## Riki Transportation Inc dba BRZ 8225 Leclaire Ave Burbank, IL 60459

#### August 25, 2023

RE: Employee Verification Requests for Leonardo Ayala Herrera from Iqs Group Llc.

To whom it may concern:

As of July 25, 2023 I have made the following attempts to contact Iqs Group Llc in order to verify Leonardo Ayala Herrera's employment there.

The first attempt was made on August 17, 2023 when I sent a request at <a href="SALES@iqsgroupllc.com">SALES@iqsgroupllc.com</a> which was recommended by safety person when I reached out through phone to their office.

On August 21, 2023 I re-sent request completing the second attempt and on August 25, 2023 I have made a third and final attempt. A formal response from Iqs Group Llc was never received.

Sincerely,

Diana Baranda





### **Employment Verification for Leonardo Ayala Herrera**

#### Employment Verifications <ev@rtbrz.com>

To: SALES@iqsgroupllc.com

Fri, Aug 25, 2023 at 12:11 AM

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Leonardo Ayala Herrera's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

Sofia

HR Department
Riki Transportation Inc dba BRZ
MC#086875
8225 Leclaire Ave,
Burbank, IL 60459
Phone Number: (708) 303-5150

Email: ev@rtbrz.com

EV LeonardoAyalaHerrera-3.pdf 169K



### **Employment Verification for Leonardo Ayala Herrera**

#### Employment Verifications <ev@rtbrz.com>

Mon, Aug 21, 2023 at 7:01 PM

To: SALES@iqsgroupllc.com

Hello,

I am a safety officer from Riki Transportation BRZ Company. I am sending you this email to confirm Leonardo Ayala Herrera's employment with your company. Please find the attached form, and send it back to me at your earliest convenience. Thank you!

Sofia

**HR Department** Riki Transportation Inc dba BRZ MC#086875 8225 Leclaire Ave, Burbank, IL 60459

Phone Number: (708) 303-5150

Email: ev@rtbrz.com





### **Employment Verification for Leonardo Ayala Herrera**

1 message

Employment Verifications <ev@rtbrz.com>

Thu, Aug 17, 2023 at 11:12 PM

To: SALES@iqsgroupllc.com

Hello,

I am a safety officer from Riki Transportation BRZ Company.
I am sending you this email to confirm Leonardo Ayala Herrera's employment with your company.
Please find the attached form, and send it back to me at your earliest convenience.
Thank you!

