

Random Drug & Alcohol Enrollment

Company Information

 COMPANY NAME

 DOT#

 COMPANY ADDRESS

 CITY

 ZIP CODE

Company Owner:

 FIRST & LAST NAME

 PHONE NUMBER

 COMPANY OWNER SIGNATURE

 EMAIL ADDRESS

Membership Type Selection

 TYPE 1
Standard Membership

Company Fee	\$70 / year
Driver Fee	\$30 / year
Drug Test Fee	\$70* / test
Alcohol Test Fee	\$45* / test
DOT Reports	FREE

*DRUG & ALCOHOL TEST PRICE VARY BASED ON LOCATION

 TYPE 2
Preferred Membership

Company Fee	FREE
Driver Fee (Annual)	\$160 / year
Drug Test Fee	FREE* / test
Alcohol Test Fee	FREE* / test
DOT Reports	FREE

*THERE IS NO FEE FOR RANDOM DRUG TESTING, BUT YOUR COMPANY STILL NEEDS TO PAY FOR THE FOLLOWING: PRE-EMPLOYMENT, POST-ACCIDENT, REASONABLE SUSPICION, FOLLOW UP, AND RETURN TO DUTY TESTS.

Payment Information

 CREDIT CARD NUMBER

 NAME ON CARD

 EXPIRATION DATE

 CVC CODE

 BILLING ZIP 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.

Total Due:

 FOR STANDARD MEMBERSHIP: $70 + 30 \times \text{NUMBER OF DRIVERS}$

 FOR PREFERRED MEMBERSHIP: $160 \times \text{NUMBER OF DRIVERS}$
 NUMBER OF DRIVERS



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DRIVER DETAILS ENTER DRIVER INFORMATION BELOW. IF YOU HAVE MORE THAN 3 DRIVERS, DUPLICATE THIS PAGE.

FIRST AND LAST NAME		DATE OF BIRTH		<input type="checkbox"/> FEMALE
SOCIAL SECURITY #		PHONE NUMBER		
STREET ADDRESS		CITY	ZIP CODE	
CDL #	STATE	CLASS	CDL EXPIRATION	MEDICAL CARD EXPIRATION
DOES DRIVER NEED TO COMPLETE PRE-EMPLOYMENT TEST?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	DATE FOR TEST
<small>PRE-EMPLOYMENT TESTS ARE REQUIRED BEFORE HIRING A DRIVER</small>		<small>SELECT A DATE & LOCATION CONVENIENT FOR YOU</small>		
Motor Vehicle Operation Options				
<input type="checkbox"/> INTERSTATE NON-EXCEPTED You are an Interstate non-accepted driver and must meet the Federal DOT medical card requirements				
<input type="checkbox"/> INTERSTATE EXCEPTED You are an Interstate accepted driver and do not meet the Federal DOT medical requirements				
<input type="checkbox"/> INTRASTATE NON-EXCEPTED You are an intrastate (driving within 1 state only) non-accepted driver and are required to meet the medical requirements for your state				
<input type="checkbox"/> INTRASTATE EXCEPTED You are an intrastate (driving within 1 state only) accepted 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				

FIRST AND LAST NAME		DATE OF BIRTH		<input type="checkbox"/> FEMALE
SOCIAL SECURITY #		PHONE NUMBER		
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