

**Client Data Sheet/Update Form
COMPANY PROTOCOL**

→ Companies Legal Name:	DOT #:
Billing Address:	CA/MCP#:
Billing E-Mail:	C.P.U.C. #:

→ Primary Designated Employer Representative:	Gets All Results	Schedules Randoms	Gets All Reports
Name:	E-Mail:	Phone:	
Additional Permissions/Restrictions:			

→ Alternate Designated Employer Representative:	Gets All Results	Schedules Randoms	Gets All Reports
Name:	E-Mail:	Phone:	
Additional Permissions/Restrictions:			

→ On-Site Point of Contact (Foreman):	Order Testing	Meets Collector	Gets All Reports
Name:	Cell:	E-Mail:	

TESTING PROTOCOLS

→ D.O.T. "Safety-Sensitive" Donors:	Current Amount of Covered DOT-FMCSA Drivers:			Test This Many Drivers Each Pull:		
Perform Random Pulls (Selections) Every:		Monthly	Bi-Monthly	Quarterly (min)		

→ Non-Regulated Donors:	- Pre-Employment Testing Mandate:					
Test All Job Applicants		Test Only Safety-Related Applicants		We <u>Don't</u> Perform Pre-Hire Testing		
- RANDOM Testing of "Safety-Related" Donors: Check here, if you don't perform Random Non-DOT Testing.						
Current Amount of Safety-Related Employees:			Test This Many People Each Pull:			
Perform Random Pulls (Selections) Every:		Monthly	Bi-Monthly	Quarterly (Min)		

**Non-D.O.T
MARIJUANA CARVE-OUT DIRECTIVE**

We want to test for Marijuana under all situations, **without fail**.
 We want to test for Marijuana, only under Reasonable Suspicion & Post Accident Situations.
 Knowing that Marijuana is still a prohibited substance under Federal Law, we **want it carved-out** under all circumstances.

**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