

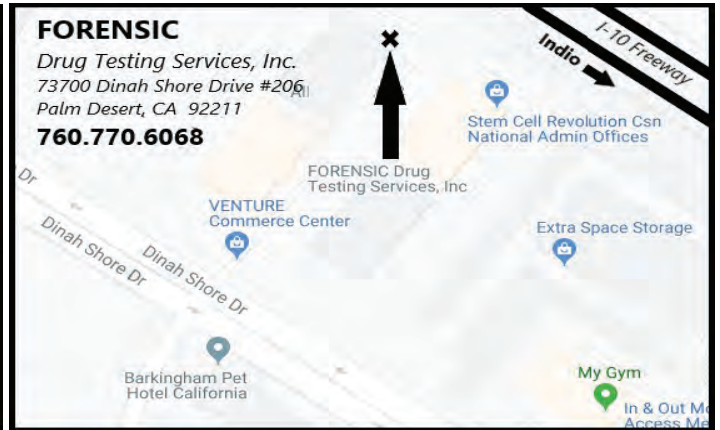
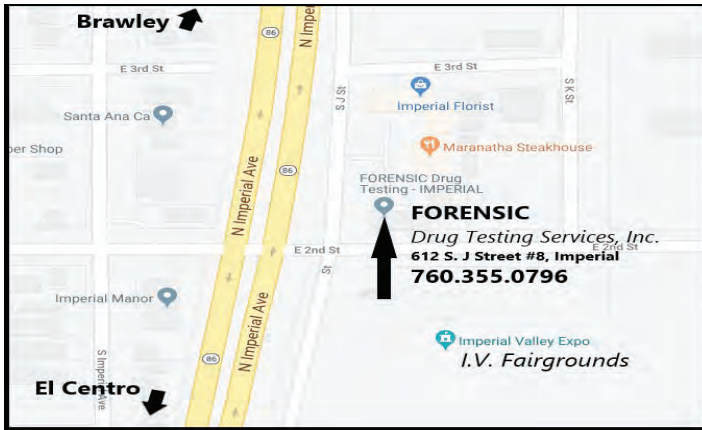


# DRUG TEST ORDER FORM

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

<b>COMPANY:</b>	<input type="text"/>	<b>Requesting DER:</b>	<input type="text"/>
<b>DONOR:</b>	<input type="text"/>	<b>CDL # &amp; D.O.B.:</b>	<input type="text"/> <input type="text"/>
<b>Donor's SSN/ID:</b>	<input type="text"/>	<b>Collection Site:</b>	<input type="text"/>
<b>Deadline Date/Time:</b>	<input type="text"/> <input type="text"/>	<b>Reason for Test:</b>	<input type="text"/>
<b>Test Requested:</b>	<input type="text"/>	<b>Regulated by:</b>	<input type="text"/>
<b>In Random Pool?:</b>	<input type="text"/>	<b>Direct Observation?</b>	<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](http://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)