



Fleet Screen

Date: _____

RHODE ISLAND TRUCKING ASSOCIATION, INC. (RITA) - ENROLLMENT

**Please note that there is a \$50.00 Registration fee due at the the time of enrollment.*

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

NON-DOT

TESTING AUTHORITY: FMCSA

OTHER

PHMSA

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 (Full SSNs Required):

Employee Name	SSN
_____	_____
_____	_____
_____	_____
_____	_____

If Additional Space Needed, please attach Excel or Word document (editable)