



# Random Drug & Alcohol Program: Add A Driver

COMPANY NAME \_\_\_\_\_ DOT \_\_\_\_\_

**Membership Options**     **STANDARD MEMBERSHIP:** \$70 company fee + \$30 per driver + drug and alcohol test fees.  
**PREFERRED MEMBERSHIP:** \$160 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 ☐ MALE

☐ 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

	STANDARD MEMBERSHIP	PREFERRED MEMBERSHIP
<input type="checkbox"/> <b>ADD DRIVER</b>	TOTAL DUE:    \$30 x _____ = _____	TOTAL DUE:    \$160 x _____ = _____
<input type="checkbox"/> <b>DRUG TEST</b>	TOTAL DUE:    \$70-80* x _____ = _____	<b>FREE RANDOM DRUG TESTS</b>

\*DRUG & ALCOHOL TEST PRICE VARY BASED ON LOCATION

### 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.