

Drug Free Business Membership Application

Hover your mouse over the boxes below
to get more detailed instructions



Company Name

Address

City

State

Zip

Key Contact:

Title:

e-mail:

Phone number:

Fax number:

Billing Address if different:

Billing Phone
if different:

Total number of employees

How many of these are
subject to DOT testing
requirements

Programs
needed

How would you prefer your
new membership information
sent?

How would you prefer to
receive testing results?

DOT Agencies - complete only
if your company has federally
mandated testing employees

FMCSA

FAA

FTA

Maritime

FRA

PHMSA (Pipeline)

We provide random selection
service at no extra charge. Do
you want random selections for
your DOT programs?

We provide random selection service at no
extra charge. Do you want random selections
for your non-DOT programs?

Name of Designated Employer
Representative (DER) to
receive confidential random
notices and test results

E-mail

Backup DER - recommended

E-mail

You can send your employee list(s) with SSN or employee ID to randomselections@drugfreebusiness.org or fax your list(s) to 425-488-0832

Would you like Employee Assistance
Program coverage for your company?

Can we send you the DOT/FMCSA
Supervisor Training software for
\$100 extra?

Are you interested in our low
cost employee background
screening?

Upon receipt of this application, Drug Free Business will invoice your company for the \$150 annual membership fee, and the training software (if applicable). Drug Free Business will contact you to setup your program and provide assistance and consultation including policy and procedure templates. All new members will receive the Drug Free Business membership packet, which includes sample policies and additional materials to help you create your drug-free workplace and/or stay in compliance with DOT testing regulations.

By completing this application, your company hereby acknowledges responsibility for payment in full of annual membership dues, and/or any services rendered. Cancellation of services or membership requires 30 days prior written notice.

**Please fax or send this form to Drug Free Business: 18912 North Creek Parkway, Suite 202, Bothell, WA 98011
Fax: 425-368-1567 Phone: 425-488-9755 or 800-598-3437**