



Application Date: _____

CONTROLLED SUBSTANCE/ALCOHOL TESTING PROGRAM

By signing this application your company hereby agrees:

1. To pay **FLEETSCREEN** for services rendered by **FLEETSCREEN** or any service providers contracted by **FLEETSCREEN**
 2. To provide **FLEETSCREEN** with the names and addresses for delivery of specimen collection kits, if Company provides its own collection sites.
 3. To provide **FLEETSCREEN** with the information necessary to provide random drug testing services, if the company elects for such services by **FLEETSCREEN**
- To complete all required testing, if Company is federally mandated to test under USDOT drug testing regulations. Company understands that all random testing must be completed by the end of each selection cycle and releases **FLEETSCREEN** and **NHMTA** from Company's failure to complete such required testing.

PLEASE COMPLETE THIS FORM USING BLACK INK

Company Name: _____

Street Address: _____ PO Box (if available) _____

City: _____ State: _____ Zip: _____

Designated Company Representative (DER): _____ DER E-Mail: _____

DER Phone: _____ **DER Fax:** _____

****Membership begins upon receipt of payment. Please note any pre-employment or random test will need to be done in accordance with USDOT to remain in compliance with Federal and State regulations. Becoming a member of the VTBA consortium is only the first step in compliance with said regulations.****

PROGRAM SELECTIONS

Select type of random pool(s) you would like to set up

<input type="checkbox"/> FMCSA	<input type="checkbox"/> Other (FHA, FAA, USCG) Number of DOT employees: _____
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Please Note Collection Site Preference: _____ Address _____	
City: _____	State: _____ Zip: _____ Phone: _____ Fax: _____
Type of Service (choose only one): <input type="checkbox"/> LAB MRO <input type="checkbox"/> Full Service <input type="checkbox"/> SEND COC FORMS TO COLLECTION SITE	

RANDOM SELECTIONS AND TEST RESULTS TO BE MADE BY:

Please select **one** only Mail Secure website E- Mail Auto Fax (this insecure fax is not recommended)

RANDOM LIST

Employee Name	Social Security Number

If additional space is needed attach additional sheet

Please mail check along with this form to: PO Box 3898, Concord, NH 03302 You may call with credit card information and fax form to expedite processing to either:
(VT) Phone 802-479-1778 fax: 802-479-1395

Office Use Only

Date Contract Received: _____ If Transfer Provide Company Name _____ Notes:
Has Quarterly selection been drawn? Yes No