



Rhode Island Trucking Association Enrollment



Date: _____

Company Name: _____

Street Address: _____

City _____ State _____ Zip _____

P.O. Box (if available): _____ City _____ State _____ Zip _____

Designated Company Rep (DER):

DER Email:

DER Phone #: _____

Fax #: _____

Additional Contact (if any):

Email:

Additional Contact Phone #: _____ Fax # _____

PROGRAM SELECTIONS:	DOT	<input checked="" type="checkbox"/>	
	NON-DOT	<input type="checkbox"/>	
TESTING AUTHORITY:	FMCSA	<input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>
	PHMSA	<input type="checkbox"/>	
NUMBER OF DOT EMPLOYEES:	_____		
DATE TO BEGIN RANDOMS:	_____		

Random Selections, Test Results, and All Notifications to be sent by:

Email (Preferred)

Website

Mail *Only as last resort*

RANDOM LIST (Attach page if additional space is needed)

Employee Name	License # and State	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____

> A \$50.00 Registration Fee is due at the time of enrollment and annual renewal.

> Maintenance of RITA membership is requisite to participate in testing consortium.