager The person named herein has applied to this compan applicant as a past employer. Will you kindly reply to above, all liability of you and your company has been PLEASE BE ADVISED! You may reply by FAX +1 630	this inquiry respecting this a released by the applicant.	pplicant. As you will read waiver stated		
Name of Applicant: Francisco Epesi Guedes SS	sw: 703939342	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: Sta Company Driver Owner/Operator Other?	rt Date :			
Type of tractor operated: Typ	e of trailer pulled:			
Other equipment operated: Comm	modities operated:			
Accidents: Yes No If yes, please give the date a	and brief description of each acci	dent:		
Traffic Violations: Yes No If yes, please list all	including the date and type of vi	olation:		
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTAN	ICES INFORMATION			
Alcohol tests with a result of 0.04 or greater?	☐ No If yes, please give da	ate:		
Verified positive controlled substances test results? \square Yes	No If yes, please give da	ate:		
Refusals to be tested?	No If yes, please give da	ate:		
Rehab completed under direction of SAP/MRO? Yes No If yes, please give date:				
Any problems with bonding? Yes No If yes, plea	ase 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 relation	ns, supervision, or abuse of equip	ment?		
Name/Title (of person providing the above information): Company:				

Royal3 Inc.