



215 18th St SE Owatonna MN 55060

COMPANY INFORMATION FORM

ABOUT YOUR COMPANY

CO. NAME:		
BILLING ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	FAX:	
FED TAX ID NUMBER:		
NUMBER OF EMPLOYEES:		
OWNER OR MANAGER:		

TO GET STARTED

Complete this form. Call with questions. We are here to help.
Fax completed form to: 507-451-5387

Once we receive this form, we will contact you to discuss the details of your needs. Once we know what you need, we can set you up for services.

SERVICE NEEDS

Please select your potential needs from us:

DOT PHYSICALS

DRUG TESTING:

DOT-REGULATED 5-PANEL TESTS

5-PANEL NON-DOT TESTS

10-PANEL NON-DOT TESTS

DRUG TESTING ADMINISTRATION
& RANDOM SELECTION SERVICES:

DOT-REGULATED

NON-DOT EMPLOYMENT SERVICES

BREATH ALCOHOL TESTING:

DOT-REGULATED SCREENING

NON-DOT REGULATED SCREENING

WC INJURY EVALUATION & TREATMENT

PRE-PLACEMENT EXAMS

Describe any specific needs below:

DESIGNATED EMPLOYER REPRESENTATIVE

THE D.E.R.s AUTHORIZE US TO COMMUNICATE DRUG, ALCOHOL, AND MEDICAL TESTING RESULT. WE PREFER 2 NAMES IF POSSIBLE.

NAME:		
WORK ADDRESS: (IF DIFFERENT)		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	FAX:	
EMAIL:		
POSITION:		

SECONDARY EMPLOYER REPRESENTATIVE

NAME:		
WORK ADDRESS: (IF DIFFERENT)		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	FAX:	
EMAIL:		
POSITION:		

HOW WOULD YOU LIKE EMPLOYEES TRACKED:

EMPLOYEE NUMBER

LICENSE #

IF YOU HAVE QUESTIONS ON THIS FORM, PLEASE CALL : **507-451-7580**