TRANSLAB
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 TransLab, 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, TransLab will not be responsible for any random testing process.

_____
NAME (LAST, FIRST)

_____
SIGNATURE

_____
DATE