



# DRUG TEST ORDER FORM

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

COMPANY:

Requesting DER:

DONOR:

CDL # & D.O.B.:

Donor's SSN/ID:

Collection Site:

Deadline Date/Time:

Reason for Test:

Test Requested:

Regulated by:

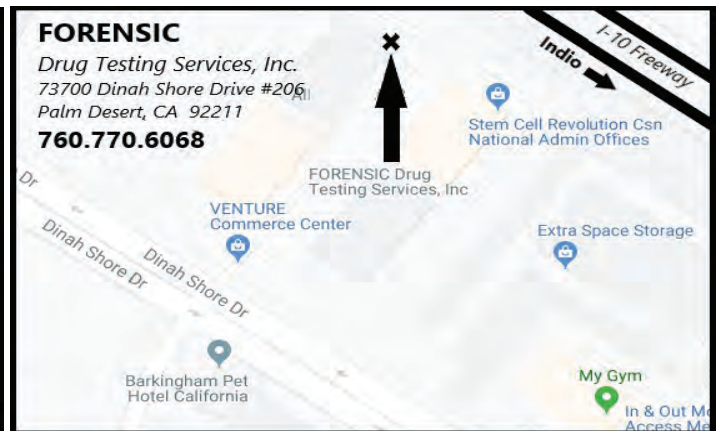
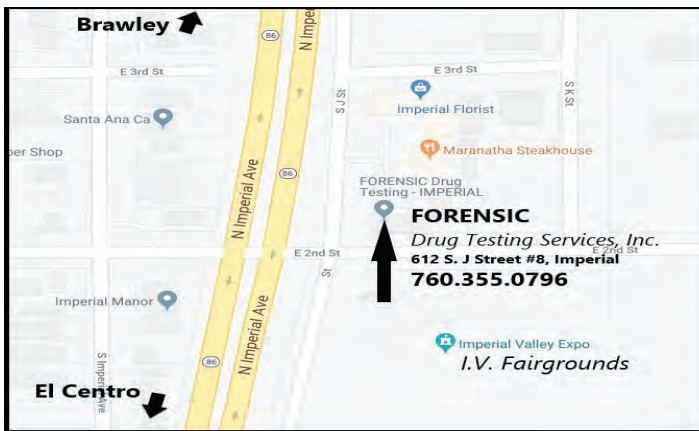
In Random Pool?:

Direct Observation? **Yes** **NO**

D.E.R. Notes:

PRINT

Clear Form



## 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 \$10.00)

Run My Annual Limited Query of all my DOT-FMCSA Regulated Drivers on, or no later than, this date: (Add \$10.00 Each)

**HELP MY DRIVER Register** within your office (Add \$20.00)