

Stefanie Ancira <sancira@texstarllc.com> To: Employment Verifications <ev@royal3inc.com> Tue, Aug 15, 2023 at 10:38 PM

His SSN 771228357 does not come up in our system.

Thank you!

Stefanie Ancira Office Manager Of: 806-368-7982

TexStar Oilfield Services



From: Employment Verifications <ev@royal3inc.com>
Sent: Thursday, August 10, 2023 5:01 PM
To: Stefanie Ancira <sancira@texstarllc.com>
Subject: Fwd: Employment Verification for Fernando Perez Fernandez

[Quoted text hidden]



Stefanie Ancira <sancira@texstarllc.com> To: Employment Verifications <ev@royal3inc.com> Tue, Aug 15, 2023 at 10:36 PM

Hello, I do not see a Fernando Perez in our system. Was he a driver for an owner operator or was he the owner operator and if so, what was the name of his company

Thank you!

Stefanie Ancira Office Manager Of: 806-368-7982

TexStar Oilfield Services



From: Employment Verifications <ev@royal3inc.com>
Sent: Thursday, August 10, 2023 5:01 PM
To: Stefanie Ancira <sancira@texstarllc.com>
Subject: Fwd: Employment Verification for Fernando Perez Fernandez

[Quoted text hidden]



- CONFIDENTIAL -

Company: TEXSTAR OILFIELD SERVICES LLC (DOT 2136700) Phone: 4322583006

Date: 07/26/23

Address: 7021 KEWANNE BUILDING #5 SUITE 101 LUBBOCK, TX 79424 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.

1

Fernando Perez (Jul 26, 2023 11:09 EDT)	Safety Department (Jul 26, 2023 11:13 EDT)
Applicant's Signature	Company representative
8YUf DYfgobbY A UbU[Yf H\Y dYfgob bUa YX \ YfY]b \ Ug Udd]YX ho h\]g Waa dUbmZof \ Udd]WIbhUg U dUghYa d`onYf"K]``noi]bX`mfYd`niho h\]g]I UVoj YžU```]UV]`]ImcZnoi `UbX noi f Waa dUbm\ Ug VYYb fY`YU <u>PLEASE BE ADVISED!</u> Moi `a UmfYd`mby FAX +1 630 485 69	bei]fmfYgdYVMjb['h\]g'Udd`]W/bh''5g'nci 'k]``fYUX'k Ujj Yf'ghUhYX lgYX'Vmh\Y'Udd`]W/bt''
Name of Applicant: Fernando Perez Fernandez SSN: 77	1228357Job 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	e : End Date :
Company Driver Owner/Operator Other?	
Type of tractor operated: Type of tra	ailer pulled:
Other equipment operated: Commodities	s operated:
Accidents: Yes No If yes, please give the date and brid	ef description of each accident:
Traffic Violations: Yes No If yes, please list all includi	ing the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES I	NFORMATION
Alcohol tests with a result of 0.04 or greater?	lo If yes, please give date:
Verified positive controlled substances test results?	lo If yes, please give date:
Refusals to be tested?	lo If yes, please give date:
Rehab completed under direction of SAP/MRO?	lo If yes, please give date:
Any problems with bonding? Yes No If yes, please exp	olain:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, ple	ease explain:
Additional comments: (Any problems with customer relations, supe	ervision, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	
Date:	



- CONFIDENTIAL -

Company: Mig Express Corp (3030718)

Phone: (602)877-8337

Date: 07/26/23

Address: 629 W MAIN STREET OKLAHOMA CITY, OK 73102 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.

