



Owner-/Operator • P.U.C. • Teamster's • Taxi
ADD/DELETE DONOR SHEET

**\$99.00 per YR
DUE AT
SIGN-UP!**

► NSC **MUST** receive your additions **IN WRITING** before those employees conduct their first safety-sensitive duties. Also, whenever adding an individual to the random pool list there **MUST** be a Negative pre-employment drug test that will need to be entered into our database. Please get us that information if you have used an outside collection site.

► Deletions should be sent to NSC **IN WRITING** whenever it has been determined that an employee (driver) will no longer occupy his/her covered safety-sensitive position. Please supply us with both the hire and termination date. These dates will be saved in our database for future compliance reporting.

COMPANY INFORMATION ONLY

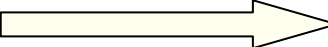
Company Name _____

Company Address _____

Drug Program Mgr Name _____ Phone _____

Drug Program Mgr EMAIL: _____ Fax _____

Please:  ☐ **Add** ☐ **Terminate** (Company Info - Driver Name/SSN ONLY)

Consortium  ☐ OWNER-OPERATOR ☐ TAXI
☐ CALIF. P.U.C.
☐ TEAMSTERS

DRIVER INFORMATION ONLY (Do not leave any blanks!):

First Name	Middle Initial	Last Name
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Home/Mailing Address

City	State	Zip Code
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Area Code	Phone Number
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Date of Birth	Social Security Number
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ALTERNATE CONTACT NAME / PHONE # (Needed for random selection notification)	Termination Date (if terminated)
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Drivers' License Number	State	Class	Drivers' License Expiration Date
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<u>OFFICE USE ONLY:</u>	Consortium Date:	DRUGPAK Date:
PYMT Notes Date:	Billing Profile Date:	Enroll Pkg. Date: