	1 SAFETY PERFORMANCE HISTORY
Royal Zinc.	RECORDS REQUEST
StoryW Sinc.	- CONFIDENTIAL -
0	- CONTIDENTIAL -
	Phone: (317) 361-6540 Date: 11/09/23
Address: 2848 BARNES CT GREENWOOD, IN 46143	Fax:
dates of any and all alcohol or drug tests, those confirmed results, completion under direction of SAP/MRO) to each and every compa	ent, including assessments of my job previous ability, and fitness(including and/or my refusing to any alcohol or drug tests and any rehabilitation ny(their authorized agents) which may request such information in release this company, and its employees, officers, directors, and agents formation to the below mentioned person and/or company.
Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)	Safety Department (Nov 10, 2023 10:46 EST)
Applicant's Signature	Company representative
Name of Applicant: Alexis Chavez Becerra SSN: 18	7352317Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes No If No, please explain:	Dont know this person.
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 tractor	ailer pulled:
Other equipment operated: Commoditie	s operated:
Accidents: Yes No If yes, please give the date and bri	ef description of each accident:
Traffic Violations: Yes No If yes, please list all includ	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	lain:
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, sup	ervision, or abuse of equipment?
Name/Title (of person providing the above information). Jatinde	er Singh, 317-361-6540

Name/Title (of person providing the above information):	
Company: Hope Trans Inc	
Date: 11/10/2023	

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- CONFIDENTIAL -

Company: HOPE TRANS INC (DOT3135214)

Phone: (317) 361-6540 Fax: Date: 11/09/23

Address: 2848 BARNES CT GREENWOOD, IN 46143

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.

NA	fr.
Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)	Safety Department (Nov 10, 2023 10:46 EST)
Applicant's Signature	Company representative
Name of Applicant: Alexis Chavez Becerra SSN: 18	37352317 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 Dat	e : End Date :
Company Driver Owner/Operator Other?	
Type of tractor operated: Type of tr	railer pulled:
Other equipment operated: Commoditie	es operated:
Accidents: Yes No If yes, please give the date and br	rief description of each accident:
Traffic Violations: Yes No If yes, please list all include	ding the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES	INFORMATION
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 ex	plain:
Why did this employee leave your company?	
Would you re-employee this person? Yes No If no, pl	lease explain:
Additional comments: (Any problems with customer relations, sup	pervision, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	
Date:	_



- CONFIDENTIAL -

Company: BEE ZONE LOGISTICS LLC (DOT 3191514) *Phone:* (615) 800-6086 *Address:* 4130 LINDEN AVE STE 302 RIVERSIDE, OH 45432 *Fax:*

Date: 11/09/23

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.

from any and all liable type as a result of providing the following information	on to the below mentioned person and/or company.
Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)	Safety Department (Nov 10, 2023 10:46 EST)
Applicant's Signature	Company representative
	Company representative
8YUF DYfgobbY`A UbU[Yf H\Y'dYfgob bUa YX`\YfY]b`\Ug'Udd`]YX ho'h.]g'Vta dUbmZof Ya d`on Udd`]WbhUg'U'dUghYa d`onYf"K]``noi _]bX`mfYd`mho'h.]g']bei]fm UVoj Yž'U```]UV]`]hmoZnoi 'UbX'noi f Vta dUbm\Ug'VYb fY`YUgYX'Vn <u>PLEASE BE ADVISED!</u> Noi 'a UmfYd`mby FAX +1 630 485 6980 or e	ifYgdYWijb[`h\]g'Udd`]Wibh''5g'nci `k]``fYUX`kUjjYf`ghUhYX ih\Y`Udd`]Wibt''
Name of Applicant: Alexis Chavez Becerra SSN: 1873523	Job Applying For: OTR Driver
Did the Applicant work for you as a driver: If No, please explain:	
	/2023 End Date : 8/2023
Type of tractor operated: $\underline{Truck-Tracktor}$ Type of trailer pull	led:
Other equipment operated: Commodities operated	ted: <u>General</u>
Accidents: Yes Yo If yes, please give the date and brief descr	iption 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 INFORM	IATION
Alcohol tests with a result of 0.04 or greater?	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:
	yes, please give date:
Any problems with bonding? Yes Nov If yes, please explain:	
Why did this employee leave your company? N/A	
Would you re-employee this person? Yes No If no, please exp	plain:
Additional comments: (Any problems with customer relations, supervision	, or abuse of equipment?
Name/Title (of person providing the above information): <u>Safety</u> Company: <u>BEE ZONE LOGISTICS LLC</u>	Manager Beck M.
Date: 11/21/2023	



