

# CMCI REGISTRATION FORM

Fax to 816-229-0518 or email to CMCI@OUIDA.COM

Call 800-288-3784 to ensure that the registration form has been received.

**MUST BE LEGIBLE & FILLED OUT ENTIRELY TO BE PROCESSED. USE BLACK INK.**

<b>Company Info</b>	<b>Motor Carrier Information:</b>	Membership # _____
	Company Name	_____
	Company Address	_____
	City _____ State _____ Zip _____	
	Phone # _____	Cell Phone # _____
	Email _____	FAX # _____

<b>Driver Info</b>	<b>Driver Information:</b>	Membership # _____
	Driver Name	_____
	Mailing Address	_____
	City _____ State _____ Zip _____	Email _____
	Home phone# _____	Cell Phone # _____
	Social Security # _____	Date of Birth _____
	Does this driver hold a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	This driver is an : <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Leased Owner-Operator <input type="checkbox"/> Hired Driver/Contract	
	If Owner Operator/Leased Driver. # Trucks owned? _____ Own Trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has driver ever tested positive OR refused a controlled substance screen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, did driver complete Return to Duty Process? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES. can driver provide SAP/Return to Duty information to the Motor Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p><b>By signing this form, I certify that I have never tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which I have applied for, but was not hired during the previous two years. Or, if I have tested positive or refused, I have provided documentation to the motor carrier showing I am eligible to drive. I also agree to comply with the drug and alcohol testing requirements of 49 CFR Part 40 and 49 CFR Part 382. I also understand that a drug and or alcohol test will be performed at any time and manner required by the regulations and company policy.</b></p>		
Drivers Signature	_____	
Drivers Printed Name	Date: _____	

<b>DER</b>	<b>Designated Employer Representative Information (DER)</b>
	The DER will receive correspondence from CMCI regarding drug and/or alcohol testing, selection notices, results and has the authority to remove a driver from safety sensitive functions if the driver tests positive or refuses drug and or alcohol testing
	<b>Address where CMCI information is to be sent, if different from the Motor Carrier address:</b>
	Mailing Address _____
	City _____ State _____ Zip _____ Fax _____
<p><b>By signing this form, I authorize CMCI to act as the intermediary for the purpose of transmitting all drug and alcohol testing information under the circumstances contained in 49 CFR §40.345 and as allowed under the provisions of Appendix F to 49 CFR Part 40.</b></p>	
DER Signature _____	Phone # _____
Printed Name of DER _____	Date _____

<b>Pre-Employment Testing</b>	<b>Pre-employment drug test, In accordance with §382.301, Check the one box that applies:</b>
	1. <input type="checkbox"/> <b>I would like CMCI to set up the pre-employment drug test.</b> Pre-employment drug testing is an additional fee and is not included in the \$100 CMCI yearly random testing fee. Results will be provided directly to the DER. You <b>must</b> receive negative results before the driver performs safety sensitive functions. <b>Payment for the test will be collected by CMCI at the time test is scheduled.</b>
	2. <input type="checkbox"/> <b>I will set up the test on my own and send CMCI the results.</b> The DER or Company will set up and pay for the pre-employment drug screening at a facility of their choice that performs DOT regulated drug screenings. You <b>must</b> receive negative results before the driver performs safety sensitive functions. <b>Payment will be collected by the facility.</b>
	3. <input type="checkbox"/> <b>I have received written verification from my driver's previous company and he/she qualifies for the pre-employment exceptions and does not need a pre-employment test at this time.</b> Examples of written proof include verification from driver's previous employer that the driver has not been out of a random program for more than 30 days (from date of employment application) <b>AND</b> was drug tested within the previous 6 months <b>OR</b> was continuously enrolled in a random program for the previous 12 months.
<b>***Additional fees may apply for any test with a POSITIVE result.***</b>	