

APPLICATION

CDT-SERVICES

324 S. BLISS, DUMAS, TX 79029 PHONE: (806)-934-5571 FAX: (806) 934-5578

cdtservices@cs.com

Client

Name: _____

Physical

Address: _____ City: _____
State _____ Zip _____

Mailing

Address: _____ City: _____
_State _____ Zip _____

Phone: _____ Fax: _____

Previous Programs:

Date your previous anti-drug plan was implemented? _____

Date your previous anti-alcohol plan was implemented?

Type of Program:

_____ Federal Motor Carrier Safety
Administration _____ Research Special Projects Administration
(DOT program) (DOT program)

_____ Non-Dot Program _____ School Bus

_____ (Percent of Non-Dot Random Selection, etc. 25% or 50%)

The employees who perform safety sensitive functions in the pipeline area or who possess CDL license are regulated by the DOT, and should be enrolled in a DOT program. All other employees may be enrolled in the Non-DOT program.)

PRE-EMPLOYMENT TESTING

_____ I have DOT (FMCSA) drivers that have been employed over 1 year and I CHOOSE NOT to complete pre-employment testing.

_____ My DOT employees will need to complete DOT pre-employment testing.

_____ My DOT employees have been participating in a anti-drug/alcohol program. I have enclosed DOT pre-employment drug tests/results and statistical data.

Collection Services

Name of Clinic or Hospital that your company uses at the present time for physicals or drug and alcohol screening?

Name: _____

Phone: _____

Address: _____ S
tate: _____ Zip: _____

Contact Person(s):

Who will receive quarterly bulletins and update employee lists quarterly?

Name: _____

What media method may we use to send the above person quarterly bulletins?

Email: _____ Mail: _____

Who will receive the random selection list and be responsible for overseeing the completion of the random testing?

Name: _____ Phone: _____

Alt Phone: _____

PLEASE SEE NEXT PAGE

DRUG AND/OR ALCOHOL TESTING RESULTS

Who will be notified of positive and/or negative drug test results?

Name: _____ Phone: _____ Phone: _____

DOT ONLY! (RSPA AND/OR FMCSA) Results options: CHOOSE ONE OF THE FOLLOWING METHODS FOR RECEIVING (DOT) TEST RESULTS.

_____ EMAIL: If so, we will forward your e-mail address on to the MRO. You will receive e-mail from MRO Services with results when DOT tests are completed. Panhandle Employers Services will notify you by phone of positive results also to ensure awareness.

E-mail
address: _____

_____ FAX: This is an option for you if you have a secured (confidential) FAX line that positive drug test results may be faxed to anytime of the day or night. FAX
Number _____

The following method may be used with any of the above methods.

____ PHONE : You may call in to (806)934-5571 to receive results by phone. This may be handy if you travel frequently.

(These test results must be maintained in a locked filing cabinet with limited access.)

NON-DOT ONLY! Results options: CHOOSE ONE OF THE FOLLOWING METHODS FOR RECEIVING (NON-DOT) TEST RESULTS

____FAX: This is an option for you if you have a secured (confidential) FAX line that positive or negative drug test results may be faxed to anytime of the day or night . FAX Number_____

____PHONE: CDT SERVICES will call you with your pre-employment, post-accident, and positive test results.

(These test results must be maintained in a locked filing cabinet with limited access.)

Supervisor training

Who will be the personnel making the decisions as to whether an employee needs to be drug or alcohol tested for reasonable cause? Usually a supervisor, owner, foreman, or key personnel.

Name: _____
Title_____

Name: _____
Title_____

Company Representative Date

Referred
by: _____
