

# NorthAmerican Transportation Association Inc

9120 Double Diamond Parkway, Suite 346  
Reno, NV 89521  
Tel: 800-805-0040 Fax: 800-810-6998  
[www.ntassoc.org](http://www.ntassoc.org)

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

NTA ID # [To be issued] \_\_\_\_\_

## Driver/Applicant Registration

**Please Print- Every Line must be Completed**

**For Faster Service- Always PRE-REGISTER the person by FAXING IN this REGISTRATION FORM to 800 810-6998 or local California (562) 279-0566 before the Person goes to the Collection Site. Due to FMCSA Clearinghouse Regulations, please include a copy of Drivers License.**

- Program I – Single person       Program II – Fleets of two or more  
 Pre – Employment Test      Add to Program Circle:    YES or No

**ONCE A DRIVER IS REGISTERED NO REFUNDS/CREDITS ARE GIVEN**

**NOTE: US DOT regulations state that Each Applicant must have two hours of documented training in both Drugs and Alcohol . An Official Driver Compliance Training Book will be automatically billed at the rate of \$18.95 and sent to the company unless you opt out. WE WILL NOT BE RESPONSIBLE FOR ANY FINES.**

**Our company does not need the training book.**

## Driver/Applicant Information

**Query Request Circle:**    YES or    NO ( If NO Selected This Advises Query is Complete Non Needed)

NTA is not responsible for any violations or fines incurred in reference to the Clearinghouse Regulations. This includes outside Query or Reporting and/or Drug Test conducted prior to the Pre-Employment Query.

**If Yes Check Query Type:**    1-Limited    2-Full    3-Pre-Employment    4-Limited W/Auto Consent

**Full Name as shown on License :** \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Driver Lic \_\_\_\_\_ Class A    Class B    -    Class C Non-DOT Pool

Email \_\_\_\_\_

## **AUTHORIZATION**

With my signature, I hereby authorize the enrollment & drug test charge to the credit card on file with NTA and/or the billing to my company. I further authorize adding the above individual to the applicable NTA Program and agree to participate and abide by the Federal Regulations, as well as the NTA applicable rules, policies and procedures.

DER Name: \_\_\_\_\_ Tel No: \_\_\_\_\_

Company \_\_\_\_\_ US DOT No. \_\_\_\_\_ NTA Co ID # \_\_\_\_\_

Address/City/State \_\_\_\_\_