

Random Drug & Alcohol Program: Add A Driver

COMPANY NAME _____ DOT # _____

Membership Options **STANDARD MEMBERSHIP:** \$50 company fee + \$25 per driver + drug and alcohol test fees.
PREFERRED MEMBERSHIP: \$130 per driver. Random drug and alcohol test are free.

Select Membership Option STANDARD PREFERRED

Note: All your drivers must be under the same membership (if you want to add a driver to Preferred from Standard, you must move all drivers to Preferred).

Driver Information

FIRST & LAST NAME	PHONE NUMBER		
SOCIAL SECURITY NUMBER	DATE OF BIRTH		
ADDRESS	CITY	ZIP CODE	
CDL #	STATE	CLASS	HIRE DATE
CDL EXPIRATION DATE	MEDICAL CARD EXPIRATION	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

Does driver need to complete pre-employment test?
 Pre-employment tests are required before hiring a driver

YES NO

SELECT DATE FOR TEST TEST LOCATION ZIP
SELECT A DATE & LOCATION CONVENIENT FOR YOUR DRIVER

Motor Vehicle Operation Options

INTERSTATE NON-EXCEPTED You are an Interstate non-excepted driver and must meet the Federal DOT medical card requirements

INTERSTATE EXCEPTED You are an Interstate excepted driver and do not meet the Federal DOT medical requirements

INTRASTATE NON-EXCEPTED You are an intrastate (driving within 1 state only) non-excepted driver and are required to meet the medical requirements for your state

INTRASTATE EXCEPTED You are an intrastate (driving within 1 state only) excepted driver and do not have to meet the medical requirements for your state driver and are required to meet the medical requirements for your state

To Be Completed by the Employer Requesting Add a New Driver

<input type="checkbox"/> ADD DRIVER	STANDARD MEMBERSHIP TOTAL DUE: \$25 x _____ = _____	PREFERRED MEMBERSHIP TOTAL DUE: \$130 x _____ = _____
<input type="checkbox"/> DRUG TEST	TOTAL DUE: \$60 x _____ = _____	FREE RANDOM DRUG TESTS

PAYMENT INFORMATION:

NAME ON CREDIT CARD	CREDIT CARD NUMBER	
EXPIRATION DATE	BILLING ZIP CODE	CVV CODE

I hereby authorize TransLab to charge the credit card indicated in this authorization form according to the terms outlined here. This payment authorization is for the goods and or services described in the provided invoice, for the amount indicated on it. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form and the invoice that I received.