

# CMCI DRIVER REGISTRATION FORM

Fax to 816-229-0518 or email to CMCI@OUIDA.COM

Call 800-288-3784 to pay for CMCI and set up the Pre-Employment test if necessary.

**MUST BE LEGIBLE & FILLED OUT ENTIRELY TO BE PROCESSED. USE BLACK INK.**

Company Info	Membership #		
	Company Name		
	Company Owner Name		
	Company Address		
	City	State	Zip
	Phone number		
Driver Info	Driver's License #	State Issued	Membership #
	Driver's Full Name		
	Mailing Address		
	City	State	Zip
	Phone#	Alt Phone #	
	Social Security #	Date of Birth	
	Does this driver hold a CDL?		Yes No
	This driver is an :      Leased Owner-Operator      Hired Driver/Contract		
	If Owner Operator/Leased Driver. # Trucks owned? _____		Own Trailer?    Yes    No
	Has driver ever tested positive OR refused a controlled substance test?		Yes    No
	If YES, did driver complete Return to Duty Process?		Yes    No
	If YES. can driver provide SAP/Return to Duty information to the Motor Carrier?		Yes    No
	Would you like CMCI to set up a Pre-Employment drug screen for this driver?		Yes    No