

DRIVER RANDOM DRUG CONSORTIUM REGISTRATION

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

Motor Carrier Information

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Fax Number: _____

Email: _____

USDOT Number: _____

Driver's Information

Driver Name: _____

Address: _____

City, State, Zip Code: _____

Cell Number: _____

Social Security Number: _____

Date of Birth: _____

CDL Number & State: _____

CDL Expiration Date: _____

Medical Card Expiration Date: _____

Hire Date: _____

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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: _____