

DRUG FREE TRANSPORTATION ALLIANCE

Client Registration Form—NON-DOT

Today's date _____ Number of employees _____

Company _____

Mailing Address _____

Street Address _____

City _____ State _____ Zip _____

Business phone _____ Secured voice mail? Yes No

Fax _____ Secured fax? Yes No

E-mail _____

Persons authorized to receive drug screen and breath alcohol test results:

Name _____ Day phone _____ Cell phone _____

Name _____ Day phone _____ Cell phone _____

Employee Enrollment

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____



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****IMPORTANT****

Please use this form to notify Employer Services of any hire or termination for any company NON-DOT employee by faxing us at **(541) 789-4724**, or mail to the address at the bottom of the page made to the attention of Employer Services.

Company _____ Today's date _____

Company rep _____ Phone _____

Name _____ SS# _____

Name _____ SS# _____

Name _____ SS# _____

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