

ALL ABOUT TRUCKS

Random Drug & Alcohol Program Remove A Driver

Company Information

COMPANY NAME

DOT NUMBER

Driver To Be Removed From Consortium

FIRST NAME

LAST NAME

DATE OF BIRTH (MM/DD/YYYY)

TERMINATION DATE

Reason for Removal

- DRIVER NO LONGER WORKS WITH THE COMPANY
- DRIVER WILL CONDUCT RANDOM TESTING UNDER HIS OWN AUTHORITY NOW
- DRIVER IS GOING ON VACATION OVER 60 DAYS AND WILL RE-ENLIST IN RANDOM AFTER RETURN
- OTHER: _____
- _____
- _____

Acknowledgment

I understand that every driver employed by my company must be enrolled in random drug and alcohol testing program. By removing the above driver(s) from my random program membership with All About Trucks, I acknowledge that the driver(s) are either no longer with my company or are conducting random testing under their own authority. I understand that commencing this day, All About Trucks, Inc. will not be responsible for any random testing process.

NAME (LAST, FIRST)

SIGNATURE

DATE