

NEW ENGLAND TRANSPORTATION GROUP
CONTROLLED SUBSTANCE/ALCOHOL TESTING PROGRAM
RHODE ISLAND TRUCKING ASSOCIATION INC.

ASSOCIATION DATE:

Check the State Trucking Association with which you are registered
()RI ()ME ()NH ()VT (Non-Member) _____

CUSTOMER DATA:

Company Name : _____

Street Address: _____
(Need physical address to deliver chain of custody forms)

PO Box (If available) _____

CITY _____ STATE: _____ ZIP: _____

TELEPHONE No. () _____ FAX No. () _____

Name, address and phone # of Doctor/Clinic responsible for urine collections: _____

Number of drivers _____ Dot _____ Other(If Desired) _____

Will all employees be subject to drug testing? _____ Yes _____ No

If answer to above is yes, would you like random selection on all employees?
_____ Yes _____ No

**DRUG TEST REPORTS: RESULTS MAY BE REPORTED BY ONE OF THE FOLLOWING OPTIONS.
PLEASE CHOOSE ONLY ONE:**

Automatic Fax with SS# only _____ (You will receive results as soon as available and the donor name is withheld)

Automatic Fax with Name and SS# _____ (You will receive results as soon as available with the donor name)

Fax on demand _____ (You will receive a faxed notice that tests results are available. Simply call the Fast Tracs system when convenient at 800-291-6579, use your password and prompt for a fax.

Mail _____ Results will be mailed to you in an envelope marked "Personal and Confidential".
(Not recommended for DOT due to the time sensitive nature of results)

E-Mail _____ You will receive an e-mail that has a link to our Website to retrieve drug results.
Please PRINT your e-mail address _____

If you select Fax on demand, or e-mail a six digit "Pin Number" is assigned if your choice has already be chosen:
This is a security code which you will use to call the computer line. Enter the pin number: _____

Return this form and Registration Fee to: **Rhode Island Trucking Association**
660 Roosevelt Avenue
Pawtucket, R.I. 02860

Registration Fee: Member - \$50.00 Non-Member - \$100.00

IN ORDER TO REMAIN IN THE CONSORTIUM, TEST(S) MUST BE COMPLETED AS SOON AS POSSIBLE AFTER NOTIFICATION. FIALURE TO DO SO WILL BE CAUSE FOR CANCELLATION FROM THE PROGRAM