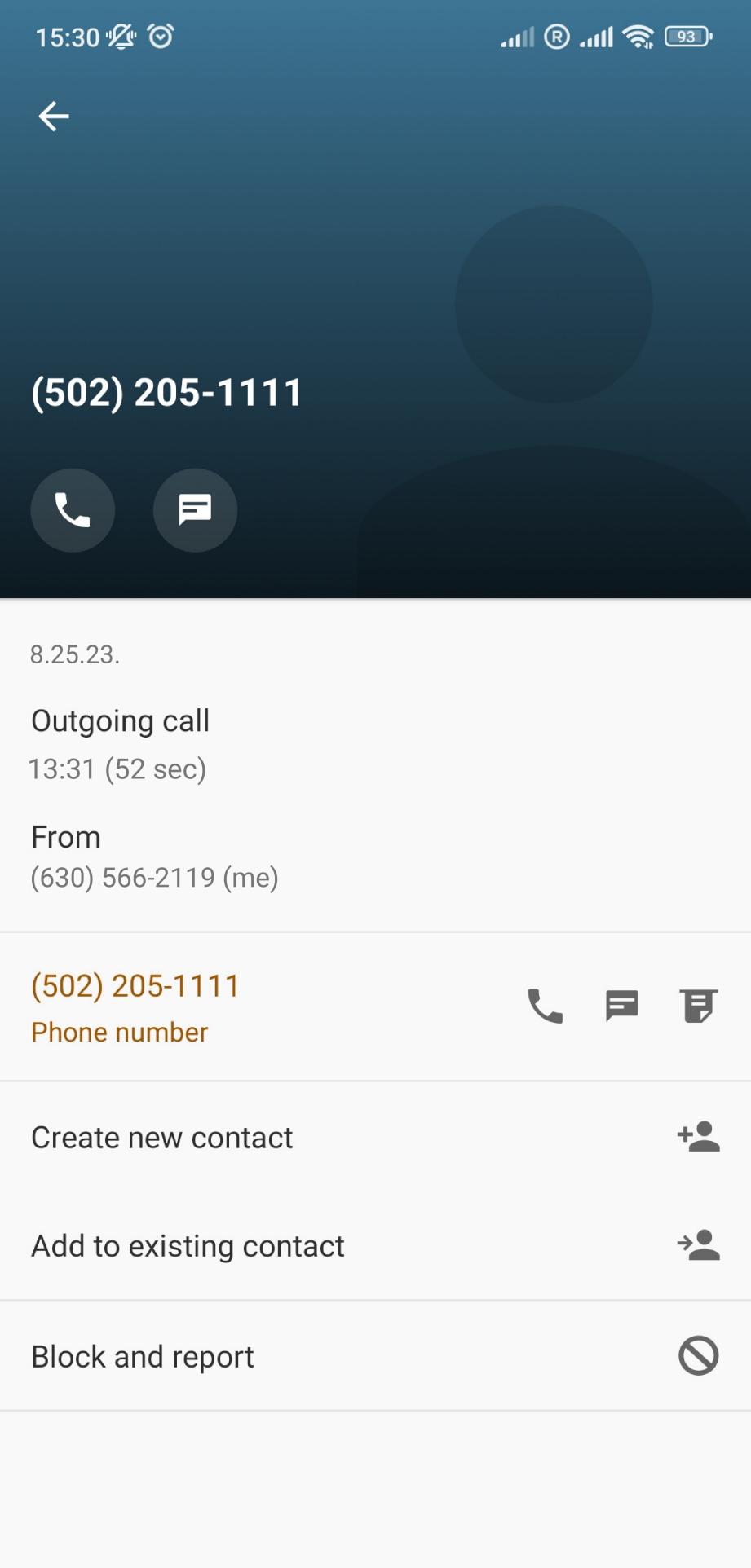
Sofia

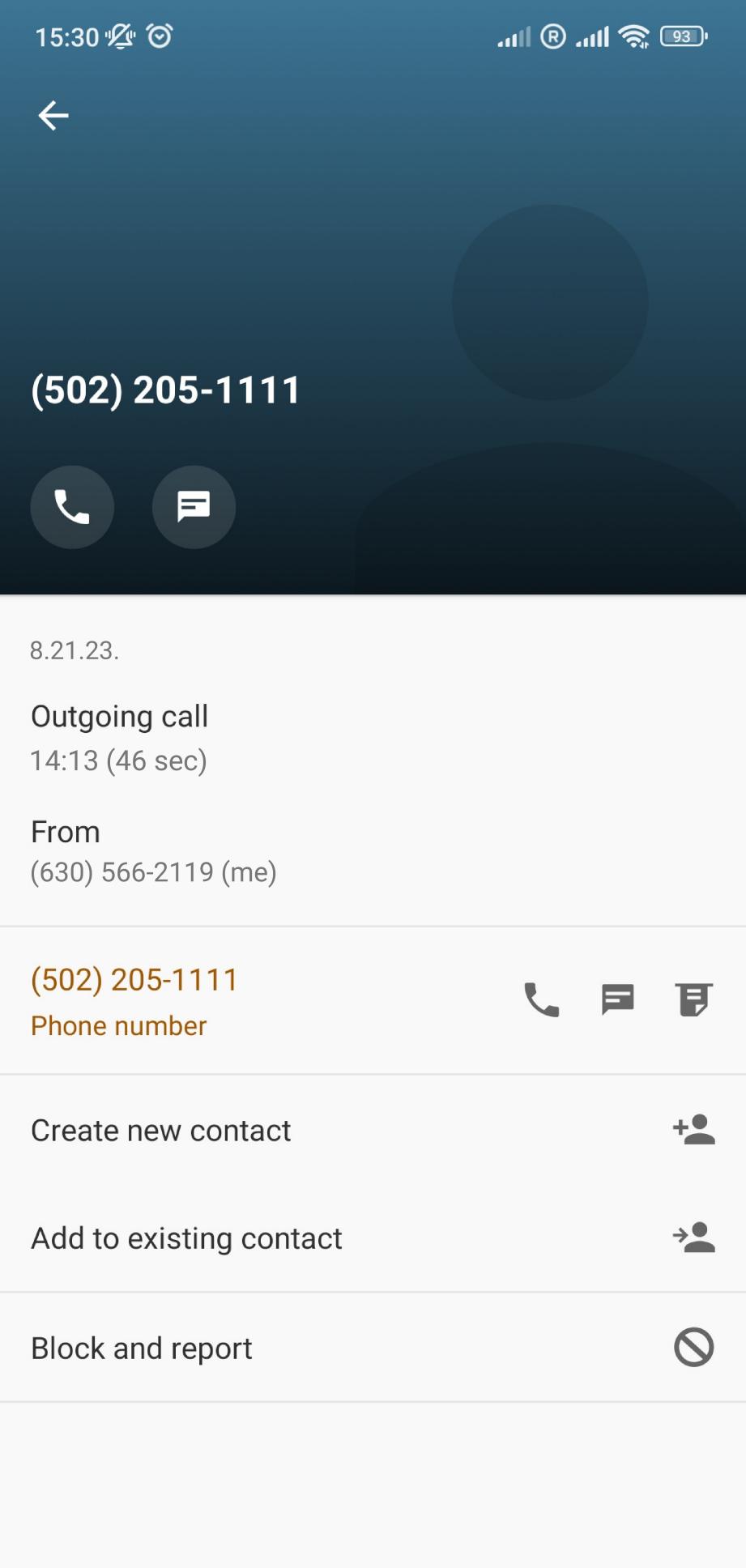
HR Department
Riki Transportation Inc dba BRZ
MC#086875
8225 Leclaire Ave,
Burbank, IL 60459