2

Vales Fernando Perez (Jul 26, 2023 11:09 EDT) Safety Department (Jul 26, 2023 11:13 EDT) Company representative Applicant's Signature 8YUf DYfgcbbY A UbU[Yf H\Y dYfqcb bUa YX \YfY]b \UqUdd`]YX hc h\]q Waa dUbmZcf Ya d`cma Ybh]b U qUZYhnhqYbq]hjj Y dcq]hjcbžiMci f Z[bX]b[h\Y Udd`]WubhUgU'dUghYa d`cnYf"K]``nci _]bX`mfYd`mhc'h.]g]bei]fmfYgdYWuJb[h.]g'Udd`]WubhU'5g'nci k]``fYUX kUjjYf ghUhYX UVcj YžU```]UV]`]ImcZnci UbX nci f Wa dUbm\ Ug VYYb fY YUgYX VmH Y Udd`]Wbt" PLEASE BE ADVISED! Nci a UmfYd mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com. Name of Applicant: Fernando Perez Fernandez SSN: 771228357 Job Applying For: OTR Driver Did the Applicant work for you as a driver: Yes No If No, please explain: _____ Start Date : End Date : If employed as a driver, please answer the following: Other? Company Driver Owner/Operator 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? If yes, please explain: Yes No 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): VLADIMIR MOSIA, General Manager at MIG EXPRESS MIG EXPRESS Company: 8/21/2023 Date:



- CONFIDENTIAL -

Company: Mig Express Corp (3030718)

Phone: (602)877-8337

Date: 07/26/23

Address: 629 W MAIN STREET OKLAHOMA CITY, OK 73102 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.

2

Vales Fernando Perez (Jul 26, 2023 11:09 EDT) Safety Department (Jul 26, 2023 11:13 EDT) Company representative Applicant's Signature 8YUf DYfgcbbY A UbU[Yf H\Y dYfqcb bUa YX \YfY]b \UqUdd`]YX hc h\]q Waa dUbmZcf Ya d`cma Ybh]b U qUZYhnhqYbq]hjj Y dcq]hjcbžiMci f Z[bX]b[h\Y Udd`]WubhUgU'dUghYa d`cnYf"K]``nci _]bX`mfYd`mhc'h.]g]bei]fmfYgdYWuJb[h.]g'Udd`]WubhU'5g'nci k]``fYUX kUjjYf ghUhYX UVcj YžU```]UV]]hmcZnci UbX nci f Wa dUbm\ Ug'VYYb fY YUgYX Vmh\ Y Udd`]Wbt" PLEASE BE ADVISED! Mci a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com. Name of Applicant: Fernando Perez Fernandez SSN: 771228357 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 : _____ Other? Company Driver Owner/Operator 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: ____ No Rehab completed under direction of SAP/MRO? Yes If yes, please give date: _____ Any problems with bonding? If yes, please explain: Yes No 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:



- CONFIDENTIAL -

Date: 07/26/23

Company: CARGO TRANSPORT ALLIANCE LLC (DOT 2951971) Phone: 2176364999 Address: 380 E NW HWY SUITE 310B DES PLAINES, IL 60016 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.

4

Fernando Perez (Jul 26, 2023 11:09 EDT)	Safety Department (Jul 26, 2023 11:13 EDT)
Applicant's Signature	Company representative
PLEASE BE ADVISED! by FAX +1 630 4	t 485 6980 or e-mail: safety@royal3inc.com.
Name of Applicant: Fernando Perez Fernandez ss	SN: 771228357 Job Applying For: OTR Driver
Did the Applicant work for you as a driver: \checkmark Yes No If No, please explain:	
If employed as a driver, please answer the following: Sta Company Driver Owner/Operator Other? C Type of tractor operated:	art Date: May 2021 End Date: Sept. 2021 Wher Operator's driver
Other equipment operated: Com	0
Accidents: Yes No If yes, please give the date	and brief description of each accident:
Traffic Violations: Yes No If yes, please list al	Il including the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTAN	NCES INFORMATION
Alcohol tests with a result of 0.04 or greater?	No If yes, please give date:
Verified positive controlled substances test results?	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 VNo If yes, please explain:_____

Why did this employee leave your company?_

Would you re-employee this person? Ves 🗌 No If no, please explain:_____

Additional comments: (Any problems with customer relations, supervision, or abuse of equipment?_____



Royal3 Inc.

Page 6 of 44

Royal 3 inc.

- CONFIDENTIAL -

Company: CARGO TRANSPORT ALLIANCE LLC (DOT 2951971) Phone: 2176364999 Address: 380 E NW HWY SUITE 310B DES PLAINES, IL 60016 Fax: Date: 07/26/23

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.

