



RANDOM DRUG POOL REGISTRATION

Complete the information below and sign and return to 855-281-2932.

Motor Carrier Information

Company Name _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

Email _____

DOT Number _____

Driver's Information

Drivers Name _____

Address _____

City, State, Zip _____

Phone _____

Cell Phone _____

Social Security Number _____

Date of Birth _____

CDL Number and State _____

Expiration date _____



RANDOM DRUG POOL REGISTRATION

Complete the information below and sign and return to 855-281-2932.

In signing this form, I agree to comply with the drug and alcohol testing requirements of 49 CFR Part 40 and 49 CFR Part 382.

Driver's Signature _____

Print Driver's Name _____ Date _____

Designated Employer Representative Information

(This must be someone other than the driver that we can give the information to)

Name _____

Address _____

City, State, Zip _____

Phone _____

In signing this form, I authorized Trucking Qualification Services, LLC to act as intermediary for the purposes of transmitting all drug and alcohol testing information under the circumstances contained in 40 CFR §40.345 and as allowed under the provisions of Appendix F to 49 CFR §40.

Motor Carrier's Signature _____

Print Driver's Name _____ Date _____