

SEA LINK®

ExpressPort Plaza
Building 1160, Unit 3
Elizabeth, NJ 07201

OFFICE HOURS:
MONDAY - FRIDAY
7:30 AM - 5:00 PM

PHONE: (908) 354-4044
FAX : (908) 355-0108

DRIVER TERMINATION FORM

The trucking company is responsible for notifying SEA LINK® when a driver is terminated or an ID card is to be voided. Print out and complete this form to revoke SEA LINK® authorization privileges for any driver currently registered under your SCAC and Fax to the number listed above. Termination will be confirmed via return FAX within one business day of receipt.

COMPANY NAME: _____

COMPANY SCAC: _____

COMPANY FAX: _____

	DATE	DRIVER NAME	SS#	SEALINK® ID
1				
2				
3				
4				
5				
6				

SEA LINK® IS NOT RESPONSIBLE FOR: Errors in information furnished to the trucking company; failure to furnish or update information by the trucking company; forgeries or misuse of the SEA LINK® ID card; failure of terminal operator's equipment or personnel; failure of the ACES system.

AUTHORIZED REP: _____ Date: _____
(Please Print Clearly)

AUTHORIZATION SIGNATURE: _____
(Signature required. Please print form, sign and fax.)

SEA LINK® Use Only

Termination Process	Time	By
Confirmation Process	Time	By