



Because the truth can save a life...



Company Consortium Enrollment Form

Company Name / Doing Business as (DBA): _____

Designated Employee Representative (DER): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Please Check the DOT agency:

FMCSA

DOT #: _____ Owner-Operator: Yes _____ No _____

Will this company be using NDTCM as your C/TPA in the **FMCSA Drug and Alcohol Clearinghouse**? Yes ___ No ___

FAA **PHMSA** **FRA** **USCG** **FTA**

I/we understand that by enrolling in the consortium and complying with all testing I am meeting the necessary requirements as listed in 49 CFR Part 40; 14 CFR Part 120 (FAA); 49 CFR Part 382 (FMCSA); 49 CFR Part 219 (FRA), 49 CFR Part 219 (FRA); 49 CFR Part 655 (FTA); 49 CFR Part 199 (PHMSA); 46 CFR Parts 4, and 16 (USCG); for drug and alcohol testing. I/we further understand current testing fees, as of this date, are \$61¹ for Urine Drug Tests and \$45 for Random Alcohol Tests. All fees are subject to change. Fees for other types of testing (i.e. post-accident) vary according to circumstances. Additionally nominal fees for Clearinghouse queries and maintenance will apply. We further understand that we may request removal of our name from the consortium membership for any reason, at any time, by notifying Paymer Associates, LLC in writing.

X _____ Date: _____

Credit Card Type: ___ #: _____ Expiration Date: _____ Code: _____

Name on Card: _____

Address: _____

City: _____ State: ___ Zip: _____

¹ Be advised, that a \$25 collection fee allowance is included in this price. Any collection fee over \$25 will be applied to the price of the urine test.



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Employee Information/Consent Form

For each employee please provide the following information as it appears on their Driver's License:

First Name: _____
Last Name: _____
Date of Birth: (MM/DD/YYYY) _____
CDL Number: _____
State of Issuance: _____

FMCSA Only** If your company will be using NDTCM as your C/TPA in the FMCSA Drug and Alcohol Clearinghouse each employee will need to sign and return the General Consent for Limited Queries below:

General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____ hereby provide consent to NDTCM (C/TPA) to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to NDTCM without first obtaining additional specific consent from me. I understand that if required consent for a full query will need to be completed online through the Clearinghouse by myself.

I further understand that if I refuse to provide consent for NDTCM to conduct a limited query of the Clearinghouse, my employer must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

This consent is valid for the duration of my participation in NDTCM's consortium.

Employee Signature

Date (MM/DD/YYYY)