

**MEMO OF AGREEMENT****SET-UP A NEW COMPANY**

<b>LEGAL or COMPLETE</b> Business Name - Include INC, LLC, etc.		
Your trucks drive:	<input type="checkbox"/> In state ONLY	<input type="checkbox"/> Inside and Outside your state
Complete MAILING Address		
Complete Delivery (UPS) Address		
Telephone Number – Business		
Telephone Number – Cell		
Telephone Number – Home		
FAX Number		
Email address		
Business OWNER		
Business Secretary or Contact		
<b>CHECK SERVICES THAT YOU AGREE TO HAVE JOHNSON DOT SERVICES PERFORM</b>		
Driver Compliance File	YES - Set-Up and Maintenance – <b><u>DOT REQUIRED</u></b>	NO
ANY employees “Seasonal”?	YES	NO
Drug & Alcohol Testing	YES - Random Testing – <b><u>DOT REQUIRED</u></b>	NO
Driver Log Auditing	YES - Send logs to Johnson DOT Services monthly or bi-monthly.	NO
Fuel Tax Reporting	YES - Send documents AS SOON AS POSSIBLE to avoid state late fees.	NO
Other Services:		

This agreement with Johnson DOT Services and you, the “Customer”, states that Johnson DOT Services will provide Department of Transportation (DOT) Compliance Assistance and Business Services as checked above.

The Customer recognizes that the law specifically requires the **EMPLOYER (Customer)** to be responsible for administration, including completion and maintenance of all files and compliance to all Federal Motor Carrier Safety Regulations and will hold harmless Johnson DOT Services for any fines for non-compliance to the Regulations.

This agreement may be amended at any time, in writing, executed between the Customer and Johnson DOT Services. Enrollment is on an annual renewal. Renewal invoices are due by the renewal date, the Customer is responsible for keeping their employee list current with Johnson DOT Services.

The Customer agrees to pay all invoices within 10 days of receipt of emailed receipt. Interest will be charged on overdue invoices.

**→RETURN SIGNED COPY TO JOHNSON DOT SERVICES←**

Johnson DOT Services, PO BOX 482, Calumet MI 49913

**REQUIRED INFORMATION - FOR DRUG & ALCOHOL PROGRAMS ONLY**

- If your company is seasonal, we must have the estimated dates that drivers are not working – this related directly to drug & alcohol testing.

Estimated Date of Seasonal "Layoff" MM/ DD \_\_\_\_\_

Estimated Date of Seasonal "Start-up" MM/ DD \_\_\_\_\_

- List each driver name and SS#:

Last Name	First Name	SS#	Driver/ CDL #
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**JOHNSON DOT**

**FOR DRIVER QUALIFICATION FILES**

- Complete the "Driver Data Collection and MVR Consent" forms for each driver. Johnson DOT Services will email to the provided email address.

**CREDIT CARD INFORMATION (if you prefer, call us with this information or make a payment under Enrollment Deposit on our webpage on the Services section):**

• Name as it appears on card: \_\_\_\_\_

• Card Number: \_\_\_\_\_

• Expiration Date (MM/YY): \_\_\_\_\_ Security Code: \_\_\_\_\_

Visa	Mastercard	Discover	American Express
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Request Filed by:

Signature

Name

Date

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