

REQUEST 2290 FORM

Complete the information below, sign and return to office@ultdrive.com

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Owner's Name \_\_\_\_\_

VIN Number(vehicle  
identification number) of  
each vehicle \_\_\_\_\_

Gross Weight of vehicle \_\_\_\_\_

# DRIVER RANDOM DRUG CONSORTIUM REGISTRATION

## Page 2 of 2 Enrollment

In signing this form, I, \_\_\_\_\_, agree to comply with the drug and alcohol testing requirements of 49 CFR Part 40 and 49 CFR Part 382.

Driver's Signature: \_\_\_\_\_

Printed Driver's Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Designated Employer Representative Information

*(This must be someone other than the driver that we can give information or notice. Additionally, the company agrees to notify of any changes to the DER information)*

Contract Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

In signing this form, I, \_\_\_\_\_, authorize ULTRADRIVE INC to act as intermediary for the purposes of transmitting all drug and alcohol testing information under the circumstances contained in 40 CFR §40.345 and as allowed under the provisions of Appendix F to 49 CFR §40.

Motor Carrier: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Authorized Title: \_\_\_\_\_

Date: \_\_\_\_\_