

# Compass Compliance Management

a division of Compass Performance Group, LLC

## Drug & Alcohol Testing Random Selection Consortium Enrollment Form

### Company Information

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Primary Contact Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Designated Employee Representative: \_\_\_\_\_ Title: \_\_\_\_\_

**If you are submitting any non-regulated employees for participation, please indicate one of the following choices:**

Please include our non-regulated employees in a consortium with non-regulated employees from other companies.

Please create a separate company-specific random selection pool for our non-regulated employees.

Please complete ALL information above and sign below. If you have questions, call (888) 308-2201

### List of employees to be enrolled

Directions: Provide complete information for each participant and check any boxes that apply

	<u>Employee Name</u>	<u>Social Security #</u>	<u>Date of Birth</u>	<u>This employee subject to:</u>			
				<u>FAA</u>	<u>FMCSA</u>	<u>PHMSA</u>	<u>USCG</u>
1.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	_____	_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If necessary in order to submit more than 10 employees, you may make copies of this form or attach a separate sheet with the applicable information for each additional employee.

You may submit this form via fax to (318) 728-9938, or you may scan and email it to [randoms@ctaudit.com](mailto:randoms@ctaudit.com).