

→ PRIMARY D.E.R. - Authorized Contact:

OFFICE Phone:  CELL:  Fax:

Private E-Mail for Results (Required):

→ ALTERNATE D.E.R. - Authorized for Results:   \* Check this box if only one D.E.R. allowed

OFFICE Phone:  CELL:  Fax:

Private E-Mail for Results (Required):

→ BILLING CONTACT:  SAME AS D.E.R.  Invoice me  Set-Up Auto-Pay  Paying COD,

\* Complete Company TIN below \* 30 day Net, with agreement. \* Complete section below. \* Retail rates apply.

Full Name:  Office Phone:  Fax:

→ Company/Owner's T.I.N. (Tax ID # needed for Invoicing):


MAILING ADDRESS for Invoices & Results (include City, State & Zip):

E-MAIL Address for Invoices (Required or \$15 manual Invoice fee applies):

AUTO-Pay Billing Directive: Card Number:  Exp:  Code:

Checking Acct #:

Routing #:



→ D.O.T. & Regulated Employee Default Test Panel & Frequency: → D.O.T. Driver TOTAL:

D.O.T. Pre-Employment Test Type:  DOT Urine Drug Test ONLY  D.O.T. Urine with Breath Alcohol

D.O.T. Random Target:  100% per year  75% per year  50% per year  25% per year

D.O.T. Frequency:  Monthly  Bi-Monthly  Quarterly  Min Required

Company Intermediary - Our authorized service agent for all employer issues is:  Forensic Drug Testing Services, Inc. Kevin Odenbaugh, Pres & his Staff

Company C/TPA (Consortium) - Full access to our FMCSA Clearinghouse data is granted to:  Forensic Drug Testing Services, Inc. Kevin Odenbaugh, Pres & his Staff

→ NON - Regulated Employee Default Test Panel & Frequency: → Safety-Related TOTAL:

Pre-Employment Test Type:  10 Panel with Urine Alcohol  9 Panel Urine Drug ONLY

Random Target:  100% per year  75% per year  50% per year  25% per year

Frequency:  Monthly  Bi-Monthly  Quarterly  Min Required

I, the Designated Employer Representative (Primary D.E.R.), for the above listed Company, hereby give our directive and authorization for Forensic Drug Testing Services Inc. to receive all our drug & alcohol test results and information directly from the testing lab & MRO and process those results according to the above listed directive.

Furthermore, we registered our Company within the DOT-FMCSA Drug & Alcohol Clearinghouse, as required by Title 49 CFR Part 382.711(a) and have designated FORENSIC Drug testing Services, Inc. as our authorized C/TPA.

**If auto-Payment information is supplied above, the authorized card holder hereby agrees and authorizes FDTSI to automatically process any and all fees for services, as indicated by my signature below.**

**- This directive supersedes all previous directives. -**

→ Company Name  U.S. DOT #:  Date Submitted

MC #:

Prepared by (Print Name)  SIGNATURE

CA # or PUC #: