



**Random Testing Program Registration**

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

1. What type of Random Drug Testing will be performing? (select all that apply)

- DOT  NonDOT

If NonDOT, what rate would you like to test at?

- 10%  25%  50%  Other \_\_\_\_\_

If NonDOT, will we be performing Alcohol Tests?

- Yes  No

If Yes, what rate would you like to test at?

- 10%  25%  50%  Other \_\_\_\_\_

2. How often would you like to receive your Random Selections?

- Quarterly  Biannually  Annually  Other \_\_\_\_\_

3. Who should receive the following correspondence:

- Random Lists:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email

- Drug and Alcohol Results:

- Same as above

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Employer Representative Name

\_\_\_\_\_  
Employer Representative Signature

Please return completed form to [Kate@advurgent.com](mailto:Kate@advurgent.com) along with your roster of Active Employees.  
Please provide two separate rosters for DOT and NonDOT employees.