

ADMIT

MEDICAL TESTING INC

The Drug Testing Professionals

APPLICATION FOR ENROLLMENT

(PLEASE PRINT OR TYPE ALL INFORMATION)

COMPANY TYPE:

- Motor Carrier (FMCSA)
- Transit (FTA)
- FAA
- Other Agency
- Non-DOT

COMPANY: _____ WORK: _____

OWNER'S NAME: _____ EMERGENCY: _____

ADDRESS: _____ FAX: _____

_____ CELL PHONE: _____

_____ EMAIL: _____

DESIGNATED EMPLOYER REPRESENTATIVE (DER): _____

ALTERNATE DER: _____

TESTING REPORTING PREFERENCES

A.D.M.I.T. MEDICAL TESTING, INC., CONTRACTS WITH A LABORATORY, MEDICAL REVIEW OFFICER (MRO) AND COLLECTION SITES ON YOUR COMPANY'S BEHALF. WE WILL RECEIVE ALL TEST RESULTS VIA FAX FROM THE MRO FOR OUR RECORDS. PLEASE SELECT THE METHOD BELOW YOU WOULD PREFER FOR RECEIVING YOUR TEST RESULTS.

SECURE FAX FOM A.D.M.I.T

VERBAL & EMAIL FROM A.D.M.I.T.

FEEES:

NOTE: ALL DOT REGULATED EMPLOYEES MUST HAVE A PRE-EMPLOYMENT TEST ON FILE

FEEES AS QUOTED BY AN A.D.M.I.T. MEDICAL TESTING, INC. REPRESENTATIVE: _____
(FEEES MAY INCLUDE COMPANY ENROLLMENT/DRIVER ENROLLMENT AND PRE-EMPLOYMENT TESTS)

METHOD OF PAYMENT

FULL PAYMENT ENCLOSED CHECK # _____ \$ _____

MASTER CARD CARD # _____ EXP. DATE: _____

VISA

DISCOVER _____

AMERICAN EXPRESS AUTHORIZED SIGNATURE

AGREEMENT

WITH MY SIGNATURE, I HEREBY AGREE TO PARTICPATE IN THE A.D.M..I.T. MEDICAL TESTING, INC. CONSORTIUM AND FURTHER AGREE TO ABIDE BY ITS RULES, POLICIES AND PROCEDURES. UPON RECEIPT OF MY SIGNED APPLICATION AND APPLICABLE FEEES, A.D.M.I.T. MEDICAL TESTING, INC. WILL FORWARD ME A COMPLETE MEMBERSHIP PACKAGE. IF MY COVERED EMPLOYEES HAVE NOT ENROLLED IN A RANDOM TESTING POOL, THEY WILL SUBMIT TO A PRE-EMPLOYMENT TEST AS REQUIRED BY DOT REGULATIONS. IF I AM AN OWNER-OPERATOR COMPANY, I AGREE TO SUBMIT TO THE PRE-EMPLOYMENT TEST AS REQUIRED BY DOT. I ALSO UNDERSTAND THAT I HAVE THIRTY (DAYS) TO REVIEW THESE MATERIALS AND IF I AM NOT SATISFIED, ALL MONEY WILL BE REFUNDED.

AUTHORIZED SIGNATURE: _____ DATE: _____

COMPLETE THIS APPLICATION AND MAIL TO: 3401 BROADHEAD ROAD, SUITE A, ALIQUIPPA, PA 15001
PHONE: (724) 770-0710 FAX: (724) 770-0609 1-800-261-9431