



# 2008 DOT Compliance Program Registration

Corporate: 3640 N. 1st Ave., Ste. 130 \* Tucson-AZ 85719 \* Toll-Free (877) 690-7385, Fax (520) 690-7386

Company:

US DOT #

Mailing Address:

**Regulated by:**

City & State:

FMCSA

Zip Code:

FAA

Designated Employer Rep:

**Select DOT Random Selection Program:**

E-mail Address (REQUIRED):

Consortium (less than 12 employees)

Phone:

Private Pool (12 employees minimum)

Fax:

**Complete the area below. Full name (Last Name, First Name, Middle Initial), complete Commercial Driver's License Number, and Date of Hire are all required. To indicate that the Employee has a Pre-employment drug test on file, please click on the "Pre-Emp" checkbox.**

Pre-Emp

Full Name:

CDL #:

Hired:

Pre-Emp

Full Name:

CDL #:

Hired:

Pre-Emp

Full Name:

CDL #:

Hired:

Pre-Emp

Full Name:

CDL #:

Hired:

Pre-Emp

Full Name:

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Full Name:

CDL #:

Hired:

Pre-Emp

Full Name:

CDL #:

Hired:

Pre-Emp

Full Name:

CDL #:

Hired:

Completed by:

Date: