



# 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