



Date: _____

RHODE ISLAND TRUCKING ASSOCIATION, INC. (RITA) - 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 type="checkbox"/>	
	NON-DOT	<input type="checkbox"/>	
TESTING AUTHORITY:	FMCSA	<input 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 result*

RANDOM LIST (Full SSNs Required):

Employee Name	SSN
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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