



# Fleet Screen

Date: \_\_\_\_\_

## Rhode Island Trucking Association (RITA) - ENROLLMENT

*Please note that there is a \$50.00 Registration fee due at 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	<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 (Full SSN's Required):

Employee Name	License No. & State	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If additional space is needed, please attach a page.*