

Random Drug & Alcohol Testing (DOT Consortium) Provided by Western Pathology Consultants, Inc. Enrollment Form

Company Name:	
Company Address:	
City:	State: Zip:
Business Telephone: ()	Business Fax: ()
Billing Address:	
City:	State: Zip:
Attention:	No. of DOT Employees:
subject to testing under the Federal	y numbers on the back of this form for each DOT covered employee I Highway Administration regulations.*** ovide a password to identify yourself when WPCI
Send report results to: 1)	Telephone()
Second choice to: 2)	Telephone()
Would you like more information on	WPCI's optional Substance Abuse Professional Service?
Set-up Fee: No. of Alcohol Pamphlets X \$1.00 each :	
Total:	\$
Send application and remittance to: A	CL, 555 Capitol Mall, Suite 745, Sacramento, CA 95814

For any specific questions regarding WPCI's DOT program, call 1-800-682-5176