

ABOUT YOUR COMPANY

CO. NAME:		
BILLING ADDRESS:		
CITY:	STATE:	ZIP CODE
TELEPHONE:	FAX:	
FED TAX ID NUMBER:		
NUMBER OF EMPLOYEES:		
OWNER OR CONTRACTING MANAGER:		
ARE YOU FEDERALLY REGULATED FOR DRUG TESTING?		

DESIGNATED EMPLOYER REPRESENTITIVES (DER)

THE D.E.R.s ARE THE PEOPLE YOU AUTHORIZE US TO COMMUNICATE WITH REGARDING DRUG, ALCOHOL, AND MEDICAL TESTING AND THE RESULTS. HAVING AT LEAST 2 IS PREFERRED. ONE MUST BE REACHABLE 24-7-365. IN THE CASE OF AN OWNER/OPERATOR, DESIGNATING YOUR SPOUSE IS A COMMON CHOICE.

PRIMARY D.E.R.

NAME:		
WORK ADDRESS: (IF DIFFERENT)		
CITY:	STATE:	ZIP CODE
TELEPHONE:	FAX:	
EMAIL:		
POSITION:		

SECONDARY D.E.R.

NAME:		
WORK ADDRESS: (IF DIFFERENT)		
CITY:	STATE:	ZIP CODE
TELEPHONE:	FAX:	
EMAIL:		
POSITION:		

HOW WOULD YOU LIKE EMPLOYEES TRACKED:

- EMPLOYEE NUMBER SOCIAL SECURITY NUMBER

TO GET STARTED

Complete this form. Call with questions. We are here to help. Fax it to: (218) 740-2778.

Once we receive this form, we'll contact you to discuss the details of your needs. Once we know what you need, we'll take it from there - writing a contract and getting you set up to order services.

NEEDS

Please select your potential needs from us:

DRUG TESTING:

- DOT-REGULATED
 5-PANEL NON-DOT QUICK TESTS:
 10-PANEL NON-DOT QUICK TESTS:

BREATH ALCHOL TESTING:

- DOT-REGULATED
 NON-DOT REGULATED

DRUG TESTING ADMINISTRATION & RANDOM SELECTION:

- DOT
 NON-DOT
 DOT PHYSICALS
 PRE-PLACEMENT EXAMS
 WC INJURY EVALUATION & TREATMENT

Please, describe any specific needs below. If they are extensive, call for a phone consultation:

Task Force: Occupational Health & Drug Testing
 1705 Maple Grove Rd
 Duluth, MN 55811
 P: (218) 740-0168
 F: (218) 740-2778

IF YOU HAVE QUESTIONS ON THIS FORM, PLEASE CALL & ASK US: 218-740-0168