



**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.**

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

**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: \_\_\_\_\_