

# NorthAmerican Transportation Association Inc

2533 N Carson St, Suite 346  
Carson City, NV 89706  
Tel: 800-805-0040 Fax: 800-810-6998

[www.ntassoc.com](http://www.ntassoc.com)

\*\*\*\*\*

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.**

**Program I – Single person**       **Program II – Fleets of two or more**

**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 \$17.95 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**

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

Address \_\_\_\_\_

City/State/Zipcode \_\_\_\_\_

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

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

## **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 NTA Consortium Pool and agree to participate and abide by the Federal Regulations, as well as the NTA consortium rules, policies and procedures.

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

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

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