



Termination Record Revision Form
Fax Completed Form to 800-327-3784

The information in this section must match the record that is currently in HireRight's DAC Trucking database.

Customer Number: _____ Check if wanting notification upon completion.

Driver's Last Name/First Initial: _____

Social Security Number: _____

Record ID Number (if available): _____

Period of Service: Hire Date: _____ Termination Date: _____

List the changes you want to make to the above record.

<u>Change From:</u> _____ _____ _____	<u>Change To:</u> _____ _____ _____
<u>Additions:</u> _____ _____ _____	
<u>Deletions:</u> _____ _____ _____	

To add additional Accident details fill in the following fields.

Total number DOT Recordable Accidents: _____

Total number Non-DOT Accidents/Incidents: _____

DOT?	Date	City	State	# of Injuries	# of Fatalities	HAZMAT	Description Code(s) (Use up to 4)
<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any disputed employment codes, accident/incident numbers and/or drug/alcohol violations.

THE FOLLOWING MUST BE COMPLETED.

AN AUTHORIZATION SIGNATURE FORM MUST BE ON FILE BEFORE CHANGES CAN BE MADE.

Authorized by (signature): _____ Date: _____

Phone #: _____ Fax #: _____

E-mail Address: _____