

American Drug Testing Consortium – Enrollment Application / Agreement

Print this page and fill out the information

Date _____

Company Name _____ hereby
(if none, leave blank)

applies for membership in **American Drug Testing Consortium - for random selection drug & alcohol testing.**

Address _____ Email _____

City, State, Zip _____

Day Phone _____ Cell Phone _____ Fax _____

Designated Employee Representative (DER) _____
(Person to receive all correspondence)

Name of Applicant _____ Social Security # _____

If more than one applicant is enrolling, attach a list of names and Social Security #s. Put "See attachment" in place of name.

CDL Driver USCG Captain's License Holder Crew Member Aviation Service Non-DOT Other _____

For CDL Driver, U. S. DOT# _____ **For USCG**, State or U.S. Doc, Vessel # _____

Enclosed is \$60/person for the annual membership fee. I am also including one of the following:

(A) I have not had a drug test within the past six months. I need you to send me for one, so **I am including an additional \$65 for my pre-employment drug test.** (Initial alcohol tests not needed.)

(B) I have taken a drug test within the past six months so a pre-employment test is not needed. **I am including a copy of the test results signed by a Medical Review Officer (MRO).**

(C) I was a member of another random drug testing program during the previous twelve months, **I am including proof of my membership in the former group with this application.**

I/we understand that by joining this consortium and not refusing to be tested when selected, we meet the necessary requirements as listed in 46 CFR Parts 4, 5,16 & 49 CFR Part 40 & 14 CFR Part 120 for drug & alcohol testing for DHS, DOT, FMCSA, FTA, PHMSA & FAA. **This program will place us in full compliance with federal drug testing laws.** We further understand that continuous membership in the consortium will require an annual payment of the membership fee in addition to the charge that is in effect for testing and processing the sample whenever randomly selected. Current testing fees, as of this date, are \$65 for Random Drug Tests and \$45 for Random Alcohol Tests. All fees are subject to change.

If we change our mind about joining this consortium, we will receive back any membership fees paid if it is requested within 30 days of the date of this application. We further understand that we may request removal of our name from the consortium membership for any reason, at any time, by notifying American Drug Testing Consortium, or by not renewing our membership by the next January 1st of any year.

How did you hear about us? Google Yahoo Print Ad Other _____

Send, fax or email this application and (A), (B) or (C) above, along with your check, or credit card information to:
"American Drug Testing Consortium" 6279 Main Street, Trumbull, CT 06611 Phone & Fax 1-800-528-9075

For Credit or Debit Card payment, # _____ Expires _____

Visa or MasterCard only (Your card is secure with us.)

3-digit Security Code _____

Billing Name and Address on CC _____

(Please print clearly)