

# DRUG FREE TRANSPORTATION ALLIANCE

## **\*\*IMPORTANT\*\***

This form **MUST** be completed immediately upon DOT employee hire or termination and faxed to **(541) 789-4724**,  
OR mail to the address at the bottom of this page attention Employer Services.

Company \_\_\_\_\_ Today's date \_\_\_\_\_

Company rep \_\_\_\_\_ Phone \_\_\_\_\_

Company rep email address \_\_\_\_\_

## Driver Enrollment/Termination Form—Driver Information

Name \_\_\_\_\_

SS# \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

DOT Medical Exam Certificate expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of pre-employment drug test \_\_\_\_\_ Location \_\_\_\_\_

Hire date \_\_\_\_\_ **OR** Termination date \_\_\_\_\_

## Driver Enrollment/Termination Form—Driver Information

Name \_\_\_\_\_

SS# \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

DOT Medical Exam Certificate Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of pre-employment drug test \_\_\_\_\_ Location \_\_\_\_\_

Hire date \_\_\_\_\_ **OR** Termination date \_\_\_\_\_

