

☒ USDOT Number ☐ MC/MX Number ☐ Name

Enter Value: 2426281

Search

Company Snapshot

MIG EXPRESS LLC

USDOT Number: 2426281

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Carriers: If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

Other Information for this Carrier

▼ [SMS Results](#)

▼ [Licensing & Insurance](#)

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of **08/31/2023**.

To find out if this entity has a pending insurance cancellation, please [click here](#).

Entity Type:	CARRIER																																
Operating Status:	NOT AUTHORIZED	Out of Service Date:	None																														
Legal Name:	MIG EXPRESS LLC																																
DBA Name:																																	
Physical Address:	672 JASMINE DR BRANSON, MO 65616																																
Phone:	(305) 527-4753																																
Mailing Address:	1001 N FEDERAL HIGHWAY SUITE 301 HALLANDALE, FL 33009																																
USDOT Number:	2426281	State Carrier ID Number:																															
MC/MX/FF Number(s):	MC-839591	DUNS Number:	--																														
Power Units:	1	Drivers:	1																														
MCS-150 Form Date:	02/02/2023	MCS-150 Mileage (Year):	350 (2022)																														
Operation Classification:																																	
<table><tr><td><input checked="" type="checkbox"/> Auth. For Hire</td><td><input type="checkbox"/> Priv. Pass.(Non-business)</td><td><input type="checkbox"/> State Gov't</td></tr><tr><td><input type="checkbox"/> Exempt For Hire</td><td><input type="checkbox"/> Migrant</td><td><input type="checkbox"/> Local Gov't</td></tr><tr><td><input type="checkbox"/> Private(Property)</td><td><input type="checkbox"/> U.S. Mail</td><td><input type="checkbox"/> Indian Nation</td></tr><tr><td><input type="checkbox"/> Priv. Pass. (Business)</td><td><input type="checkbox"/> Fed. Gov't</td><td></td></tr></table>				<input checked="" type="checkbox"/> Auth. For Hire	<input type="checkbox"/> Priv. Pass.(Non-business)	<input type="checkbox"/> State Gov't	<input type="checkbox"/> Exempt For Hire	<input type="checkbox"/> Migrant	<input type="checkbox"/> Local Gov't	<input type="checkbox"/> Private(Property)	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Indian Nation	<input type="checkbox"/> Priv. Pass. (Business)	<input type="checkbox"/> Fed. Gov't																			
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1

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: MIG EXPRESS LLC (DOT2426281)**Phone:** (305) 527-4753**Date:** 08/01/23**Address:** 672 JASMINE DR BRANSON, MO 65616**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.


Reynaldo Gonzales (Aug 1, 2023 16:27 EDT)
Safety Department (Aug 3, 2023 09:53 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU Yf

H Y dYfgcb bUa YX \ YfY]b \ Ug Udd JYX hc H Jg Wda dUbmZcf Ya d'cna Ybh]b U gUZYmgYbg]hij Y d'cg]hcbZ Mti f Z]bX]b[H Y Udd J]WbhUg U dUghYa d'cnYf"K J" nci _]bX mYd mhc H Jg]bei JfmYgdYV]b[H Jg Udd J]Wbh"5g nci k J" fYUX k Uij Yf gUHYX UWcj YZ U" JUV J]mcZnci UbX nci f Wda dUbm U gVYYb fY YUgYX VmH Y Udd J]Wbt"

PLEASE BE ADVISED! Mti a UmYd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: REYNALDO GONZALES SSN: 114-84-0047

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: _____

☒ USDOT Number
 ☐ MC/MX Number
 ☐ Name

Enter Value:

Company Snapshot

REYYAM EXPRESS LLC
USDOT Number: 3834037

ID/Operations | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Carriers: If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

Other Information for this Carrier

- ♥ [SMS Results](#)
- ♥ [Licensing & Insurance](#)

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of **08/04/2023**. **Carrier VMT Outdated.**

To find out if this entity has a pending insurance cancellation, please [click here](#).

Entity Type:	CARRIER																																
Operating Status:	NOT AUTHORIZED	Out of Service Date:	None																														
Legal Name:	REYYAM EXPRESS LLC																																
DBA Name:																																	
Physical Address:	8820 SW 132ND PL APT 209 MIAMI, FL 33186																																
Phone:	(786) 779-7096																																
Mailing Address:	8820 SW 132ND PL APT 209 MIAMI, FL 33186-1698																																
USDOT Number:	3834037	State Carrier ID Number:																															
MC/MX/FF Number(s):	MC-1391883	DUNS Number:	--																														
Power Units:	1	Drivers:	1																														
MCS-150 Form Date:	03/04/2022	MCS-150 Mileage (Year):																															
Operation Classification:																																	
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2

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: REYYAM EXPRESS LLC (DOT3834037) **Phone:** (786) 690-9181**Date:** 08/01/23**Address:** 8820 SW 132ND PL APT 209 MIAMI, FL 33186 **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.


