FORENSIC
DRUG TESTING SERVICES, Inc.
73-700 Dinah Shore, B206, Palm Desert, CA 92211

* This submission replaces all previous submissions

Client Update &
D.E.R. Designations

CLIENT UPDATE FORM
- Person(s) with authority to remove employees & obtain test results -

Report all test results and information to:

Company's legal Name:

Site Name/DBA *(if any):*

Site/Terminal Address:
(City, State & ZIP)

Primary Contact *(DER):*   **Cell:**

Primary Contact E-Mail:

Alternate Contact (DER):   **Cell:**

Alternate Contact E-Mail:

WHO ELSE CAN GET EMPLOYEE LISTS, M.I.S. REPORTS & ORDER INSPECTION PACKAGES, BUT NOT RECEIVE TEST RESULTS or RANDOM SELECTIONS ?

Company Rep 1:   **Cell:**

Representative E-Mail:

Company Rep 2:   **Cell:**

Representative E-Mail:

RANDOM DRUG & BREATH ALCOHOL TESTING
- Site Specific Testing Protocols -

D.O.T. Annual Drug Testing Target:	**NO** D.O.T. Employees	75%	50%	Min. Rqd.
D.O.T. Annual Alcohol Testing Target:	**NO** D.O.T. Employees	75%	50%	Min. Rqd.
Non-DOT Drug Testing Target:	**NOT** Required	75%	50%	Min. Rqd.
Non-DOT Alcohol Testing Target:	**NOT** Required	75%	50%	Min. Rqd.
How often would you like us to conduct Random Testing?:		**Monthly**	**Bi-Month**	**Quarterly**
When do you want to _carve-out_ marijuana testing?:		**NEVER**	**Randoms**	**New Hires**
What test would you like to be your default?:	*Standard Lab*	*As Ordered*	*Other:*	

Submitter's PRINTED Name: **Submitter's Signature**   **Date**

Please e-mail completed form to: kevin@fdtsi.com....Thank you!