



# ENROLLMENT APPLICATION – NATIONAL TRUCKERS

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4500 S 129<sup>th</sup> 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

\$99 owner/operator enrollment \$ \_\_\_\_\_  
(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.

<b>Method of payment:</b> ___ Check payable to USIS ___ MasterCard ___ Visa ___ American Express Name on Card _____ Card # _____ Exp. Date _____
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Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_