

[Print](#)[Set This Request Complete](#)**Request / Response Report**

Response Tracking ID: (None)

Request #: 43580347

AGM Transport Inc

Provided By: **Carolina Taracila**
Title: **(N/A)**
Address: **2409 McDonough St**
City / State / Zip: **Joliet, IL 60436**
Email: **safetyops@agmtransport.com**
Phone: **630-655-2076**
Fax:
Items Requested: **EMP**

[Questions about this report?](#)**Provided Subject Information****Carlos A Lugo Rocha**SSN: **xxx-xx-5454**DOB: **02-17-1967**Date Range Provided: **04-2023 to 09-2023****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

Provided Information

Position Held	Driver
Reason For Leaving	resignation
Driver Class	Company
Driver Type	Solo
Was the driver Terminated?	No
Eligible for Rehire?	Yes
Was the driver subject to FMCSRs while employed?	Yes
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?	Yes
Full Time / Part Time	CONTRACTOR
Areas Driven	OTR
Equipment Driven	Tractor-Trailer
Trailer Driven	Van
Loads Hauled	general commodity
Miles per week	
Number of States Driven	
Trailer Length	53

Activity Log

10-04-2023 09:47 AM - Carolina Taracila (AGM Transport Inc)

Response added. Request #43580347 status set to "Submitted".

10-01-2023 03:11 PM - Zigi Stamenkovic

Request sent under order #18691503 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



1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: AGM TRANSPORT INC (DOT1204798)**Phone:** (630) 655-2076**Date:** 09/22/23**Address:** 2409 MCDONOUGH ST JOLIET, IL 60436**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.

CRocha

carlos rocha (Sep 22, 2023 13:07 EDT)

ST

Sara Todorovic (Sep 22, 2023 13:08 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcbbUa YX YfYb U Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh b U gUZ/magYbgHij Y d'cgHjcbZ Mti f ZbX]b[H Y Udd J MbhUg U dUghYa d'cnYf K J nci JbX mYd mhc H Jg bei JmYgdYV Mjb[H Jg Udd J Mbh 5g nci k J fYUX k Uij Yf gUHYX UVcj YZU JUV JmicZ nci UbX nci f Wda dUbmU Ug VYYb fY YUgYX VmHk Y Udd J Mbt

PLEASE BE ADVISED! Mti a UnfYd nby FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.**Name of Applicant:** Carlos Alberto Lugo Rocha SSN: 691225454**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 #: 43580350

5N Logistics LLC

Provided By: **Camila Teixeira**
Title: **(N/A)**
Address: **3S621 Everton Dr**
City / State / Zip: **Warrenville, IL 60555**
Email: **5Nlogistics35@gmail.com**
Phone: **412-378-8685**
Fax:
Items Requested: **EMP**

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

SSN: **xxx-xx-5454**
DOB: **02-17-1967**

Date Range Requested: **02-2022 to 03-2023****Provided Subject Information**Denotes a value not equal to original Requested value**Carlos Alberto Lugo Rocha**

SSN: **xxx-xx-5454**
DOB: **02-17-1967**

Date Range Provided: **03-2022 to 03-2023****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

Provided Information

Position Held	DRIVER
Reason For Leaving	QUIT
Driver Class	Company
Driver Type	Solo
Was the driver Terminated?	Yes
Termination Reason:	Quit
Eligible for Rehire?	Yes
Was the driver subject to FMCSRs while employed?	Yes
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?	Yes
Full Time / Part Time	CONTRACTOR
Areas Driven	OTR
Equipment Driven	Tractor-Trailer
Trailer Driven	Van
Loads Hauled	
Miles per week	
Number of States Driven	ALL
Trailer Length	53

Activity Log

10-04-2023 11:26 AM - Camila Teixeira (5N Logistics LLC)

Response added. Request #43580350 status set to "Submitted".

10-01-2023 03:14 PM - Zigi Stamenkovic

Request sent under order #18691505 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



2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: 5N LOGISTICS LLC (DOT3150981)**Phone:** (630) 672-8055**Date:** 09/22/23**Address:** 3030 WARRENVILLE ROAD SUITE 450-25 LISLE, IL 60532 **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.

carlos rocha (Sep 22, 2023 13:07 EDT)

Sara Todorovic (Sep 22, 2023 13:08 EDT)

Applicant's Signature

Company representative

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H Y dYfgcb bUa YX\ YfY]b \ Ug Udd' JYX'hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZ/magYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[H Y Udd' J]MbhUg U dUghYa d'cnYf"K J" nci _]bX' mYfYd' m'hc H Jg]bei Jf mYfYgdYV]b[H Jg Udd' J]Mbh' 5g'nci 'k J" fYUX'k U]j Yf gUHXY UVcj YZU"" JUV] JmicZnci 'UbX'nci f Wda dUbmUg VYYb fY YUgYX Vmih Y Udd' J]Mbt"

PLEASE BE ADVISED! Mti 'a UmYfYd' m'by FAX +1 630 485 6980 or e-mail: safety@rtbrz.com.**Name of Applicant:** Carlos Alberto Lugo Rocha SSN: 691225454**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: _____

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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: _____

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Name/Title (of person providing the above information): _____

Company: _____

Date: _____