


**IMPORTANT INFORMATION TO SET UP ACCOUNT – PLEASE FAX TO 850-997-5116**

Date: _____		Company Name: _____	
Main Contact Name: _____		Billing Contact: same	
Mailing Address  <small>(City) (ST) (Zip)</small>	Physical Address  <small>(City) (ST) (Zip)</small>	same	Billing Address  <small>(City) (ST) (Zip)</small>
Main Phone #: (     ) _____		Alt Phone #: (     ) _____	
Email: _____		Fax #: (     ) _____	
#of employees: _____			
Authorized to receive drug screen results and preferred method: <b>(Please circle one and provide number or email)</b>			
1. _____ fax/email: _____			
2. _____ fax/email: _____			
3. _____ fax/email: _____			
Type of Business: _____ (i.e. retail, construction, etc.)			
Do you currently have a Drug Free Workplace Policy? Yes No			
Do you need a Drug Free Workplace Written Policy: Yes No		Do you have DOT Regulated employees?	
<b>If Yes, Disciplinary options: Immediate Termination 2<sup>nd</sup> Chance</b>		Yes No (please indicate mode below)	
Would you like Random Testing? Yes No Need more Info		FMCSA FRA	
<b>If Yes, Monthly or Quarterly</b>		PHMSA FTA	
<b>What % of workforce (per year) or fixed #: _____</b>		USCG FAA	
Do you want to test all of your existing employees after initial 60 days of start of the DFW program? Yes No			
Workers Comp Insurance Information: Policy #: _____			
Name and Address of Insurance Co: _____			
<small>(Address)</small>			
<small>(City) (ST) (Zip) (Phone)</small>			
Agent Name: _____		Phone: _____ Fax: _____	
Are you currently Drug Screening? Yes No Under what circumstances:			
Pre-Employment Random Post Accident Reasonable Suspicion Other _____			
Lab Used: _____		MRO Name: _____	
Total Cost: \$ _____			
How did you hear about us: [Please Check One]		 <b>American Safety</b>  www.AmerSafeSchool.com Office: 850-997-7233 Fax:850-997-5116 292 W. Dogwood Street Monticello, FL 32344	
Yellow Pages _____			
Mail Out _____			
Insurance Agent* _____			
Current Client* _____			
School, LLC. _____			
Search Engine* _____			
Conference _____			
Other _____			
*Please List name _____			

