

Enrollment for Drug & Alcohol Testing Program

Company Information		
Company Name:		
Address:		
<i>Street Address</i>	<i>Suite/Bldg.</i>	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Phone: ()	Fax: ()	
Company Contact:		
Contact's Email:		
Enrollment Information		
<p>To begin the enrollment process, please fax this completed form along with your list of eligible CDL drivers to 860-520-4567. Enrollment will not be completed until this form, the accompanying CDL Driver Enrollment form, and payment are made.</p> <p><i>Checks are made payable to MTAC and mailed to MTAC, 60 Forest Street, Hartford, CT 06105. Master Card and Visa are also accepted for payment. To process credit card payments, please call MTAC at 860-520-4455 and speak with Jen or Nancy.</i></p>		
MTAC Member	Enrollment Fee	Annual Fee
<input type="checkbox"/> Yes	<input type="checkbox"/> Member: \$125.00	<input type="checkbox"/> Member: \$60.00
<input type="checkbox"/> No	<input type="checkbox"/> Non-Member: \$175.00	<input type="checkbox"/> Non-Member: \$150.00
<p><i>The Enrollment Fee is a one-time set up charge. The Annual Fee is billed each year in the month the company/individual enrolled in the program. Random Drug & Alcohol Test Fees are billed by Gregory & Howe, Inc. as they occur.</i></p>		
<i>Per Drug Test Fee: \$63.50</i>		<i>Per Alcohol Test Fee: \$45.00</i>
Signature of Company Official:		Date:



CDL Driver Enrollment Form

(please use this form for adding or removing drivers)

Company Information		
Company Name:		
Address:		
<i>Street Address</i>	<i>Suite/Bldg.</i>	
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Phone: ()	Fax: ()	
Company Contact:		
Contact's Email:		
CDL Driver Information		
<p><i>The information contained in this section is held in strict confidence. Once the form has been completed, it is provided to our partner Gregory & Howe, Inc. for the sole purpose of complying with the Federal Drug & Alcohol Testing requirements.</i></p> <p><i>Gregory & Howe uses this driver information to randomly generate driver selection lists from within their company's computer system. Selections are totally random and do not consider the driver's name, employer, or frequency of selection. If your driver is selected, the designated contact person listed above will be notified by email and fax. It is then the company's responsibility to direct the selected driver(s) to the collection site within the specified time period. If you have any questions, please call MTAC at 860-520-4455 and speak with Jen or Nancy.</i></p>		
CDL Driver <i>(First/Last Name)</i>	Date of Birth	Social Security No.