## US DOT 2393030

## Polusa Transportation Inc

DOT.report (https://dot.report/) / IL (https://dot.report/usdot/IL)

- / Romeoville (https://dot.report/usdot/IL/Romeoville) / USDOT 2393030 (https://dot.report/usdot/2393030)
- / Polusa Transportation Inc (https://dot.report/usdot/2393030)

Below you will find all of the available information on DOT number 2393030 and its associated business, Polusa Transportation Inc.

Polusa Transportation Inc is Not Allowed to operate and is reporting 20 driver(s) and 20 power unit(s)

You can find their website at **III** POLUSA-TRANSPORTATION.COM (http://POLUSA-TRANSPORTATION.COM)

This data is current as of 2023-02-23T15:19:31.534+0000, click **HERE** (https://dot.report/refresh.php?dot=2393030) to check for updates.

Legal Name	Phone Number	Email
Polusa Transportation Inc	(312) 481-8185	INFO@POLUSA- TRANSPORTATION.COM [[[]]] (mailto:INFO@POLUSA- TRANSPORTATION.COM)
MC/MX/FF Number	EIN Number	Location
MC-822593	462381947	1336 Enterprise Dr #1a Romeoville, Il 60446, Us

#### Get Confluence

Break down silos, build a culture of collaboration, and turn conversations into action. Confluence



### - CONFIDENTIAL -

Date: 07/26/23

Company: POLUSA TRANSPORTATION INC (USDOT 2393030) Phone: (312) 481-8185

Address: 1336 ENTERPRISE DR #1A ROMEOVILLE, IL 60446 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 compan from any and all liable type as a result of providing the			
Larry James Thomas Jr. Larry James fhomas Jr. (Jul 26, 2023 13:06 CDT)	Safety (Au <sub>t</sub>	Safety (Aug 1, 1023 09:31 CDT)	
Applicant's Signature	Company	representative	
Dear Personnel Manager The person named herein has applied to this com applicant as a past employer. Will you kindly repl above, all liability of you and your company has b PLEASE BE ADVISED! You may reply by FAX +1 6	y to this inquiry respecting been released by the applica	this applicant. As you will read waiver stated nt.	
Name of Applicant: Larry James Jr Thomas	SSN: 589257268	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:		
Accidents: Yes No If yes, please give the d  Traffic Violations: Yes No If yes, please list		e of violation:	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	TANCES INFORMATION		
Alcohol tests with a result of 0.04 or greater?	Yes No If yes, please o	give date:	
Verified positive controlled substances test results?	Yes No If yes, please of	give date:	
Refusals to be tested?	Yes No If yes, please of	give date:	
Rehab completed under direction of SAP/MRO?	Yes No If yes, please of	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 rel	ations, supervision, or abuse of	equipment?	
Name/Title (of person providing the above information) Company:			

Royal3 Inc.



Set This Request Complete

Request / Response Report

Response Tracking ID: (None)

Request #: 42803098

**Nice Guys LLC** 

Provided By: **Bianca Eric** 

Title: (N/A)

Address: 152 Ascot Ln

City / State / Zip: Willowbrook, IL 60527 safety@niceguysllc.net Email:

Phone: 312-973-6584

**Requested Subject Information** 

Fax:

Items Requested: EMP

### Questions about this report?

Denotes a value not equal to the Provided value

Date Range Requested: 02-2021 to 01-2023

**Larry J Thomas** 

SSN: xxx-xx-7265 DOB: 07-19-1992

**Provided Subject Information** 

Denotes a value not equal to original Requested value

Date Range Provided: 07-2022 to 11-2022

**Larry J Thomas** SSN: xxx-xx-7265 DOB: 07-19-1992

**Original Request 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

Dra	,idad	Inform	nation

Position Held	Truck driver
Reason For Leaving	Resignation
Driver Class	
Driver Type	Solo
Was the driver Terminated?	No
Eligible for Rehire?	Review
Was the driver subject to FMCSRs while employed?	Yes
Was the driver's job designated as	Yes

a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR

Part 40?

Full Time / Part Time

Areas Driven	OTR
Equipment Driven	Tractor-Trailer

**Full Time** 

**Trailer Driven** Van

Loads Hauled General freight

Miles per week

Number of States Driven 48 states

Trailer Length 53ft

**Activity Log** 

08-18-2023 01:09 PM - Bianca Eric (Maybach International Group LLC)

Response added. Request #42803098 status set to "Submitted".

08-17-2023 04:24 PM - Zigi Stamenkovic

Request sent under order #18405552 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



### - CONFIDENTIAL -

Date: 07/26/23 Company: NICE GUYS LLC (USDOT 3212502) Phone: (773) 347-3214

Address: 1333 BURR RIDGE PARKWAY BURR RIDGE, IL 60527 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 ever connection with my application for employment companifrom any and all liable type as a result of providing the f	y, I hereby release this company, an	d its employees, officers, directors, and agents
Larry James Thomas Jr. Larry James fhomas Jr. (Jul 26, 2023 13:06 CDT)	Safety (Aug 1, 1023	
Applicant's Signature	Company repre	esentative
Dear Personnel Manager The person named herein has applied to this com applicant as a past employer. Will you kindly repl above, all liability of you and your company has b PLEASE BE ADVISED! You may reply by FAX +1 63	y to this inquiry respecting this een released by the applicant.	applicant. As you will read waiver stated
Name of Applicant: Larry James Jr Thomas	SSN: 589257268	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?		
Type of tractor operated:	Type of trailer pulled:	
Other equipment operated: C	ommodities operated:	
Accidents: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ate and brief description of each acc	cident:
Traffic Violations: Yes No If yes, please lis	t all including the date and type of v	violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBS	TANCES INFORMATION	
Alcohol tests with a result of 0.04 or greater?	es No If yes, please give o	date:
Verified positive controlled substances test results?	res No If yes, please give of	date:
Refusals to be tested?	res No If yes, please give of	date:
Rehab completed under direction of SAP/MRO?	es No If yes, please give o	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 rela	ations, supervision, or abuse of equi	pment?
Name/Title (of person providing the above information): Company:		
Dele		

Royal3 Inc.



