

**APPLICATION TO JOIN  
CONTROLLED SUBSTANCES/ALCOHOL TESTING PROGRAM**  
(FILL OUT AND RETURN WITH CHECK TO STATE TRUCKING ASSOCIATION)

ASSOCIATION DATA

APPLICATION DATE: \_\_\_\_\_

Check the State Trucking Association with which you are registered:

Maine  New Hampshire  Rhode Island  Vermont

CUSTOMER DATA

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

P O Box (if available) \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Contact Name \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email \_\_\_\_\_

Name, address and phone of Doctor/Clinic responsible for urine collections \_\_\_\_\_

Number of drivers for DOT collections \_\_\_\_\_ Others (if desired) \_\_\_\_\_

Will all employees be subject to testing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If answer to above question is yes, would you like random selection on all employees? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**DRUG TEST REPORTS:** Results may be reported by one of the following options. Please choose only one.

Automatic Fax with SS# only \_\_\_\_\_ (You will receive results as soon as available – donor name withheld)

Automatic Fax with Name and SS# \_\_\_\_\_ (You will receive test results as soon as available with donor name)

Fax on Demand \_\_\_\_\_ (You will receive a faxed notice that test results are available. Simply call the Fast Tracs System when convenient at 800-291-6579, use your password and prompt a fax.)

Email \_\_\_\_\_ Provide email address \_\_\_\_\_

Mail \_\_\_\_\_ Results will be mailed to you in an envelope marked “Personal and Confidential” (Not recommended for DOT due to the time sensitive nature of the results).

Voice Response is available with all of the above modes of reporting. Voice response is available 24 hours a day, 7 days a week by dialing 800-291-6579 entering your password and following the simple verbal instructions. Please choose your 4-6 digit password and enter it here - \_\_\_\_\_