- CONFIDENTIAL -

Company: BEE ZONE LOGISTICS LLC (DOT 3191514) *Phone:* (615) 800-6086 *Address:* 4130 LINDEN AVE STE 302 RIVERSIDE, OH 45432 *Fax:*

Date: 11/09/23

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.

from any and all liable type as a result of providing the following information	on to the below mentioned person and/or company.
100P	Safety Department (Nov 10, 2023 10:46 EST)
Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)	
Applicant's Signature	Company representative
8YUF DYfgobbY`A UbU[Yf H\Y'dYfgob bUa YX`\YfY]b`\Ug'Udd`]YX`ho`h\]g'Wda dUbmZof Ya d`on Udd`]WIbhUg'U'dUghYa d`onYf"K]``nœi _]bX`mfYd`mho`h\]g']bei]fm UVoj YžU```]UV]`]hmcZnœi 'UbX`nœi f`Vda dUbm\Ug'VYb fY`YUgYX'Vm <u>PLEASE BE ADVISED!</u> Nbi 'a UmfYd`mby FAX +1 630 485 6980 or e	fYgdYWdjb[`H\]gUdd`]WdbH'5gmci`k]``fYUX`kUjjYfgHUHYX H\YUdd`]Wdbt''
Name of Applicant: Alexis Chavez Becerra SSN: 1873523	17 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 trailer pull	ed:
Other equipment operated: Commodities operat	red:
Accidents: Yes No If yes, please give the date and brief descri	iption of each accident:
Traffic Violations: Yes No If yes, please list all including the o	date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES INFORM	IATION
Alcohol tests with a result of 0.04 or greater?	yes, please give date:
Verified positive controlled substances test results? Yes No If	yes, please give date:
Refusals to be tested?	yes, please give date:
Rehab completed under direction of SAP/MRO?	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 exp	lain:
Additional comments: (Any problems with customer relations, supervision,	, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	
Date:	

Record Inactive

The record matching USDOT Number = 1354537 is INACTIVE in the SAFER database.

If you believe this to be in error, you can report it using FMCSA's <u>DataQs</u> system.



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Federal Motor Carrier Safety Administration 1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • Field Office Contacts



- CONFIDENTIAL -

Company: Kardan Trucking

Phone: (812) 803-2380

Date: 11/09/23

Address: 8520 Allison Pointe Blvd, ste 220, Indianapolis IN 46250 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.

from any and all liable type as a result of providing the following information	to the below mentioned person and/or company.
kop	h
Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)	Safety Department (Nov 10, 2023 10:46 EST)
Applicant's Signature	Company representative
8YUF DYfgebbY`A UbU[Yf H\Y'dYfgeb bUa YX`\YfY]b`\Ug'Udd`]YX'he'h\]g'Wda dUbmZef Ya d`ena Udd`]WIbhUg'U'dUghYa d`enYf"'K]``nci]bX'mfYd`mhe'h\]g']bei]fmfN UVej Yž'U```]UV[`]hmeZ'nci `UbX'nci f Wda dUbm\Ug'VYYb fY`YUgYX'Vmh <u>PLEASE BE ADVISED!</u> Mei `a UmfYd`mby FAX +1 630 485 6980 or e-	/gdYWb[[h\]gUdd`]Wbhl"5gmcik]``fYUXkUjjYfghUhYX \Y'Udd`]Wbt"
Name of Applicant: Alexis Chavez Becerra SSN: 18735231	7 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	d:
Other equipment operated: Commodities operated	d:
Accidents: Yes No If yes, please give the date and brief descrip	tion of each accident:
Traffic Violations: Yes No If yes, please list all including the da	ate and type of violation:
Alcohol tests with a result of 0.04 or greater?	es, please give date:
Verified positive controlled substances test results? Yes No If y	es, please give date:
Refusals to be tested?	es, please give date:
Rehab completed under direction of SAP/MRO?	es, 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 expla	in:
Additional comments: (Any problems with customer relations, supervision, o	or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	
Date:	



