

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

Response Tracking ID: (None)

Request #: 43885695

Zero Max Inc

Provided By: **Khusnora Makhkamova**
Title: **(N/A)**
Address: **4255 Westbrook Dr #208**
City / State / Zip: **Aurora, IL 60504**
Email: **safety@zeromaxinc.com**
Phone: **708-654-4626**
Fax:
Items Requested: **EMP**

[Questions about this report?](#)**Requested Subject Information**Denotes a value not equal to the Provided value**Sidney F Mocombe**

SSN: **xxx-xx-5787**
DOB: **10-06-1986**

Date Range Requested: **08-2022 to 09-2023****Provided Subject Information**Denotes a value not equal to original Requested value**Sidney F Mocombe**

SSN: **xxx-xx-5787**
DOB: **10-06-1986**

Date Range Provided: **03-2022 to 08-2023****Original Request Information****Provided 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

Position Held	Driver
Reason For Leaving	VOLUNTARY
Driver Class	Lease Purchase
Driver Type	Team
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 a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Yes
Full Time / Part Time	full time
Areas Driven	OTR
Equipment Driven	Tractor-Trailer
Trailer Driven	Van
Loads Hauled	GEN FREIGHT
Miles per week	N/A
Number of States Driven	48
Trailer Length	53'

Activity Log

10-18-2023 11:05 AM - Khusnora Makhkamova (Zero Max Inc)

Response added. Request #43885695 status set to "Submitted".

10-18-2023 05:14 AM - Zigi Stamenkovic

Request sent under order #18804468 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



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: ZERO MAX INC (DOT: 2979800)**Phone:** 6304237227**Date:** 10/02/23**Address:** 1540 E DUNDEE RD STE 220 PALATINE, IL 60074 **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.

Sidney F Mocombe
Sidney F Mocombe (Oct 2, 2023 12:47 EDT)

[Signature]
Safety Department (Oct 3, 2023 13:00 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/magYbgHij Y d'cgHjcbZ Mti f Z bX b[H Y Udd J Wbh Ug U dUgh Ya d'cnYf "K J" nci _ bX mYd mhc H Jg bei Jf mYgdYV Mjb[H Jg Udd J Wbh 5g nci k J" fYUX k Uij Yf gUHX 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 Unfyd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** Sidney Franklyn Mocombe **SSN:** 766665787**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: _____

Request / Response Report

Response Tracking ID: (None)

Request #: 43885694

HP FREIGHT INC

Provided By: **Evaldas Bruzas**
 Title: **(N/A)**
 Address: **701 Executive Dr.**
 City / State / Zip: **Willowbrook, IL 60527**
 Email: **safety@haulhp.com**
 Phone: **630-568-6100**
 Fax:
 Items Requested: **EMP**

[Questions about this report?](#)

Requested Subject Information

Denotes a value not equal to the Provided value**Sidney F Mocombe**

SSN: **xxx-xx-5787**
 DOB: **10-06-1986**

Date Range Requested: **04-2022 to 07-2022**

Provided Subject Information

Denotes a value not equal to original Requested value**Sidney F Mocombe**

SSN: **xxx-xx-5787**
 DOB: **10-06-1986**

Date Range Provided: **02-2022 to 03-2022**

Original Request Information

Provided 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

Position Held	Driver
Reason For Leaving	Driver quit
Driver Class	Owner/Operator
Driver Type	
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 a safety sensitive function in DOT regulated mode subject to Drug and Alcohol testing per 49 CFR Part 40?	Yes
Full Time / Part Time	Full time
Areas Driven	OTR
Equipment Driven	Tractor-Trailer
Trailer Driven	Van
Loads Hauled	
Miles per week	
Number of States Driven	
Trailer Length	53

Activity Log

10-18-2023 01:14 PM - Evaldas Bruzas (HP FREIGHT INC)

Response added. Request #43885694 status set to "Submitted".

10-18-2023 05:11 AM - Zigi Stamenkovic

Request sent under order #18804467 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



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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: HP FREIGHT (DOT: 3589940)**Phone:** 6305686100**Date:** 10/02/23**Address:** 701 EXECUTIVE DR SUITE A WILLOWBROOK, 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 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.

Sidney f Mocombe
Sidney f Mocombe (Oct 2, 2023 12:47 EDT)

Safety Department
Safety Department (Oct 3, 2023 13:00 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/magYbgHij Y d'cgHjcbZ Mti f Zjbx]b[H Y Udd J Wbh Ug U dUgh Ya d'cnYf "K J" nci Jbx mfyd mhc H Jg bei JfmfygdYVjlb[H Jg Udd J Wbh 5g nci k J" fYUX k Uij Yf gUH X Uvcj YzU " JUV J mcznci UbX nci f Wda dUbm Ug VYYb fY YUgYX VmH Y Udd J Wbt"

PLEASE BE ADVISED! Mti a Unfyd nby FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** Sidney Franklyn Mocombe **SSN:** 766665787**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

November 2, 2023

RE: Employee Verification Requests for Sidney Franklyn Mocombe from HTS LOGISTICS INC.