Reynaldo Gonzales (Aug 1, 2023 16:27 EDT)
Safety Department (Aug 3, 2023 09:53 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[Yf

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]hcbZMc f Z]bX]b[H Y Udd' WbhUg U dUghYa d'cnYf"K J" nci _]bX' mYd' mhc H Jg]bei Jf mYgdYV]b[H Jg Udd' Wbh' 5g' nci 'k J" fYUX'k Uij Yf gUHXY Uvcj YZU" JUV] JmcZnci 'UbX' nci f Wda dUbmUg VYYb fY YUgYX VmH Y Udd' Wbt"

PLEASE BE ADVISED! Mti 'a UmYd' nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: REYNALDO GONZALES SSN: 114-84-0047

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: _____

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

September 1, 2023

RE: Employee Verification Requests for Reynaldo Gonzales from CAKASO TRANSPORT INC.

To whom it may concern:

As of August 1, 2023 I have made the following attempts to contact CAKASO TRANSPORT INC in order to verify Reynaldo Gonzales's employment there.

The first attempt was made on August 6, 2023 when I sent a request at DISPATCH@cakaso.com which was recommended by safety person when I reached out through phone to their office.

On August 14, 2023 I re-sent request completing the second attempt and on August 21, 2023 I have made a third and final attempt. A formal response from CAKASO TRANSPORT INC you was never received.

Sincerely,

Kristina Milacic





Employment Verifications <ev@royal3inc.com>

Employment Verification for Reynaldo Gonzales

Employment Verifications <ev@royal3inc.com>

Mon, Aug 21, 2023 at 7:08 PM

To: DISPATCH@cakaso.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Reynaldo Gonzales'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](#)

[Zigi Freight dba Royal 3 Inc.](#)

6850 W. 63rd St.

Chicago, IL 60638

p. 630-485-7370

f. 630-485-6980

e. ev@royal3inc.com



Casako_Reynaldo Gonzales.pdf

900K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Reynaldo Gonzales

1 message

Employment Verifications <ev@royal3inc.com>
To: DISPATCH@cakaso.com

Sun, Aug 6, 2023 at 1:04 AM

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Reynaldo Gonzales'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

Zigi Freight dba Royal 3 Inc.

6850 W. 63rd St.

Chicago, IL 60638

p. 630-485-7370

f. 630-485-6980

e. ev@royal3inc.com



Casako_Reynaldo Gonzales.pdf

900K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Reynaldo Gonzales

Employment Verifications <ev@royal3inc.com>

Mon, Aug 14, 2023 at 10:51 PM

To: DISPATCH@cakaso.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Reynaldo Gonzales'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](#)

[Zigi Freight dba Royal 3 Inc.](#)

6850 W. 63rd St.

Chicago, IL 60638

p. 630-485-7370

f. 630-485-6980

e. ev@royal3inc.com

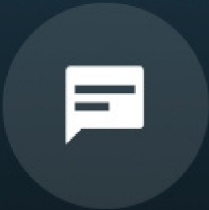


Casako_Reynaldo Gonzales.pdf

900K



(229) 658-1920



8.21.23.

Outgoing call

13:59 (53 sec)

From

(630) 566-2119 (me)

(229) 658-1920

Phone number



Create new contact



Add to existing contact

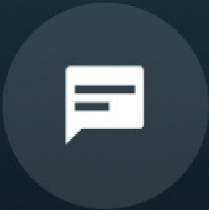


Block and report





(229) 658-1920



8.14.23.

Outgoing call

14:33 (46 sec)

From

(630) 566-2119 (me)

(229) 658-1920

Phone number



Create new contact



Add to existing contact

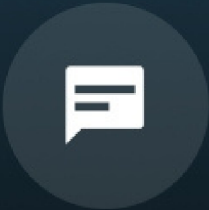


Block and report





(229) 658-1920



8.7.23.

Outgoing call

15:13 (52 sec)

From

(630) 566-2119 (me)

(229) 658-1920

Phone number



Create new contact



Add to existing contact



Block and report






3

SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: CAKASO TRANSPORT INC (DOT3490636) **Phone:** (229) 658-1920**Date:** 08/01/23**Address:** 100 N PATTERSON ST STE 49 VALDOSTA, GA 31601-5570 **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.


Reynaldo Gonzales (Aug 1, 2023 16:27 EDT)
Safety Department (Aug 3, 2023 09:53 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbbY A UbU Yf

H Y dYfgcb bUa YX YfY b U g Udd JYX hc H g Wda dUbmZcf Ya d'cna Ybh b U g UZ YmgYbgHij Y d'cgHjcbZ Mti f Z bX b H Y Udd J Wbh Ug U dUgh Ya d'cnYf K J nci J bX mYd mhc H g bei J mYgdYV M b H g Udd J Wbh 5g nci k J fYUX k Uij Yf g UH X Uvcj YZ U JUV J mcz nci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J Wbt

PLEASE BE ADVISED! Mti a UmYd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.

Name of Applicant: REYNALDO GONZALES SSN: 114-84-0047

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: _____