



CONTROLLED SUBSTANCE/ ALCOHOL TESTING PROGRAM

By signing this application your company hereby agrees:

1. To pay **DISA** for services rendered by **DISA** or any service providers contracted by **DISA**.
2. To provide **DISA** with the names and addresses for delivery of specimen collection kits, if your company provides its own collection sites.
3. To provide **DISA** with the information necessary to provide random drug testing services, if the company elects for such services by **DISA**.
4. To complete all required testing if company is federally mandated to test under USDOT drug testing regulations.

Company understands that all random testing must be completed by the end of each selection cycle and releases **DISA** and **VTBA** from a company's failure to complete such required testing.

Company Name: _____
Address: _____ **PO Box:** _____
City: _____ **State:** _____ **ZIP Code:** _____
Email Address: _____
Designated Employer Representative (DER): _____
DER Phone: _____ **DER Fax:** _____
DER Email: _____

Membership begins upon receipt of payment. Please note any pre-employment or random test will need to be done in accordance with USDOT to remain in compliance with Federal and State regulations. Becoming a member of the VTBA consortium is only the first step in compliance with said regulations.

PROGRAM SELECTIONS:

Select type of random pool(s) you would like to set up

FMCSA: **OTHER MODE:** _____

NUMBER OF DOT EMPLOYEES: _____

NON-REGULATED:

DRUG % _____ **ALCOHOL %** _____

Select annual percentage or specific number

PLEASE NOTE COLLECTION SITE PREFERENCE:

Collection Site: _____
Address: _____
City: _____ **State:** _____ **ZIP Code:** _____
Phone: _____

SEND COC FORMS TO COLLECTION SITE:

RANDOM SELECTIONS AND TEST RESULTS TO BE MADE BY: **MAIL:** **EMAIL:** **SECURE WEBSITE:** **FAX:**

EMPLOYEE NAME(S)

DRIVER'S LICENSE NUMBER

PLEASE MAIL CHECK MADE PAYABLE TO VTBA FORM TO: PO BOX 3898, CONCORD, NH 03302-3898

YOU MAY CALL WITH CREDIT CARD INFORMATION OR FAX FORM TO EXPEDITE PROCESSING:

PH: 802-479-1778 / FAX: 802-479-1395