- CONFIDENTIAL -

Company: YELLOWSTONE LOGISTICS LLC (DOT 3473501) Phone: (662) 786-1540 Address: 319 ROAD 1400 MOOREVILLE, MS 38857 Fax:

Date: 11/09/23

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.

Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)	Safety Department (Nov 10, 2023 10:46 EST)
Applicant's Signature	Company representative
8YUF DYfgcbbY`A UbU[Yf H\Y dYfgcb bUa YX \YfY]b \Ug Udd]YX hc h\]g Wa dUbmZcf "	Ya d`cnarYbh]b`U`gUZYhningYbg]h]j Y`dcg]h]cbžMci f`Z]bX]b[`h\Y bei]fmfYgdYWg b[`h\]g`Udd`]Wbh"5g`nci`k]``fYUX`k U]j Yf`ghUh/> JgYX`Vmih\Y`Udd`]Wbt"
Name of Applicant: Alexis Chavez Becerra SSN: 18	7352317Job Applying For: OTR Driver
Did the Applicant work for you as a driver: Yes No	This person has never worked for me before
	e : End Date :
Type of tractor operated: Type of tractor	
Other equipment operated: Commoditie	
	ief description of each accident:
Traffic Violations: Yes No If yes, please list all includ	ling the date and type of violation:
INQUIRY FOR ALCOHOL AND CONTROLLED SUBSTANCES I	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 No If yes, please exp	plain:
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, sup	pervision, or abuse of equipment?
Name/Title (of person providing the above information): Jack (Company: YELLOWSTONE LOGISTICS LLC Date: 11/10/2023	<u>Clark</u>



- CONFIDENTIAL -

Company: YELLOWSTONE LOGISTICS LLC (DOT 3473501) Phone: (662) 786-1540 Address: 319 ROAD 1400 MOOREVILLE, MS 38857 Fax:

Date: 11/09/23

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.

Alexis Chavez Becerra (Nov 9, 2023 16:55 EST)	Safety Department (Nov 10, 2023 10:46 EST)
Applicant's Signature	Company representative
8YUF DYfgobbY`A UbU[Yf H\Y'dYfgob bUa YX`\YfY]b`\Ug'Udd`]YX ho'h\]g'Wa dUbmZof Ya d`u Udd`]WbhUg'U'dUghYa d`onYf"K]``nœi]bX`mfYd`mho'h\]g']bei]i UVoj YžU```]UV[`]hmcZnœi 'UbX`nœi f`Vda dUbm\Ug'VYYb fY`YUgYX`\ <u>PLEASE BE ADVISED!</u> Nci `a UmfYd`mby FAX +1 630 485 6980 o	ˈmifYgdYVMjb[ˈhʌ]gʻUdd`]Ŵ/bhl"5gʻnci k]``fYUX kUjjYf`ghUhYX /mih Y`Udd`]W/bt"
Name of Applicant: Alexis Chavez Becerra SSN: 187352	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 trailer p	ulled:
Other equipment operated: Commodities ope	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:
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 e	xplain:
Additional comments: (Any problems with customer relations, supervision	on, or abuse of equipment?
Name/Title (of person providing the above information):	
Company:	
Date:	