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**2827 74th Street 951 West Pipeline Road #320**

**Client Information Form**

**(800)411-6906**

**www.alliedcompliance.com**

**Lubbock, Texas 79423 Hurst, Texas 76053**

**P:(806)748-1120 F:(806)748-7096 P:(817)589-9998 F:(817)589-0809**

[**mail@alliedcompliance.com**](mailto:mail@alliedcompliance.com) **fortworth@alliedcompliance.com**

***Please complete information in the box and return the form to ACS.***

Date: County: TEIN No.

Company’s Legal Name:

Mailing Address: Physical Address:

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Designated Employer Representative (DER) 2 or 3 people approved to receive confidential results:

1. 2. 3.

1st Contact’s Email Address 2nd Contact’s Email Address 3rd Contact’s Email Address

1st Contact’s Emergency Mobile Number 2nd Contact’s Emergency Mobile Number 3rd Contact’s Emergency Mobile Number

Owner’s Name: Highest Official’s Name:

Billing Inquires: School or Government Position:

Billing Email: Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FMCSA Client: DOT number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Required Online Registration:* clearinghouse.fmcsa.dot.gov**

**Are you registered in the Are you an Owner-Operator Is ACS assigned Is ACS your full-service**

**FMCSA Clearinghouse? without other drivers? as your TPA? Clearinghouse provider?**

**pYes pNo pYes pNo pYes pNo pYes pNo**

**🡫*For ACS Office Use Only*🡫**

Type of Testing Account Information

\_\_\_\_ Urine / Lab\_\_5 panel\_\_10 panel DOT Reg / Non-Reg / TDLR / Subcontractor **Renewal Date: / /**

\_\_\_\_ Urine Instant or POCT FMSCA / HAZMAT / FAA / FTA / FRA / PHMSA **Consort. Assigned: / /**

\_\_\_\_ Saliva Drug Screen ACS DOT Policy / ACS NR Policy / Co. Policy **Drug Pak: / /**

\_\_\_\_ Alcohol # of Employees tested **QBooks: / /**

\_\_\_\_ Hair Analysis \_\_\_\_DOT Non-DOT\_\_\_\_TDLR Subcontractor **Excel: / /**

\_\_\_\_ Nail Analysis Random Testing: Quarterly / Monthly / Other **Constant Contact: / /**

\_\_\_\_ Pre-employment Only \_\_\_\_\_ Private \_ \_\_\_ Consortium **Acceptance Agreement: / /**

\_\_\_\_ Testing Only (our lab) Consortium Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fee Schedule Attached: Yes / No**

\_\_\_\_ Collection Only (their lab) Previous Testing: Yes / No **Protocol Notes:**

Company Form / ACS Form Negative Pre-employment test result on

Collections: In Office / Onsite / Clinic file for all current employees: / /

Clinic Name: DER Name:

Test Results: Call / Email / Fax Supervisor Training: / /

Fax Secure: Yes / No Physicals (Lubbock Only): Yes / No

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