

Enter Company Name, MC or US DOT number



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# LION HEART LOGISTICS LLC

Next Profile

## Trucking Companies

105 ZACHERY DRIVE  
HATTIESBURG, MS 39402

+1 (601) 620-7572

Inspections

Accident

VINs and Plates

FMCSA Page

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## FMCSA Carrier Authority Information for LION HEART LOGISTICS LLC

LION HEART LOGISTICS LLC is an carrier operating under USDOT Number 3384539 an MC Number 1086792

Update info

Last update	2023-01-12
Operating Status	Out Of Service
USDOT	3384539
MC NUMBER	MC-1086792
Out of Service Date	11/29/2022
Entity Type	Carrier
Legal Name	LION HEART LOGISTICS LLC
Total Trucks	5
Total Drivers	6
Carrier Operation	Interstate
Hazardous Material	No
MCS-150 Mileage Year	2021
MCS-150 DATE	16-AUG-22
MCS-150 MILEAGE	751189

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I Agree




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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** LION HEART LOGISTICS LLC (USDOT 3384539) **Phone:** (601) 620-7572**Date:** 06/15/23**Address:** 105 ZACHERY DRIVE HATTIESBURG, MS 39402 **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.

  
Titus Herman Jr Gray (Jun 15, 2023 15:11 CDT)  
Safety (Jun 15, 2023 16:01 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:** Titus Herman Jr Gray **SSN:** 437696338**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: \_\_\_\_\_

The information below reflects the content of the FMCSA management information systems as of **06/21/2023**.

To find out if this entity has a pending insurance cancellation, please [click here](#).

<b>Entity Type:</b>	CARRIER		
<b>Operating Status:</b>	NOT AUTHORIZED	<b>Out of Service Date:</b>	None
<b>Legal Name:</b>	GS LOGISTICS INC		
<b>DBA Name:</b>			
<b>Physical Address:</b>	793 S TRACY BLVD STE 266 TRACY, CA 95376		
<b>Phone:</b>	(209) 229-8162		
<b>Mailing Address:</b>	793 S TRACY BLVD STE 266 TRACY, CA 95376		
<b>USDOT Number:</b>	3361286	<b>State Carrier ID Number:</b>	
<b>MC/MX/FF Number(s):</b>	MC-1087362	<b>DUNS Number:</b>	--
<b>Power Units:</b>	15	<b>Drivers:</b>	10
<b>MCS-150 Form Date:</b>	09/16/2022	<b>MCS-150 Mileage (Year):</b>	380,110 (2021)
<b>Operation Classification:</b>			
<input checked="" type="checkbox"/> Auth. For Hire      Priv. Pass.(Non-business)      State Gov't <input type="checkbox"/> Exempt For Hire      Migrant      Local Gov't <input type="checkbox"/> Private(Property)      U.S. Mail      Indian Nation <input type="checkbox"/> Priv. Pass. (Business)      Fed. Gov't			
<b>Carrier Operation:</b>			
<input checked="" type="checkbox"/> Interstate      Intrastate Only (HM)      Intrastate Only (Non-HM)			
<b>Cargo Carried:</b>			
<input checked="" type="checkbox"/> General Freight      Liquids/Gases      Chemicals <input type="checkbox"/> Household Goods      Intermodal Cont.      Commodities Dry Bulk <input type="checkbox"/> Metal: sheets, coils, rolls      Passengers      Refrigerated Food <input type="checkbox"/> Motor Vehicles      Oilfield Equipment      Beverages <input type="checkbox"/> Drive/Tow away      Livestock      Paper Products <input type="checkbox"/> Logs, Poles, Beams, Lumber      Grain, Feed, Hay      Utilities <input type="checkbox"/> Building Materials      Coal/Coke      Agricultural/Farm Supplies <input type="checkbox"/> Mobile Homes      Meat      Construction <input type="checkbox"/> Machinery, Large Objects      Garbage/Refuse      Water Well <input type="checkbox"/> Fresh Produce      US Mail			

**ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating**  
**US Inspection results for 24 months prior to: 06/21/2023**



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** GS LOGISTICS INC (USDOT 3361286) **Phone:** (209) 229-8162**Date:** 06/15/23**Address:** 793 S TRACY BLVD STE 266 TRACY, CA 95376 **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.

Titus Herman Jr Gray (Jun 15, 2023 15:11 CDT)

Safety (Jun 15, 2023 16:01 CDT)

Applicant's Signature

Company representative

**Dear Personnel Manager**

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**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:** Titus Herman Jr Gray **SSN:** 437696338**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 #: 41921947

**Total Transportation of Mississippi LLC**

Provided By: **Kenja White**  
 Title: **(N/A)**  
 Address: **125 Riverview Dr**  
 City / State / Zip: **Richland, MS 39218**  
 Email: **mberch@totalms.com**  
**kwhite2@totalms.com**  
 Phone: **601-936-2104**  
 Fax: **601-936-6307**  
 Items Requested: **EMP**

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

**Titus H Gray**  
 SSN: **xxx-xx-6338**  
 DOB: **10-10-1982**

Date Range Requested: **04-2021 to 11-2021****Provided Subject Information**Denotes a value not equal to original Requested value

**Titus H Gray**  
 SSN: **xxx-xx-6338**  
 DOB: **10-10-1982**

Date Range Provided: **05-2021 to 02-2022****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>Failure to return from leave</b>
Driver Class	<b>Company</b>
Driver Type	<b>Solo</b>
Was the driver Terminated?	
Eligible for Rehire?	
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</b>
Areas Driven	<b>Dedicated OTR</b>
Equipment Driven	<b>Tractor-Trailer</b>
Trailer Driven	<b>Van</b>
Loads Hauled	<b>FAK</b>
Miles per week	
Number of States Driven	
Trailer Length	<b>53</b>

**Activity Log**

06-30-2023 08:23 AM - Kenja White (Total Transportation of Mississippi LLC)

Response added. Request #41921947 status set to "Submitted".

06-29-2023 03:26 PM - Zigi Stamenkovic

Request sent under order #18080083 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:** TOTAL TRANSPORTATION OF MS LLC**Phone:** 8009422104**Date:** 06/15/23**Address:** 125 RIVERVIEW DR 4401 RICHLAND, MS 39218 **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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Name/Title (of person providing the above information): \_\_\_\_\_

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

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