# Georgia Construction Aggregate Association

## Dump Truck Professional (DTP) Certification Program

*Registration - Fill out completely and fax to GCAA at* ***(678) 473-0015***

Company Name: _____ Phone: _____

Company Contact: _____ Company Address:

Email Address: _____ _____

| Driver Name | Email* | CDL # | Years of Service w/ Current Company | Years Holding a CDL | Valid DOT Medical Card (Y/N) | Certified Drug Free (Y/N) | # of Moving Violations in Last 3 Years |
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*The email address is also the username for the purposes of the DTP program. If your driver does not have a valid email address, a username will be created for them by GCAA. Any communications made to program participants will also be shared with the company contact listed above.

As the owner of this company, I certify that all information provided is complete and accurate to the best of my knowledge.

Name (Print): _____ Signature: _____ _____ Date: _____