

**APPLICATION**  
**CERTIFIED DRUG & ALCOHOL TESTING**  
**418 E. 1ST STREET, DUMAS, TX 79029 806-934-5571 806-934-5578 FAX**  
**WWW.CDT-SERVICES.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  
(DOT program)

\_\_\_\_\_ Research Special Projects Administration  
(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: \_\_\_\_\_ State: \_\_\_\_\_ 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: \_\_\_\_\_

**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.

**WEB Notification:** If so, we will give you a user name and password. You can log on to <http://www.myecscreen.com> and receive your results at your convenience.. CDT 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 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: \_\_\_\_\_

SERVICES AVAILABLE

DOT DRUG COLLECTIONS.....45.00

NON-DOT DRUG COLLECTIONS.....40.00

ONSITE TESTING AVAILABLE

BREATH ALCOHOL DOT .....20.00

BREATH ALCOHOL NON DOT.....20.00

CONFIRMATION ALCOHOL TEST.....20.00

HAIR TESTING.....150.00

STEROID TESTING.....120.00

MVR REPORTS .....14.00

DNA TESTING.....250.00

DOT DRUG POLICY LETTER.....150.00

NON DOT POLICY LETTER.....150.00

YEARLY FEE FOR RANDOM POOL... 150.00

FIT TESTING ..... 35.00

ALL PRICES COMPLETE TURNAROUND  
YOU WILL NOT RECEIVE ANY LAB OR MRO  
BILLS. JUST ONE INVOICE FROM CDT SERVICES