

COMPANY NAME:

COMPANY MAIN OFFICE ADDRESS & PHONE #

**COMPANY DATA
FOR DRUG TESTS, PHYSICAL, AND WORKER'S COMP**

Company Name: _____

Mailing & Billing Address: _____

of Employees _____ Type of Business: _____

Contacts:

Physicals:

| Contact person | Phone # | Fax # |
|----------------|---------|-------|
|----------------|---------|-------|

Worker's Comp:

| Contact person | Phone # | Fax # |
|----------------|---------|-------|
|----------------|---------|-------|

Drug Screening:

DER _____

| Contact person | Phone # | Fax # |
|----------------|---------|-------|
|----------------|---------|-------|

MRO:

*******For Pre-Employment a DOT or NON DOT Drug Screen
(depending on driver's license) and DOT Physical is required.**

*******For Re-certification-only a DOT Physical is required.**

*******Please give the employee the physical card and make a copy of the card and
fax and/or mail it along with the physical to the fax number/address listed above for
physicals**