Random Program: Membership Termination

Membership Period: 2022

This is an official request for termination of Random Drug & Alcohol Consortium membership with All About Trucks. 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	
NAME OF PERSON COMPLETING REQUEST	POSITION IN COMPANY
REQUESTED DATE OF TERMINATION	REASON FOR TERMINATION
Terms & Conditions	ving, indicating your understanding and agreement to the following terms.
I understand that by DOT 49 Code of Federal Regulations (CFI	R) Part 40, the Office of Drug & Alcohol Policy & Compliance (ODAPC) ALL ig & Alcohol program, either an outside Consortium or self-regulated program.
	proof of membership for Random Drug & Alcohol Testing along with results for e results in average fines by the DOT of \$2,730 for non-compliance and \$5,340
I understand that four (4) times a year, 10% of my drivers nee myself and that I need to use DOT-regulated RANDOM softwa	ed to go for an alcohol test and 50% for drug test if I conduct the random test are for the selections.
	Il About Trucks, Inc will not be responsible for any tests completed while being ou must request them along with this termination application by calling our
- Acknowledgment -	
FULL NAME	SIGNATURE
DATE	_



FAX: (224) 238-3199