



Companies Legal Name:

DOT #:

Company DBA:

CA/MCP#:

Physical Address:

C.P.U.C. #:

Billing Address:

E-Mail:

PRIMARY D.E.R. - Authorized Contact:

OFFICE Phone:

CELL:

Fax:

Private E-Mail for Results *(Required)*:

ALTERNATE D.E.R. # 2:

OFFICE Phone:

CELL:

Fax:

Private E-Mail for Results *(Required)*:

TESTING DEFAULT PANEL

Pre-Employment Test Type:	Lab Based Urine & BAT	Lab Based Urine Only	Instant/POCT	HAIR
Random Test Type:	Lab Based Urine & BAT	Lab Based Urine Only	Urine & HAIR	HAIR
Random Test This Many Employees:		Every Month	Bi-Monthly	Quarterly
When shall we test for Marijuana/THC?	Yes, ALWAYS!	Only on Accidents & For Cause		

Special Requests/D.E.R. Comments:

Work/Job Site/Facilities
LIST ALL PRIMARY LOCATIONS WHERE YOUR EMPLOYEES WORK

Please list all terminal addresses/locations:

DOT #:

Terminal #:

**DOT-FMCSA REGULATED EMPLOYERS
C/TPA Designation**

Who would you like to designate as your DOT-FMCSA Clearinghouse C/TPA?:

What tasks would you like us to perform for you, automatically? Annual Query Pre-Hire Query RDT INFO

What Company Name should be listed on all Reports/Results?:

Certification Statement

I am authorized by the above Companies President/Board of Directors to make the above listed changes to our Company profile with Forensic Drug Testing Services, Inc. Changes shall be effective upon receipt.

SIGNATURE

Form Prepared by (Print Name)

Date Submitted