



NHMTA SERVICES, INC.

CONTROLLED SUBSTANCE/ ALCOHOL TESTING PROGRAM

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

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: SECURE WEBSITE: EMAIL: FAX:

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.
5. To complete all random testing by end of each selection cycle and releases DISA and NHMTA Services from a company's failure to complete such required testing.
6. Owner operators are required to name a C/TPA in order to comply with the FMCSA Drug and Alcohol Clearinghouse requirement.

DISA/AWSI is the third-party vendor NHMTA uses to manage our Drug & Alcohol Testing Program. They are responsible for maintaining and updating the data-base of drivers and making random selections. They contract with laboratories, medical review officers along with collection sites for our program

Membership begins upon receipt of payment. All pre-employment or random test must be completed in accordance with USDOT to remain in compliance with Federal and State regulations and to remain a member of NHMTA.

Signature Date Print Name

PLEASE PROVIDE US WITH A LIST OF EMPLOYEE NAMES AND DRIVER'S LICENSE NUMBERS.

PLEASE MAIL CHECK, MADE PAYABLE TO NHMTA SERVICES, INC. WITH THIS FORM TO: PO BOX 3898, CONCORD, NH 03302-3898 YOU MAY CALL WITH CREDIT CARD INFORMATION OR FAX FORM TO EXPEDITE PROCESSING: PH: 603-224-7337 / FAX: 603-225-9361