### - CONFIDENTIAL -

Company: LAFAMILIA LINES LLC (USDOT 3592227) Phone: (407) 893-0222 Date: 07/26/23

Address: 915 WILSON RIDGE DR APT 2013 ORLANDO, FL 32818 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 hereby relefrom any and all liable type as a result of providing the following inform	
Larry James Thomas Jr.  Larry James Thomas Jr. (Jul 26, 2023 13:06 CDT)	Safety (Aug 1, 1023 09:31 CDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for empapplicant as a past employer. Will you kindly reply to this inquabove, all liability of you and your company has been released <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980	iry respecting this applicant. As you will read waiver stated I by the applicant.
Name of Applicant: Larry James Jr Thomas SSN: 58925	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 :	
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	escription 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	ORMATION
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 explain	:
Why did this employee leave your company?	
Would you re-employee this person? \(\sumsymbol{\text{Yes}}\) Yes \(\sumsymbol{\text{No}}\) No \(\text{If no, please}\)	e explain:
Additional comments: ( Any problems with customer relations, supervise	sion, or abuse of equipment?
Name/Title (of person providing the above information): Larry Jam Company: Lafamilia Lines Llc  Date: 8/17/2023	nes Jr Thomas



### - CONFIDENTIAL -

Company: LAFAMILIA LINES LLC (USDOT 3592227) Phone: (407) 893-0222 Date: 07/26/23

Address: 915 WILSON RIDGE DR APT 2013 ORLANDO, FL 32818 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 here from any and all liable type as a result of providing the following	by release this company, and its employees, officers, directors, and agents information to the below mentioned person and/or company.
Larry James Thomas Jr. Larry James fhomas Jr. (Jul 26, 2023 13:06 CDT)	Safety (Aug 1, 7023 09:31 CDT)
Applicant's Signature	Company representative
Name of Applicant: Larry James Jr Thomas SSN: 5	389257268 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 Da Company Driver Owner/Operator Other?	
Type of tractor operated: Type of	trailer pulled:
Other equipment operated: Commodi	ties operated:
Accidents: Yes No If yes, please give the date and l	orief description of each accident:
Traffic Violations: Yes No If yes, please list all incl	uding the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES	SINFORMATION
Alcohol tests with a result of 0.04 or greater?	No If yes, please give date:
Verified positive controlled substances test results? Yes	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 No If yes, please e	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, se	upervision, or abuse of equipment?
Name/Title (of person providing the above information): Company:	
Date:	



### - CONFIDENTIAL -

Company: TOP GEAR CARRIERS INC (USDOT 2956380) Phone: (847) 730-7183

Date: 07/26/23

Address: 36 SANDLEWOOD LN BARRINGTON, IL 60010 Fax:

I hereby authorize this company to release all records of employment, including assessments of my job previous ability, and fitness( including

completion under direction of SAP/MRO) to each and every company( the connection with my application for employment company, I hereby release from any and all liable type as a result of providing the following informations.	neir authorized agents) which may request such information in ase this company, and its employees, officers, directors, and agents
Larry James Thomas Jr.  Larry James Thomas Jr. (Jul 26, 2023 13:06 CDT)	Safety (Aug 1, 1023 09:31 CDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for empl applicant as a past employer. Will you kindly reply to this inqui above, all liability of you and your company has been released PLEASE BE ADVISED! You may reply by FAX +1 630 485 6980 c	ry respecting this applicant. As you will read waiver stated by the applicant.
Name of Applicant: Larry James Jr Thomas SSN: 58925	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:	
Other equipment operated: Commodities ope	
Accidents:  Yes No no If yes, please give the date and brief de cielents) whe last Destroy the truck	
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFO	RMATION
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 explain:	·
Why did this employee leave your company? Fixed to	moiny accidents
Would you re-employee this person? Yes No If no, please e	explain:
Additional comments: ( Any problems with customer relations, supervisi	on, or abuse of equipment?
Name/Title (of person providing the above information):   Top goal cossists  Date: 08/17/2012	Ganton (President)



### - CONFIDENTIAL -

Date: 07/26/23

Company: TOP GEAR CARRIERS INC (USDOT 2956380) Phone: (847) 730-7183

Address: 36 SANDLEWOOD LN BARRINGTON, IL 60010 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 hereby re from any and all liable type as a result of providing the following infor	elease this company, and its employees, officers, directors, and agents
Larry James Thomas Jr.  Larry James Thomas Jr. (Jul 26, 2023 13:06 CDT)	Safety (Aug 1, 023 09:31 CDT)
Applicant's Signature	Company representative
Dear Personnel Manager The person named herein has applied to this company for em applicant as a past employer. Will you kindly reply to this inq above, all liability of you and your company has been release <u>PLEASE BE ADVISED!</u> You may reply by FAX +1 630 485 6980	uiry respecting this applicant. As you will read waiver stated d by the applicant.
Name of Applicant: Larry James Jr Thomas SSN: 5892	257268 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?	End Date :
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 INF	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 explai	n:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, pleas	e explain:
Additional comments: ( Any problems with customer relations, superv	vision, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	_

Royal3 Inc.