

Add / Delete Form

Date: _____

Company Name: _____

Contact Person: _____

Add the following employees to the Random Testing Program
 (All employees added to the Random Program throughout the year must have a pre-employment test)

Name of Employee	Employee ID Number (Social Security Number)	TDLR	Non-reg	DOT
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Delete the following employees from the Random Testing Program
 (Caution! These employees will be permanently deleted, a pre-employment test will be required to add back to program)

Name of Employee	Employee ID Number (Social Security Number)	TDLR	Non-reg	DOT
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorized signature required

Mail or fax completed form to:

Allied Compliance Services®
 2827 74th St.
 Lubbock, TX 79423
 800-411-6906 Fax (806) 748-7096