

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

☐ TYPE 2
Preferred Membership

Company	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.

<input type="text"/>			<input type="text"/>		<input type="checkbox"/> FEMALE
FIRST AND LAST NAME			DATE OF BIRTH		<input type="checkbox"/> MALE
<input type="text"/>			<input type="text"/>		
SOCIAL SECURITY #			PHONE NUMBER		
<input type="text"/>			<input type="text"/>		<input type="text"/>
STREET ADDRESS			CITY		ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
CDL #	STATE	CLASS	CDL EXPIRATION	MEDICAL CARD EXPIRATION	
DOES DRIVER NEED TO COMPLETE PRE-EMPLOYMENT TEST?			DATE FOR TEST		
<input type="checkbox"/> YES <input type="checkbox"/> NO			TEST LOCATION ZIP CODE		
PRE-EMPLOYMENT TESTS ARE REQUIRED BEFORE HIRING A DRIVER			SELECT A DATE & LOCATION CONVENIENT FOR YOU		

Motor Vehicle Operation Options

- ☐ **INTERSTATE NON-EXCEPTED** You are an Interstate non-accepted 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-accepted 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

<input type="text"/>			<input type="text"/>		<input type="checkbox"/> FEMALE
FIRST AND LAST NAME			DATE OF BIRTH		<input type="checkbox"/> MALE
<input type="text"/>			<input type="text"/>		
SOCIAL SECURITY #			PHONE NUMBER		
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STREET ADDRESS			CITY		ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
CDL #	STATE	CLASS	CDL EXPIRATION	MEDICAL CARD EXPIRATION	
DOES DRIVER NEED TO COMPLETE PRE-EMPLOYMENT TEST?			DATE FOR TEST		
<input type="checkbox"/> YES <input type="checkbox"/> NO			TEST LOCATION ZIP		
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