

# WASHINGTON TRUCKING ASSOCIATIONS DRUG & ALCOHOL ENROLLMENT FORM

Dear \_\_\_\_\_ :

CDTA will manage your company drug and alcohol testing program. In order to ensure our records are accurate, please take a few minutes to provide contact information.

*\*Denotes required information.*

# Of DOT Participants: \_\_\_\_\_

# Of Non-DOT Participants: \_\_\_\_\_

**\*General Company Information.**

Multiple Truck Operation     Single Truck Operator:

List Attached  Yes     No

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

**\*Designated Employer Representative (DER).** Is this information accurate?  Yes     No (see edits)

DER Name: \_\_\_\_\_

DER Email: \_\_\_\_\_

DER Phone: \_\_\_\_\_

DER Fax: \_\_\_\_\_

Pol/Pro Manual

Is this a secure Fax?  Yes     No

What type of notification would you prefer?  Mail     Email

**\*Alternate DER.** Is this information accurate?  Yes     No (see edits)

Alt. DER Name: \_\_\_\_\_

Alt. DER Email: \_\_\_\_\_

Alt. DER Phone: \_\_\_\_\_

Alt. DER Fax: \_\_\_\_\_

Is this a secure Fax?  Yes     No

What type of notification would you prefer?  Mail     Fax     Email

**Additional Authorized Contacts.** Is this information accurate?  Yes     No (see edits)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Is this a secure Fax?  Yes     No

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Is this a secure Fax?  Yes     No

Name of Person  
Completing Update:

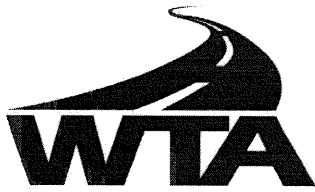
Phone:

Date:

**Please fax back to Washington Trucking Associations at (253) 838-1793**

**Privacy Policy:** All information provided in connection with this request will be used for the sole purpose of updating our client records. It will be held strictly confidential. Information will not be sold or forwarded to any other party for any other use.

Company ID: \_\_\_\_\_



## PARTICIPANT LIST FOR DRUG AND ALCOHOL PROGRAM

	DOT Employee Name	SSN	CDL Number
1			
2			
3			
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\*An Excel spreadsheet with Participants information on it will be the quickest way to upload your list.

\*\*For NON-DOT Participant form, please contact Mike Southards @ WTA (800) 732-9019