



Application Date: \_\_\_\_\_

### CONTROLLED SUBSTANCE/ALCOHOL TESTING PROGRAM

#### SELECT THE STATE YOU WOULD LIKE TO BE REGISTERED

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 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 NHMTA 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

FMCSA       Other

Number of DOT employees: \_\_\_\_\_

Non-Regulated

Select annual percentage or specific number

Drug % \_\_\_\_\_ Alcohol % \_\_\_\_\_

Please Note Collection Site Preference: \_\_\_\_\_ Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Service (choose only one):  LAB MRO     Full Service     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 unsecure 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:  
(NH) Phone 603-415-8313 fax: 603-415-8334

#### Office Use Only

Date Contract Received: \_\_\_\_\_ Transfer:  YES    NO    If Transfer Provide Company Name \_\_\_\_\_

Notes: \_\_\_\_\_ Has Quarterly selection been drawn?     Yes     No