



ENROLLMENT DRUG FREE WORKPLACE 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 _____

2. Name _____

3. Name _____

4. Name _____

5. Name _____

If necessary continue on Pg. 2

<u>Annual Rates Per Employee</u>				
# of Employees:	<u>1-14</u>	<u>15+</u>	Total to be enrolled:	Amount
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 _____
- 7. Name _____
- 8. Name _____
- 9. Name _____
- 10. Name _____
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- 27. Name _____
- 28. Name _____