



ENROLLMENT DOT/CDL DRUG TESTING PROGRAM

Administered by the Northeastern Retail Lumber Association

Company Name: _____ Date: _____

Address: _____

City: _____ State _____ Zip _____

Phone: () _____ Fax: () _____

Main contact for

Drug Testing Program: _____

Email: _____

**This individual is responsible for overseeing the program and receiving confidential test results.*

Secondary contact

(in case of absence of above person): _____

Email: _____

Drivers to be enrolled:

1. Name _____ SS# _____ / _____ / _____
2. Name _____ SS# _____ / _____ / _____
3. Name _____ SS# _____ / _____ / _____
4. Name _____ SS# _____ / _____ / _____
5. Name _____ SS# _____ / _____ / _____

If necessary continue on Pg. 2

<u>Annual Rates Per Employee</u>				
# of Employees:	<u>1-14</u>	<u>15+</u>	<i>Total to be enrolled:</i>	<i>Amount</i>
Enroll between Jan. & March pay:	\$50.00	\$40.00	_____ @ _____ = \$ _____	
<u>Pro-rated Rates Per Employee</u>			Administrative Fee (one time)	\$25.00
Enroll between April & June pay:	\$37.50	\$30.00	Total Amount Enclosed	\$ _____
Enroll between July & Sept. pay:	\$25.00	\$20.00	<i>Thank You!</i>	
Enroll between Oct. & Dec. pay:	\$12.50	\$10.00		

PLEASE MAKE CHECKS PAYABLE TO: NORTHEASTERN RETAIL LUMBER ASSOCIATION

Please mail form to:

NRLA

ATTN: Drug Test Admin

585 North Greenbush Rd., Rensselaer, NY 12144

Questions? Contact us at: drugtesting@nrla.org



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- 6. Name _____ SS# _____ / _____ / _____
- 7. Name _____ SS# _____ / _____ / _____
- 8. Name _____ SS# _____ / _____ / _____
- 9. Name _____ SS# _____ / _____ / _____
- 10. Name _____ SS# _____ / _____ / _____
- 11. Name _____ SS# _____ / _____ / _____
- 12. Name _____ SS# _____ / _____ / _____
- 13. Name _____ SS# _____ / _____ / _____
- 14. Name _____ SS# _____ / _____ / _____
- 15. Name _____ SS# _____ / _____ / _____
- 16. Name _____ SS# _____ / _____ / _____
- 17. Name _____ SS# _____ / _____ / _____
- 18. Name _____ SS# _____ / _____ / _____
- 19. Name _____ SS# _____ / _____ / _____
- 20. Name _____ SS# _____ / _____ / _____
- 21. Name _____ SS# _____ / _____ / _____
- 22. Name _____ SS# _____ / _____ / _____
- 23. Name _____ SS# _____ / _____ / _____
- 24. Name _____ SS# _____ / _____ / _____
- 25. Name _____ SS# _____ / _____ / _____
- 26. Name _____ SS# _____ / _____ / _____
- 27. Name _____ SS# _____ / _____ / _____
- 28. Name _____ SS# _____ / _____ / _____