



ENROLLMENT APPLICATION – NATIONAL TRUCKERS

245 South 84th St., Suite 300 • Lincoln, NE 68510 • 800-288-8504
4500 S 129th E. Ave, #200 • Tulsa, OK 74134 • 800-331-9175

Please complete the following information and fax to USIS at 402-484-3144.

Your authorized signature below acknowledges full and complete acceptance of the legal terms and conditions set forth by USIS Commercial Services, Inc. and contained in the Alcohol and/or Drug Testing Services Agreement as displayed and as may be updated as necessary from time to time at the following website: <http://www.usis.com/terms/ServiceAgreement.htm> (password: usis_2006)

Contact name

Email _____
(required for online supervisor training & web based reporting)

Company name

Number of employees to be tested: _____

I plan to test employees that are under:
___ Federal Motor Carriers Safety Admin. (FMCSA-DOT)
___ Other modal (DOT Please specify _____)

Mailing address

Method of receiving results: (please check one)
___ Web Based (email required) ___ Email (email required)
___ Secured Fax (#) _____

Shipping address

City/State/ZIP

How did you learn about USIS?

_() _____
Telephone (include area code)

Are you a member of the National Truckers Association?
 Yes No

_() _____
Fax (include area code)

Member#: _____

Initial enrollment and drug testing fees

\$168 enrollment fee \$ _____
(Enrollment fee includes sample company policy CD and regulation book – except owner/operators, current screening accounts and joint enrollments)

On-line Supervisor Training Qty: _____ \$ _____
(supervisor training is not required for owner/operators)

Web Training With CD
(Per license/supervisor)

Web Training With Manual
(Per license/supervisor)

1 - 5	\$48.00
6 - 10	\$42.00
11 - 25	\$38.00

1 - 5	\$58.00
6 - 10	\$52.00
11 - 25	\$48.00

*Email required above for the online supervisor training.

Additional supervisor training student manuals for video or DVD \$6.00/ea Qty: _____ \$ _____

DOT Employee guide(s) \$3.95/ea Qty: _____ \$ _____

Subtotal \$ _____

Sales Tax: Add appropriate sales tax

Total enclosed \$ _____

You will be billed \$ 28.00 per drug test price includes: testing supplies, lab initial and GC/MS confirmation test, MRO services, blind sample submission and random drug and alcohol selections.

Please send me _____ DOT drug test supplies. I understand I will not be billed for until processed through the lab and MRO.

Method of payment: ___ Check payable to USIS ___ MasterCard ___ Visa ___ American Express Name on Card _____ Card # _____ Exp. Date _____

Authorized Signature _____ Date _____