



*Random Testing Model Setup*

If your regulatory agency requires that you participate in a random drug and alcohol testing program, you must complete this section. If you are not a regulated company, but you wish to enroll in a random testing program, please complete this section.

If you are required to participate in a random drug and alcohol testing program under the rules of the Office of Drug and Alcohol Policy and Compliance (ODAPC), you are required to test at a minimum testing rate but you are permitted to test over that minimum rate. If you wish to test over your minimum rates, please indicate the percentage rate you wish to test over the minimum. (For example, if you are required to perform drug testing at 25% but wish to test at 50%, you would indicate 25% in the space below):

- I wish to test at the minimum rate for drugs.       I wish to test at the minimum rate for alcohol.  
 Adjust my rates to the following:  
    Controlled Substances (Drugs):      [Minimum Rate] + \_\_\_\_\_ %  
    Alcohol:                                      [Minimum Rate] + \_\_\_\_\_ %

There are multiple variations of random models, which model would you prefer?

- Pool – Your participant’s names will be mixed with participants from other companies and a selection is made from the combined lists.  
 Individual – Selections are made only from your company’s list. Your participant’s names are not combined with any other lists.

As of today, approximately how many employees will be covered by your random testing program: \_\_\_\_\_

*Service Options*

All companies that utilize email will be automatically enrolled in our online web portal called MyAccount. MyAccount is free and allows you to view and manage your account details and random testing program online 24 hours a day 7 days a week. If you do not wish to use this service, please check below?

- No, I do not wish to enroll in MyAccount at this time, please mail all correspondence.

Do you have a clinic, hospital or specific location that you wish to use for collections in your area? If so, please provide as much information as possible about the location, including the name of the location and a phone number if it is known. A name, city and state are required at a minimum. If you do not have a clinic you wish to use, we will assign you one and you can skip this question.

Clinic Information: \_\_\_\_\_

Asure Test offers policy writing and DOT required supervisor training education for a onetime fee. If you are interested in purchasing these services, please indicate the service(s) you are interested in:

- Policy Writing  
 Supervisor Education

*Referral and Questions*

How did you hear about us?

Do you have any questions, comments or clarifications that you would like to submit with your application?

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Date of Application

Please return this form to Asure Test for processing. You may fax it to (636) 916-5471 or mail it to 2101 Collier Corporate Parkway, Saint Charles, MO 63303.  
For questions or help completing this application please call (636) 916-0050.