

ALL ABOUT TRUCKS

Random Drug & Alcohol Program: Add A Driver

COMPANY NAME _____ DOT # _____

Driver Information

FIRST & LAST NAME

PHONE NUMBER

SOCIAL SECURITY NUMBER

DATE OF BIRTH

ADDRESS

CITY

ZIP CODE

CDL #

STATE

CLASS

HIRE DATE

CDL EXPIRATION DATE

MEDICAL CARD EXPIRATION

SEX MALE
 FEMALE

Does driver need to complete pre-employment test?
Pre-employment tests are required before hiring a driver

YES NO

SELECT DATE FOR TEST

TEST LOCATION ZIP

SELECT A DATE & LOCATION CONVENIENT FOR YOUR DRIVER

Motor Vehicle Operation Options

- INTERSTATE NON-EXCEPTED** You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements
- INTERSTATE EXCEPTED** You are an Interstate excepted driver and do not meet the Federal DOT medical requirements
- INTRASTATE NON-EXCEPTED** You are an intrastate (driving within 1 state only) non-excepted driver and are required to meet the medical requirements for your state
- INTRASTATE EXCEPTED** You are an intrastate (driving within 1 state only) excepted driver and do not have to meet the medical requirements for your state driver and are required to meet the medical requirements for your state

To Be Completed by the Employer Requesting Add a New Driver

ADD DRIVER TOTAL DUE: \$30 x _____ = _____

DRUG TEST TOTAL DUE: \$80 x _____ = _____

PAYMENT INFORMATION:

NAME ON CREDIT CARD

CREDIT CARD NUMBER

EXPIRATION DATE

BILLING ZIP CODE

CVV CODE

I hereby authorize All About Trucks to charge the credit card indicated in this authorization form according to the terms outlined here. This payment authorization is for the goods and or services described in the provided invoice, for the amount indicated on it. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form and the invoice that I received.