



Northeastern Retail Lumber Association

Random Drug and Alcohol Testing Program

CDL DRIVERS Add/Delete Employee

Company Name: _____

Account Number: _____

**PLEASE KEEP THIS FORM FOR FUTURE USE.
FAX TO THE NRLA ANY NEW OR TERMINATED CDL DRIVERS
AS SOON AS POSSIBLE.**

First Name	Middle Initial	Last Name	Social Security #	CDL License #	State	Add / Delete Driver

All information containing social security numbers must faxed to:
Attention Drug Testing (518) 880-6367

Or mail to:

Northeastern Retail Lumber Association

Attn: Drug Testing Administrator
585 North Greenbush Rd.
Rensselaer, NY 12144

Questions? Please contact drugtesting@nrla.org.