



Consortium Enrollment Form

Name: _____ Administrator: _____

Company Name / Doing Business As (DBA): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Social Security #: _____

Please Check the DOT agency:

_____ **FMCSA** – Motor Carrier: **DOT #:** _____

Owner-Operator (circle one): YES or NO *Exempt* (circle one): YES or NO

_____ **FAA** – Aviation: **Certificate #** (if applicable): _____

_____ **PHMSA** – Pipeline

_____ **FRA** - Railroad

_____ **USCG** – Maritime: **Vessel ID #** (USCG – or State-Issued): _____

_____ **FTA** – Transit

_____ **A)** I have not had a drug test within the past 6 months. I need you to send one to me.

_____ **B)** I have taken a drug test within the past 6 months so a pre-employment test is not necessary. I am including a copy (or will send a copy) of the test results signed by a Medical Review Officer (MRO).

_____ **C)** I was a member of another random drug testing program during the previous 12 months, but have not been selected for testing. A pre-employment test is not needed. I am including proof (or will send proof) of my previous membership with this application.

I/we understand that by enrolling in the consortium and complying with all testing I am meeting the necessary requirements as listed in 49 CFR Part 40; 14 CFR Part 120 (FAA); 49 CFR Part 382 (FMCSA); 49 CFR Part 219 (FRA), 49 CFR Part 219 (FRA); 49 CFR Part 655 (FTA); 49 CFR Part 199 (PHMSA); 46 CFR Parts 4, and 16 (USCG); for drug and alcohol testing. I/we further understand current testing fees, as of this date, are \$61 for Random/Pre-employment Drug Tests and \$45 for Random Alcohol Tests. All fees are subject to change. Fees for other types of testing (i.e. post-accident) vary according to circumstances. I/we further understand if we change our mind about joining this consortium, we will receive back any credit on account paid if it is requested in writing. We further understand that we may request removal of our name from the consortium membership for any reason, at any time, by notifying Paymer Associates, LLC in writing.

X _____ Date: _____

Credit Card: _____ #: _____ Code: _____ Expiration Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____