

# REQUEST

## MEMBERSHIP TERMINATION



### MEMBERSHIP PERIOD: 2015

This is an official request for termination of Random Drug & Alcohol Consortium membership with *All About Trucks, Inc*

By completing this form you are acknowledging the following:

- 1- YOU ARE IN POSITION TO MAKE LEGAL-BINDING DECISIONS FOR YOUR COMPANY
- 2- YOU ARE WILLINGLY CHOOSING TO TERMINATE YOUR MEMBERSHIP
- 3- YOU HAVE BEEN INFORMED ABOUT THE CONSEQUENCES OF NOT BEING PART OF A DOT-REGULATED CONSORTIUM

Your **request for membership termination** will **NOT** be submitted if you do not complete the entire application below.

### TERMINATION REQUEST APPLICATION

COMPANY NAME: \_\_\_\_\_ DOT #: \_\_\_\_\_

NAME OF PERSON COMPLETING THIS REQUEST: \_\_\_\_\_ POSITION IN COMPANY: \_\_\_\_\_

REQUESTED DATE OF TERMINATION: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

REASON FOR TERMINATION (eg: too expensive, bad service): \_\_\_\_\_

### TERMS AND CONDITIONS

IN ORDER TO TERMINATE YOUR MEMBERSHIP, PLEASE **CHECK MARK** THE FOLLOWING, INDICATING YOUR UNDERSTANDING AND AGREEMENT TO THE FOLLOWING TERMS.

- I understand that by DOT 49 Code of Federal Regulations (CFR) Part 40, the Office of Drug & Alcohol Policy & Compliance (ODAPC) ALL trucking companies must enlist CDL drivers in a Random Drug & Alcohol program, either an outside Consortium or self-regulated program.
- I understand that during an inspection, the DOT may request proof of membership for Random Drug & Alcohol Testing along with results for all tests dating up to 5 years back and that lack of compliance results in average fines by the DOT of \$2,730 for non compliance and \$5,340 for not conducting quarterly annual tests.
- I understand that four (4) times a year, 10% of my drivers need to go for an alcohol test and 50% for drug test if I conduct the random test myself and that I need to use DOT-regulated RANDOM software for the selections.
- I understand that after the "requested date of termination" All About Trucks, Inc will not be responsible for any tests completed while being a member of our consortium. If you need your test results you must request them along with this termination application by calling our company at 224 238 3155.

### ACKNOWLEDGMENT

THE REQUEST OF MEMBERSHIP TERMINATION WILL NOT BE ACCEPTED WITHOUT A VALID SIGNATURE OF AN AUTHORIZED PERSON FROM MEMBER COMPANY

PRINTED NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

**TO COMPLETE THIS REQUEST, PLEASE SEND THIS FORM TO US BY FAX, EMAIL OR MAIL**  
**ALL ABOUT TRUCKS, INC - ATTN: Membership Termination Department**  
**600 TOLLGATE RD, STE C, ELGIN IL 60123 | INFO@ALLABOUTTRUCKS.US | FAX: 224 238 3199**