



American Safety School, LLC.

AGREEMENT FOR SERVICES DRUG TEST COLLECTIONS/ ALCOHOL TESTING

Collection Site Name: _____
 Contact and Title: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-Mail Address: _____

Hours of Operation: _____
 Walk-In or Appointment: _____
 After Hours Collections (circle one) Yes No If yes, fee charged: _____
 After Hours Phone Number(s): _____

DOT COLLECTION (circle one):	Yes	No	Fee: \$ _____
NON-DOT COLLECTIONS (circle one):	Yes	No	Fee: \$ _____
MOBILE COLLECTIONS (circle one):	Yes	No	Fee: \$ _____
BREATH ALCOHOL TESTING(circle one):	Yes	No	Fee: \$ _____
HAIR FOLLICLE COLLECTIONS (circle one):	Yes	No	Fee: \$ _____
PHYSICALS-DMV (circle one):	Yes	No	Fee: \$ _____
PHYSICALS- PRE-EMPLOYMENT (circle one):	Yes	No	Fee: \$ _____
PULMONARY FUNCTION TEST (circle one):	Yes	No	Fee: \$ _____
AUDIOLOGY TEST (circle one):	Yes	No	Fee: \$ _____
HEPATITIS SHOT (circle one):	Yes	No	Fee: \$ _____
TUBERCULOSIS SHOT (circle one):	Yes	No	Fee: \$ _____
FLU SHOT (circle one):	Yes	No	Fee: \$ _____

I certify that our collection facility follows the most current Department of Transportation (DOT) procedures for specimen collections and breath alcohol testing, where applicable. I further certify that our facility uses only those collectors/BAT's who have been trained according to the most recent DOT procedures and will stay current on all future regulations and requirements.

Authorized Signature: _____ Date: _____

PLEASE FAX BACK TO ASS, LLC. (850) 997-5116 THANKS
If there are any questions, please contact Quentin Mitchell at (850) 997-7233

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