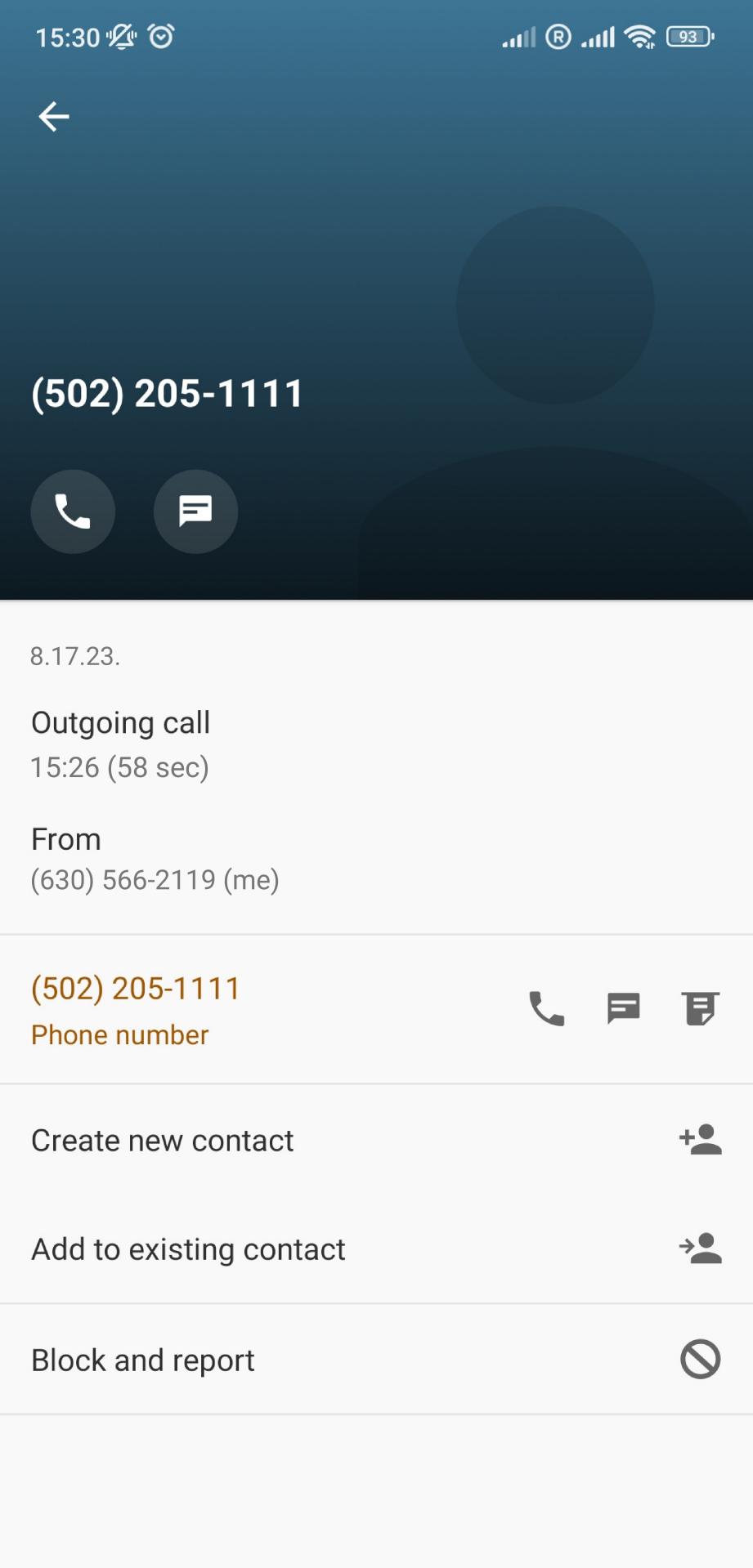
Phone Number: (708) 303-5150

Email: ev@rtbrz.com











# 1 SAFETY PERFORMANCE HISTORY RECORDS REQUEST

- CONFIDENTIAL -

Company: IQS GROUP LLC (USDOT 3434290) Phone: (502) 205-1111 Date: 07/25/23

Address: 4126 LINDEN AVE SUITE 201 DAYTON, OH 45432 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.

from any and all liable type as a result of providing the f		to the below mentioned person and/or company.
Leonardo Ayala Herrera (Jul 25, 2023 13:17 CDT)		Safety (Adg 1, 2/23 09:39 CDT)
Applicant's Signature	<u>.</u>	Company representative
	y to this inquiry re een released by th	
Name of Applicant: Leonardo Ayala Herrera	SSN: 341921928	3 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?		End Date :
Type of tractor operated:	Type of trailer pulled	:
Other equipment operated: C	Commodities operated	l:
Accidents: Yes No If yes, please give the de	ate and brief descript	ion of each accident:
Traffic Violations: Yes No If yes, please lis	st all including the da	te and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	TANCES INFORMA	TION
Alcohol tests with a result of 0.04 or greater?	Yes No If ye	es, please give date:
Verified positive controlled substances test results?	Yes No If ye	es, please give date:
Refusals to be tested?	Yes No If ye	es, please give date:
Rehab completed under direction of SAP/MRO?	Yes □No If ye	es, 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 explai	in:
Additional comments: ( Any problems with customer rela	ations, supervision, o	r abuse of equipment?
Name/Title (of person providing the above information): Company:		

Enter Company Name, MC or US DOT number

Q

**Create Profile** 

## **DUBLIN TRADING LLC**

**Next Profile** 

## **Trucking Companies**

1001 S 10TH ST SUITE G

MCALLEN, TX 78501

**J** +1 (956) 970-0888

 Inspections
 VINs and Plates
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 Add report

# FMCSA Carrier Authority Information for DUBLIN TRADING LLC

DUBLIN TRADING LLC is an carrier operating under USDOT Number 2544351 an MC Number 885577

Update info

