



## 2008 DOT Compliance Program Enrollment Update Form

Company:

Designated Employer Rep:

### Inclusion / Enroll (Dar de Alta)

Complete the area below. Indicate the Full Name (Last Name, First Name, Middle Initial), complete Commercial Driver's License Number, and the effective **Date of Enrollment** into the DOT Compliance Program:

Full Name:	<input type="text"/>	CDL #:	<input type="text"/>	Effective (date):	<input type="text"/>
Full Name:	<input type="text"/>	CDL #:	<input type="text"/>	Effective (date):	<input type="text"/>
Full Name:	<input type="text"/>	CDL #:	<input type="text"/>	Effective (date):	<input type="text"/>
Full Name:	<input type="text"/>	CDL #:	<input type="text"/>	Effective (date):	<input type="text"/>
Full Name:	<input type="text"/>	CDL #:	<input type="text"/>	Effective (date):	<input type="text"/>

### Exclusion / Removal (Dar de Baja)

Complete the area below. Indicate the Full Name (Last Name, First Name, Middle Initial), complete Commercial Driver's License Number, and the effective **Date of Removal** from the DOT Compliance Program.

Full Name:	<input type="text"/>	CDL #:	<input type="text"/>	Effective (date):	<input type="text"/>
Full Name:	<input type="text"/>	CDL #:	<input type="text"/>	Effective (date):	<input type="text"/>
Full Name:	<input type="text"/>	CDL #:	<input type="text"/>	Effective (date):	<input type="text"/>
Full Name:	<input type="text"/>	CDL #:	<input type="text"/>	Effective (date):	<input type="text"/>
Full Name:	<input type="text"/>	CDL #:	<input type="text"/>	Effective (date):	<input type="text"/>

By submitting this form to J2 Laboratories, I am indicating that I have full authority to request the changes indicated above.

Signed By \_\_\_\_\_ Date \_\_\_\_\_

Submit this form via fax to: (520) 690-7386