



**Alcohol & Drug Testing Program
COMPANY ENROLLMENT APPLICATION**

Please fill out all applicable areas of this form and mail with your enrollment fees to
Alcohol & Drug Testing Services, or fax application with credit card authorization to 707 588-8096.

CLASSIFICATION: DOT (26,000+ LBS) CA Number: _____ PUC (CHARTER/PASSENGER) FTA
 OTHER –DESCRIBE: _____

COMPANY NAME: _____ PHONE: _____
 PRINCIPAL OWNER(S): _____ FAX: _____
 MAILING ADDRESS: _____ MOBILE/PAGER: _____
 _____ EMERGENCY: _____
 PHYSICAL ADDRESS: _____

SUPERVISOR OR CONTACT: _____ PHONE: _____
 ALTERNATE CONTACT: _____ PHONE: _____

PRIME CARRIER (IF APPLICABLE) _____ CONTACT: _____
 MAILING ADDRESS: _____ PHONE: _____
 _____ FAX: _____

Has your company previously been enrolled in a Substance Abuse Program (consortium)? Yes No
 If "Yes" please provide the name: _____
 Have you provided "Supervisor Training"? Yes No If "NO" we provide a rental for \$25, would you like to be put on
 our waiting list? _____
 Are your drivers / employees seasonal? Yes No If "Yes" estimate the dates of operation: _____
 Would you prefer an Independent "Random Pool" (min. of 8), or in the ADTS Group Pool? Independent ADTS

- Please fill out a separate enrollment form for each Classification of Employees (i.e.: Commercial Drivers, Charter Party Drivers);
- Owner / Operators will need to fill out the Employee / Driver Profile.
- All new DOT employees must be added to your Random Pool and must be drug tested PRIOR to beginning employment.
- Random Testing Percentages will follow all Mandatory Compliance Guidelines unless otherwise specifically stated.

~ADTS~ Complete Program Fees

<input type="checkbox"/> Owner/Op: \$99.00	<input type="checkbox"/> 2 thru 5: \$89.00 Ea	<input type="checkbox"/> 6 thru 10: \$79.00 Ea.	<input type="checkbox"/> 11 - 19: \$65.00 Ea.
20 OR MORE CONTACT ADTS @ 800 457-5508 FOR QUOTE			

As an Authorized Representative of the above named company and with my signature, I hereby agree to participate in the ADTS~Alcohol & Drug Testing Services Substance Abuse Program as indicated. I agree to abide by all rules, policies and procedures of the program. I acknowledge that at anytime either party may cancel this contract with a thirty- (30) day written notice. I acknowledge enrollment in this program will expire 12 months from the date of this contract and that this contract will automatically renew on the next day following expiration unless notification in writing is received by ADTS prior to the expiration date. I understand I have thirty (30) days to review the ADTS~Alcohol & Drug Testing Services Compliance Package and if I am not completely satisfied, upon return of the complete package, I will receive a full refund of fees. I understand the entire contents of the ADTS~Alcohol & Drug Testing Services Substance Abuse Program is the sole property of ADTS and cannot be transferred or reproduced in any fashion without the express written permission of ADTS~Alcohol & Drug Testing Services.

Signature – Authorized Representative _____ Title _____ Date _____

Complete Reverse Side

**Drug & Alcohol Testing Program
EMPLOYEE/DRIVER PROFILE AND COMPANY SET-UP FORM**

Please complete form and return by fax or mail to ADTS

COMPANY NAME: _____

The information provided in this section will establish the protocol that ADTS will follow when reporting confidential test results to your company. Changes to this protocol must be made in writing.

CONFIDENTIAL DRUG TESTING INFORMATION TO BE REPORTED TO:		METHOD OF REPORTING CONFIDENTIAL TEST RESULTS:	
PRIMARY:		<input type="checkbox"/> Phone/Mail	_____
ALT 1:		<input type="checkbox"/> Secured Fax/Mail	_____
ALT 2:		<input type="checkbox"/> E-Mail/Mail	_____
		<input type="checkbox"/> Other:	_____
ADTS will always call immediately upon receiving a POSITIVE result.			

Signature: _____ Date: _____

As an authorized Representative of the above named company and with my signature, I acknowledge that the above protocol be established for my company when receiving confidential drug test results and further more that any changes to future protocol will be in the form of a written request to ADTS.

EMPLOYEES/DRIVERS ELIGIBLE FOR RANDOM SELECTION

We will accept your company employee profile list in lieu of our Employee / Driver Profile.

NAME	SS#	DRIVERS LICENSE #	DATE OF BIRTH	HOME TELEPHONE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

ADTS SERVICES INCLUDED IN PROGRAM

- Quarterly Compliance Package
- Certificate of Compliance
- 24-Hour Support Service
- Random Selection Program for Drug & Alcohol Testing
- MIS Reporting & Record Maintenance
- Random Urine Drug Screen, Collection, Analysis, MRO,
- GCMS Confirmation, if required
- Random Alcohol Testing (With Confirmation if DOT)
- Nationwide Collection Site Locations

ADDITIONAL SERVICES PROVIDED @ FEE SCHEDULE

- Pre-Employment Testing
- Post-Accident Testing
- Suspicion & Cause Testing
- Return-to-Duty & Follow Up Testing
- Reanalysis or Split Specimen Testing upon written notification
- Hair Testing
- Rapid Drug Screen Testing
- Saliva Alcohol Testing
- On-Site Testing