

CMCI DRIVER REGISTRATION FORM

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

Call 800-288-3784 to pay for CMCI and set up the Pre-Employment test if necessary.

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

Company Info	Membership #		
	Company Name		
	Company Owner Name		
	Company Address		
	City	State	Zip
	Phone number		
	Driver Info	Driver's License #	State Issued
Driver's Full Name			
Mailing Address			
City		State	Zip
Phone#		Alt Phone #	
Social Security #		Date of Birth	
Does this driver hold a CDL?		Yes	No
This driver is an :		Leased Owner-Operator	Hired Driver/Contract
If Owner Operator/Leased Driver. # Trucks owned? _____		Own Trailer?	Yes No
Has driver ever tested positive OR refused a controlled substance test?		Yes	No
If YES, did driver complete Return to Duty Process?		Yes	No
If YES. can driver provide SAP/Return to Duty information to the Motor Carrier?		Yes	No
Would you like CMCI to set up a Pre-Employment drug screen for this driver?		Yes	No