4

Valos Safety Department (Jul 26, 2023 11:13 EDT) Fernando Perez (Jul 26, 2023 11:09 EDT) Company representative Applicant's Signature 8YUf DYfgcbbY A UbU[Yf HNY dYfgeb bUa YX \YfY]b \UgUdd]YX he h]g Wa dUbmZef Ya d`ena Ybh]b U gUZYhnigYbg]h]j Y deg]h]ebž Mei f Z[bX]b[h Y Udd`]WubhUgU'dUghYa d`cnYf"K]``nci _]bX`mfYd`mhc'h.]g]bei]fmfYgdYWuJb[h.]g'Udd`]WubhU'5g'nci k]``fYUX kUjjYf ghUhYX UVcj YžU```]UV]`]ImcZnci UbX nci f Wa dUbm\ Ug VYYb fY YUgYX VmH Y Udd`]Wbt" PLEASE BE ADVISED! Nci a UmfYd mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com. Name of Applicant: Fernando Perez Fernandez SSN: 771228357 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 : Other? Company Driver Owner/Operator 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: _____ No Rehab completed under direction of SAP/MRO? Yes If yes, please give date: _____ Any problems with bonding? If yes, please explain: Yes No 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:



FMCSA Carrier Authority Information for JCROX ABELLA LLC

JCROX ABELLA LLC is an carrier operating under USDOT Number 3619396 an MC Number 1235749

Update info

Last update	2021-11-25
Operating Status	Inactive
USDOT	3619396
MC NUMBER	MC-1235749
Out of Service Date	None
Entity Type	Carrier
Legal Name	JCROX ABELLA LLC
Total Trucks	1
Total Drivers	1
Carrier Operation	Interstate
Hazardous Material	No
MCS-150 Mileage Year	2020
MCS-150 DATE	27-MAY-21
MCS-150 MILEAGE	1700

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- CONFIDENTIAL -

Company: JCROX ABELLA LLC (DOT 3619396)

Phone: Fax:

3

Date: 07/26/23

Address: INACTIVE

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.

	Safety Department (Jul 26, 2023 11:13 EDT)	
Fernando Perez (Jul 26, 2023 11:09 EDT) Applicant's Signature	Company representative	
8YUf DYfgcbbY A UbU[Yf		

H Y dYfgeb bla YX \YfY]b \ UgUdd`]YX he h]g Wa dUbmZef Ya d`ena Ybh]b UgUZYmAgYbg]hjj Y deg]hjebžMei f ZlbX]b[h Y Udd`]WbhUgUdUghYa d`enYf"K]``nei _]bX`mfYd`mhe h]g]bei]fmfYgdYWlb[h]gUdd`]Wbh'5ginei k]``fYUX k Ujj Yf gHHYX UVej YžU```]UV]`]meznei UbX nei f Wa dUbm\UgVYYb fY`YUgYX Vmh Y Udd`]Wbt'' <u>PLEASE BE ADVISED!</u> Nei `a UmfYd`mby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: Fernando Perez Fernandez SSN: 771228357

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?		
Rehab completed under direction of SAP/MRO?		
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:		

Zigi Freight Inc. dba Royal 3, Inc. 6850 W. 63rd St. Chicago, IL 60638

August 22, 2023

RE: Employee Verification Requests for Fernando Perez Fernandez from BG Cargo Logistic Inc.

To whom it may concern:

As of July 24, 2023 I have made the following attempts to contact BG Cargo Logistic Inc in order to verify Fernando Perez Fernandez's employment there.

The first attempt was made on July 26, 2023 when I sent a request at <u>safety@bgcargoinc.com</u> which was recommended by safety person when I reached out through phone to their office.

On August 2, 2023 I re-sent request completing the second attempt and on August 10, 2023 I have made a third and final attempt. A formal response from BG Cargo Logistic Inc was never received.

Sincerely,

Kristina Milacic

har



Employment Verifications <ev@royal3inc.com> To: safety@bgcargoinc.com Cc: eglisdaniel06@gmail.com Fri, Aug 11, 2023 at 12:02 AM

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Fernando Perez Fernandez's employment with your company. Please find the attached form, and send it back to me at your earliest convenience. Thank you!

