

MMTA DRUG TESTING PROGRAM RANDOM ADDITION/ DELETION FORM



COMPANY NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (____) _____ FAX: (____) _____

CONTACT: _____ TITLE: _____

EMPLOYEE LIST (PLEASE TYPE OR FINE PRINT BELOW)

| Driver Name | Date of Birth | CDL License # | CDL State of Issuance | Addition | or Deletion |
|-------------|---------------|---------------|-----------------------|--------------------------|--------------------------|
| _____ | _____ | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
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*IF MORE SPACE IS NEEDED, PLEASE COMPLETE ON THE BACK OF THIS FORM.

