

**MMTA CONTROLLED SUBSTANCES  
TESTING PROGRAM APPLICATION  
(FILL OUT AND RETURN WITH PAYMENT)**



APPLICATION DATE: \_\_\_\_\_

Are you a member Maine Motor Transport Association?  
 YES       NO

**BASIC CUSTOMER DATA**

Company Name \_\_\_\_\_

USDOT Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

Fax Number (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person (Designated Employer Representative):

Print \_\_\_\_\_ Title \_\_\_\_\_

Please list your Preferred Collection Site(s): \_\_\_\_\_

- For multiple locations, please list them on the back of this application

My signature below represents our company's acceptance of the following terms:

1. To pay C/TPA, MMTA, or any service provider for services rendered as part of the program;
2. To update company information with MMTA and C/TPA if changes are made to address, contact, or other company information;
3. To add or delete drivers with C/TPA as employees are hired or terminate employment; and
4. To test as selected, prior to the end of each selection period and to release C/TPA and MMTA from any liability due to company's failure to complete required testing.

Signature \_\_\_\_\_

Preferred Method of Receiving Test results: (Circle One)

\_\_\_ E-Mail      \_\_\_ Web Site      \_\_\_ Fax      \_\_\_ Mail

Method of Payment: \_\_\_ check    \_\_\_ invoice (established accounts only)    \_\_\_ credit card (must call to process)

Make Check Payable to: MAINE MOTOR TRANSPORT ASSOCIATION  
P.O. Box 857  
Augusta, ME 04332-0857



# 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 NAMES AND *LAST FOUR NUMBERS* OF SOCIAL)

ADDITIONS

DELETIONS

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\*IF MORE SPACE IS NEEDED, PLEASE COMPLETE ON THE BACK OF THIS FORM.

