

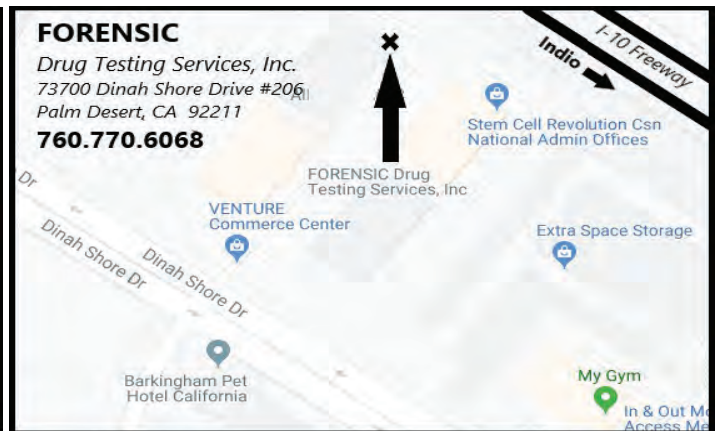


EMPLOYMENT DRUG TEST ORDER FORM

E-Mail to: results@fdtsi.com or Fax (760) 770-0806

COMPANY:	<input type="text"/>	Requesting DER:	<input type="text"/>
DONOR:	<input type="text"/>	CDL # & D.O.B.:	<input type="text"/> <input type="text"/>
Donor's SSN/ID:	<input type="text"/>	Collection Site:	<input type="text"/>
Deadline Date/Time:	<input type="text"/> <input type="text"/>	Reason for Test:	<input type="text"/>
Test Requested:	<input type="text"/>	Regulated by:	<input type="text"/>
In Random Pool?:	<input type="text"/>	Direct Observation?	<input type="checkbox"/> Yes <input type="checkbox"/> NO

D.E.R. Notes:



D.O.T. - F.M.C.S.A. DRUG & ALCOHOL CLEARINGHOUSE ORDER

The United States Department of Transportation, Federal Motor Carrier Safety Administration (DOT-FMCSA) now mandates employers to perform pre-paid "queries" into their CDL Drug & Alcohol Clearinghouse, once a year, on all regulated drivers and all new drivers, prior to placement. This can be found on the DOT website link at www.fdti.com, under Title 49 CFR Part 382.701-727.

If you need to conduct a "Full" Pre-Employment Query, please indicate your desired service below.

Driver's Legal Name (as shown on CDL):

Driver's License Number: **Issuing State:**

Driver's Date of Birth: **SSN/ID:**

Services Requested:

- Run Full Pre-Employment Query (Add \$15.00)
- HELP MY DRIVER Register** within your office (Add \$20.00)

- Run My Annual Limited Query of all my DOT-FMCSA Regulated Drivers on, or no later than, this date: (Add \$15.00 Each)