Last update	2021-11-28
Operating Status	Not Authorized
USDOT	2544351
MC NUMBER	MC-885577
Out of Service Date	None
Entity Type	Carrier
Legal Name	DUBLIN TRADING LLC
Total Trucks	1
Total Drivers	1
Carrier Operation	Interstate
Hazardous Material	No
MCS-150 Mileage Year	2019
MCS-150 DATE	05-FEB-20
MCS-150 MILEAGE	83969



#### SAFETY PERFORMANCE HISTORY 2 **RECORDS REQUEST**

- CONFIDENTIAL -

Date: 07/25/23

Company: DUBLIN TRADING LLC (USDOT 2544351) 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 rele from any and all liable type as a result of providing the following inforr	their authorized agents) which may request such information in ease this company, and its employees, officers, directors, and agents	
4	P #	
Leonardo Ayala Herrera (Jul 25, 2023 13:17 CDT)	Safety (Adg 1, 2/23 09:39 CDT)	
Applicant's Signature	Company representative	
Dear Personnel Manager The person named herein has applied to this company for emp applicant as a past employer. Will you kindly reply to this inqu above, all liability of you and your company has been released PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980	iry respecting this applicant. As you will read waiver stated by the applicant.	
Name of Applicant: Leonardo Ayala Herrera SSN: 34192	21928 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: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	End Date :	
Company Driver Owner/Operator Other?		
Type of tractor operated: Type of trailer	pulled:	
Other equipment operated: Commodities op	perated:	
Accidents: Yes No If yes, please give the date and brief d	lescription 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 INFO	DRMATION	
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? Yes No If yes, please give date:		
Any problems with bonding? Yes No If yes, please explain	l:	
Why did this employee leave your company?		
Would you re-employee this person? Yes No If no, please	e explain:	
Additional comments: ( Any problems with customer relations, supervi	sion, or abuse of equipment?	
Name/Title (of person providing the above information): Company:		