Sofia <u>HR Department</u> <u>Zigi Freight dba Royal 3 Inc.</u> 6850 W. 63rd St. Chicago, IL 60638 p. 630-485-7370 f. 630-485-6980 e. ev@royal3inc.com

BG Cargo Logistic Inc, Fernando P Fernandez.pdf



Employment Verifications <ev@royal3inc.com> To: safety@bgcargoinc.com Cc: eglisdaniel06@gmail.com Wed, Aug 2, 2023 at 8:40 PM

Hello,

I am a safety officer from Royal3 INC company. I am sending you this email to confirm Fernando Perez Fernandez's employment with your company. Please find the attached form, and send it back to me at your earliest convenience. Thank you!

Sofia <u>HR Department</u> <u>Zigi Freight dba Royal 3 Inc.</u> 6850 W. 63rd St. Chicago, IL 60638 p. 630-485-7370 f. 630-485-6980 e. ev@royal3inc.com

BG Cargo Logistic Inc, Fernando P Fernandez.pdf



1 message

Employment Verifications <ev@royal3inc.com> To: safety@bgcargoinc.com Cc: eglisdaniel06@gmail.com Wed, Jul 26, 2023 at 7:56 PM

Hello,

I am a safety officer from Royal3 INC company. I am sending you this email to confirm Fernando Perez Fernandez's employment with your company. Please find the attached form, and send it back to me at your earliest convenience. Thank you!

Sofia <u>HR Department</u> <u>Zigi Freight dba Royal 3 Inc.</u> 6850 W. 63rd St. Chicago, IL 60638 p. 630-485-7370 f. 630-485-6980 e. ev@royal3inc.com

BG Cargo Logistic Inc, Fernando P Fernandez.pdf







(402) 720-7768



8.21.23.

Outgoing call 13:54 (1 min 2 sec)

From (630) 566-2119 (me)





F

Create new contact

Add to existing contact

Block and report









(402) 720-7768



8.16.23.

Outgoing call 15:52 (43 sec)

From (630) 566-2119 (me)





F

Create new contact

Add to existing contact

Block and report









(402) 720-7768



8.2.23.

Outgoing call 13:58 (54 sec)

From (630) 566-2119 (me)





F

Create new contact

Add to existing contact

Block and report



Royal Zinc	al Zinc.	Roy
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- CONFIDENTIAL -

Company: BG CARGO LOGISTIC INC (DOT 3270809) Address: 14490 SW 162ND ST MIAMI, FL 33177

Phone: (402) 720-7768 Fax: Date: 07/26/23

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.

5

Fernando Perez (Jul 26, 2023 11:09 EDT)	Safety Department (Jul 26, 2023 11:13 EDT)
Applicant's Signature	Company representative
8YUf DYfgobbY` A UbU[Yf H\Y dYfgob bUa YX \YfY]b \UgUdd`]YX ho h\]g Wa dUbmZof Ya d`o Udd`]WbhUg U dUghYa d`onYf"K]``nœi]bX`mfYd`mho h\]g]bei]f UVcj YžU```]UV]]hmcZnœi `UbX nœi f Wa dUbm\UgVYYb fY`YUgYX \ <u>PLEASE BE ADVISED!</u> Mbi `a UmfYd`mby FAX +1 630 485 6980 o	cna Ybh]bʻUʻgUZYhnlıgYbg]h]j Yʻdcg]h]cbž'Mci fʻZ]bX]b[ʻh\Y fmfYgdYMd b[ʻh\]gʻUdd`]Wbh''5gʻnci ʻk]``fYUX'k U]j YfʻghUhYX /mh\YʻUdd`]Wbt''
Name of Applicant: Fernando Perez Fernandez SSN: 771228	<i>Job Applying For:</i> 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 :
Type of tractor operated: Type of trailer p	ulled:
Other equipment operated: Commodities operated:	rated:
Accidents: Yes No If yes, please give the date and brief des	scription of each accident:
Traffic Violations: Yes No If yes, please list all including th	e date and type of violation:
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:
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, supervision	on, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	
Date:	