

# CJ Cooper & Associates

## New Company Sign-Up Sheet



DATE: \_\_\_\_\_

Contact: Sheryl Phelps [sheryl@cjcooper.com](mailto:sheryl@cjcooper.com)  
Phone: 319-377-5373

COMPANY NAME: \_\_\_\_\_

CDL Driver

DER/ Safety Contact: \_\_\_\_\_

Attach separate sheet

Address: \_\_\_\_\_

NEED: Driver Name

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

DL #

Cell: \_\_\_\_\_

State of Issuance

E-mail: \_\_\_\_\_

BILLING NAME/EMAIL/PHONE: \_\_\_\_\_  
\_\_\_\_\_

**Type of Testing NEEDED** \_\_\_\_\_ DOT \_\_\_\_\_ NON (pre-employment, post-accident, etc)  
Number of Employees: \_\_\_\_\_ DOT \_\_\_\_\_ NON

Drug and Alcohol Testing Policy Needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you want customer portal set-up for test results, manage random list, etc. \_\_\_\_\_ Yes \_\_\_\_\_ No

What **Collection Sites** do you use? \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**RANDOM POOL:** DOT \_\_\_\_\_ NON-DOT \_\_\_\_\_

PUT IN CONSORTIA \_\_\_\_\_ (with other companies) or Stand Alone \_\_\_\_\_

Frequency of Pulls \_\_\_\_\_ % or Number of employees pulled \_\_\_\_\_

EMC Policy # \_\_\_\_\_ should look like (2H22222)

**FMCSA Clearinghouse** Do you want CJ Cooper to manage your FMCSA Clearinghouse: Y or N  
Do you need help getting registered? Y or N

### **Background Checks**

Do you want us to do background Checks? Y or N

NOTES: (special requests, etc.)