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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

Company: KELLE'S TRANSPORT SERVICE LLC (USDOT 1031258) Phone: (801) 975-8000

Date: 06/16/23

Address: 977 WEST 2100 SOUTH SALT LAKE CITY, UT 84119 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.

Freddie Ray II Gilbreath  
Freddie Ray II Gilbreath (Jun 16, 2023 13:37 CDT)

Safety  
Safety (Jun 16, 2023 13:49 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: Freddie Ray II Gilbreath SSN: 462753567

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 : 9/1/2021 End Date : 4/19/2022☐ Company Driver ☒ Owner/Operator ☐ Other? \_\_\_\_\_Type of tractor operated: Semi Type of trailer pulled: Refrigerated

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? QuitWould 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): Ken Burdage SafetyCompany: SoarDate: 6/28/23



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SAFETY PERFORMANCE HISTORY  
RECORDS REQUEST

- CONFIDENTIAL -

**Company:** KELLE'S TRANSPORT SERVICE LLC (USDOT 1031258) **Phone:** (801) 975-8000**Date:** 06/16/23**Address:** 977 WEST 2100 SOUTH SALT LAKE CITY, UT 84119 **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.

  
Freddie Ray II Gilbreath (Jun 16, 2023 13:37 CDT)  
Safety (Jun 16, 2023 13:49 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:** Freddie Ray II Gilbreath SSN: 462753567**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 #: 41899820

**Knight Transportation**

Provided By: **Jenessa Canenguez**  
 Title: **(N/A)**  
 Address: **20002 N 19th Ave.**  
 City / State / Zip: **Phoenix, AZ 85027**  
 Email: **jenessa.canenguez@knighttrans.com**  
**Tanner.Brunetti@knighttrans.com**  
**amie.beck@knighttrans.com**  
 Phone: **602-606-6247**  
 Fax:  
 Items Requested: **EMP**

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

SSN: **xxx-xx-3567**  
 DOB: **04-08-1985**

Date Range Requested: **06-2022** to **12-2022****Provided Subject Information**Denotes a value not equal to original Requested value**Freddie RA Gilbreath**

SSN: **xxx-xx-3567**  
 DOB: **04-08-1985**

Date Range Provided: **06-2022** to **02-2023****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>Resigned</b>
Driver Class	<b>Company</b>
Driver Type	<b>Solo</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	
Miles per week	
Number of States Driven	
Trailer Length	<b>53</b>

**Activity Log**

06-28-2023 06:50 PM - Jenessa Canenguez (Knight Transportation, Inc.)

Response added. Request #41899820 status set to "Submitted".

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06-28-2023 04:01 PM - Zigi Stamenkovic

Request sent under order #18071716 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:** KNIGHT TRANSPORTATION INC (USDOT 428823) **Phone:** (602) 907-7231**Date:** 06/16/23**Address:** 2002 WEST WAHALLA LANE PHOENIX, AZ 85027 **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.

  
Freddie Ray II Gilbreath (Jun 16, 2023 13:37 CDT)  
Safety (Jun 16, 2023 13:49 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:** Freddie Ray II Gilbreath **SSN:** 462753567**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 #: 42155947

**K&B Transportation**

Provided By: **Jeff Robinson**  
 Title: **(N/A)**  
 Address: **4700 Dakota Avenue**  
 City / State / Zip: **South Sioux City, NE 68776**  
 Email: **sbarragan@kbtransportation.com**  
**jeff.robinson@kbtransportation.com**  
**ntweten@kbtransportation.com**  
 Phone: **800-851-8651**  
 Fax:  
 Items Requested: **EMP**

[Questions about this report?](#)**Requested Subject Information**Denotes a value not equal to the Provided value**Freddie R Gilbreath**SSN: **xxx-xx-3567**DOB: **04-08-1985**Date Range Requested: **01-2023 to 04-2023****Provided Subject Information**Denotes a value not equal to original Requested value**Freddie RA Gilbreath**SSN: **xxx-xx-3567**DOB: **04-08-1985**Date Range Provided: **01-2023 to 04-2023****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>Termed</b>
Driver Class	<b>Company</b>
Driver Type	<b>Solo</b>
Was the driver Terminated?	<b>Yes</b>
Termination Reason:	<b>Refused to use distracted driving app.</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>Reefer Trailer</b>
Loads Hauled	<b>Meat/Perishables</b>
Miles per week	<b>2500</b>



Number of States Driven	Midwest
Trailer Length	53

Activity Log

07-14-2023 08:25 AM - Jeff Robinson (K&B Transportation, Inc.)

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

07-14-2023 07:07 AM - Zigi Stamenkovic

Request sent under order #18165407 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:** K & B TRANSPORTATION INC (USDOT 320526) **Phone:** (402) 494-3459**Date:** 06/16/23**Address:** 4700 DAKOTA AVENUE SOUTH SIOUX CITY, NE 68776 **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.

  
Freddie Ray II Gilbreath (Jun 16, 2023 13:37 CDT)  
Safety (Jun 16, 2023 13:49 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:** Freddie Ray II Gilbreath **SSN:** 462753567**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: \_\_\_\_\_