

Random Drug & Alcohol Enrollment

Company Infor	mation			
COMPANY NAME		DOT#		
COMPANY ADDRESS		CITY		ZIP CODE
Company Owner:				
	FIRST & LAST NAME		PHONE NUMBE	R
	COMPANY OWNER SIGNATURE		EMAIL ADDRES	s
Membership Ty	ype Selection			
Standard Memb	pership	TYP Pre	_{E 2} eferred Membershi	p
Company Fee	\$50 / year	Cor (FIRS	npany Fee	\$130 / year
Driver Fee	\$25 / year		/er Fee	\$130 / year
Drug Test Fee	\$60* / test		g Test Fee	FREE* / test
Alcohol Test Fee	e \$35 - 50* / test		ohol Test Fee	FREE* / test
DOT Reports	FREE	DO-	Γ Reports	FREE
Payment Infor		NEEDS TO I	IO FEE FOR RANDOM DRUG TES PAY FOR THE FOLLOWING: PRE LE SUSPICION, FOLLOW UP, AN	STING, BUT YOUR COMPANY STILL EMPLOYMENT, POST-ACCIDENT, ID RETURN TO DUTY TESTS.
CREDIT CARD NUMBER	1	NAME ON CA	RD	
EXPIRATION DATE	CVC CODE large the credit card indicated in this authorizatic	BILLING ZIP CODE	outlined here. This payment author	prization is for the goods and or
services described in the provide	d invoice, for the amount indicated on it. I certify nsaction corresponds to the terms indicated in the	that I am an authorized user of	this credit card and that I will not	
lotal Due:	OR STANDARD MEMBERSHIP: ! OR PREFERRED MEMBERSHIP: '		VERS	MBER OF DRIVERS
			NU	MIDER OF DRIVERS





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DRIVER DETAILS ENTER DRIVER INFORMATION BELOW. IF YOU HAVE MORE THAN 3 DRIVERS, DUPLICATE THIS PAGE.

PHONE NUMBER	
CITY	ZIP CODE
CDL EXPIRATION	MEDICAL CARD EXPIRATION
DATE FOR TEST	TEST LOCATION ZIP CODE
SELECT A DATE & LOCATION C	ONVENIENT FOR YOU
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