



**SAFETY CONSULTANTS, INC.**

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# CONSORTIUM DRIVERS LIST

ACCT NUMBER	COMPANY NAME				DATE
	DRIVER'S FULL NAME	LICENSE NUMBER	ISSUING STATE	LICENSE CLASS	ADD OR DELETE
A = Class A    B = Class B    B/P = Class B with Passengers    C/H = Class C with Hazardous Materials Endorsement C/S = Class C with Special Certificate    C/P = Class C with PUC Permit issued					
TOTAL DELETIONS: _____ <small>(NO CHARGE)</small>		TOTAL ADDITIONS: _____ <small>(X \$25)</small>		AMT DUE: \$ _____	

    X      
**SIGNATURE    (REQUIRED)**

    (   )      
**PHONE NUMBER**

FMCSR 382.301 "Prior to the first time a driver performs safety-sensitive functions for an employer, the driver shall undergo testing for controlled substances as a condition prior to being used." "No employer shall allow a driver, who the employer intends to hire or use, to perform safety-sensitive functions unless the employer has received a controlled substances test result from the MRO or C/TPA indicating a verified negative test result for that driver."

**FOR OFFICE USE ONLY**  
**ENTERED BY:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_