

## Add Driver /Test Request Form

- Please complete one form for each driver being added.
- There are no refunds or transfers of driver memberships/screening
- If a drug screen is not completed before it's expiration date it must be purchased again before rescheduling.

Your Company \_\_\_\_\_ Today's Date: \_\_\_\_\_

### Choose one of the following options:

**Option 1: Set up a pre-employment drug screen only.** This employee will not be added to your program until you send us a form requesting they be added to your random drug program. Your card will be billed for the drug screen.

**Option 2: Adding a driver and requesting a pre-employment drug screen.** This employee will be added to your random drug program and your card on file will be billed for a drug screen. A fee schedule is available in the members area.

**Option 3: Adding a driver to your random drug program only-no drug screen.** They will be added to your random drug program. No drug screen will be set up.

### Driver Information:

(Fill out here exactly as it appears on their CDL): (Please print)

Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

CDL State \_\_\_\_\_ CDL Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Zip Code where we should set up pre-employment drug screen** \_\_\_\_\_

- Fill out payment authorization form on next page.
- **Email this form back to [Adddriver@mydrugtestingprogram.com](mailto:Adddriver@mydrugtestingprogram.com)**
- Once we receive your add driver form we will charge your card, set up a pre-employment drug screen (if that option is chosen), and add them to your employee roster (if that option is chosen).

Consult your members area to learn and get instructions and materials to be in compliance: <http://mydrugtestingprogram.com/members/>