To whom it may concern:

As of October 2, 2023 I have made the following attempts to contact HTS LOGISTICS INC in order to verify Sidney Franklyn Mocombe's employment there.

The first attempt was made on October 14, 2023 when I sent a request at TEAM@hts-logistics.com which was recommended by safety person when I reached out through phone to their office.

On October 19, 2023 I re-sent request completing the second attempt and on October 27, 2023 I have made a third and final attempt. A formal response from HTS LOGISTICS INC you was never received.

Sincerely,

Kristina Milacic

A handwritten signature in blue ink, appearing to read 'Kristina', is positioned above a solid blue horizontal line.



Employment Verifications <ev@royal3inc.com>

Employment Verification for Sidney Franklyn Mocombe

Employment Verifications <ev@royal3inc.com>

Fri, Oct 27, 2023 at 10:48 PM

To: TEAM@hts-logistics.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Sidney Franklyn Mocombe'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



03DQ R3_Sidney Franklyn Mocombe-5.pdf

900K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Sidney Franklyn Mocombe

Employment Verifications <ev@royal3inc.com>

Thu, Oct 19, 2023 at 1:48 PM

To: TEAM@hts-logistics.com

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Sidney Franklyn Mocombe'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



03DQ R3_Sidney Franklyn Mocombe-5.pdf

900K



Employment Verifications <ev@royal3inc.com>

Employment Verification for Sidney Franklyn Mocombe

1 message

Employment Verifications <ev@royal3inc.com>
To: TEAM@hts-logistics.com

Sat, Oct 14, 2023 at 12:51 AM

Hello,

I am a safety officer from Royal3 INC company.

I am sending you this email to confirm Sidney Franklyn Mocombe'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

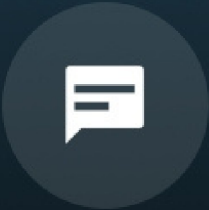


03DQ R3_Sidney Franklyn Mocombe-5.pdf

900K



(773) 717-5424



10.27.23.

Outgoing call

15:31 (51 sec)

From

(630) 566-2119 (me)

(773) 717-5424
Phone number



Create new contact



Add to existing contact

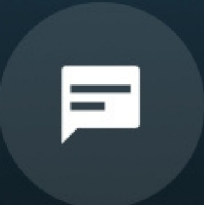


Block and report





(773) 717-5424



10.20.23.

Outgoing call
13:56 (56 sec)

From
(630) 566-2119 (me)

(773) 717-5424
Phone number



Create new contact 

Add to existing contact 

Block and report 



(773) 717-5424



10.13.23.

Outgoing call
11:33 (42 sec)

From
(630) 566-2119 (me)

(773) 717-5424
Phone number



Create new contact



Add to existing contact



Block and report





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SAFETY PERFORMANCE HISTORY
RECORDS REQUEST

- CONFIDENTIAL -

Company: HTS LOGISTICS INC (DOT: 3252655)**Phone:** 7737175424**Date:** 10/02/23**Address:** 2822 WHEATLAND COURT NAPERVILLE, IL 60564 **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.

Sidney F Mocombe
Sidney F Mocombe (Oct 2, 2023 12:47 EDT)

[Signature]
Safety Department (Oct 3, 2023 13:00 EDT)

Applicant's Signature

Company representative

8YUf DYfgcbby' A UbU[Yf

H Y dYfgcb bUa YX\ YfY\ b\ Ug Udd' JYX' h' H' g' Wda dUbmZcf Ya d' cna Ybh' b' U' g' UZ/ m' g' Ybg' h' j' Y' d' c' g' h' j' c' b' z' M' c' i' f' z' b' X' b' [H' Y
Udd' J' W' b' h' U' g' U' d' U' g' h' Y' a' d' c' n' Y' f' "K" J' " n' c' i' _ j' b' X' m' i' f' Y' d' m' i' c' H' g' j' b' e' i' j' f' m' i' f' Y' g' d' Y' M' j' b' [H' g' Udd' J' W' b' h' ' 5' g' n' c' i' ' k' J' " f' Y' U' X' k' U' j' Y' f' g' h' U' H' X
U' v' c' j' Y' z' U' " " J' U' V' J' J' m' i' c' Z' n' c' i' ' U' b' X' n' c' i' f' W' d' a' d' U' b' n' i' U' g' V' Y' Y' b' f' Y' Y' U' g' Y' X' V' n' i' h' Y' Udd' J' W' b' t' "

PLEASE BE ADVISED! M' c' i' ' a' U' n' i' f' y' d' m' i' b' y' FAX +1 630 485 6980 or e-mail: safety@royal3inc.com.**Name of Applicant:** Sidney Franklyn Mocombe **SSN:** 766665787**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: _____