



CRS/COMPLIANCE REGULATORY SERVICES, INC

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Willard, WI 54493-8773



Phone (715) 267-3142 Fax (715) 267-3143

Email: kenkirn@tds.net website: www.crswi.com

Organization name: _____
Address: _____

Type of program: ___ DOT Mode FMSCA DOT Number: _____
Random Pool: ___ Yes ___ No (Contract Number)
If yes, send a list with the name and social number with each covered employee.

Designated responsible parties (designated by the organization as being responsible for receiving and handling confidential test results - should be at least 2 persons so designated)

Name: _____ Phone _____
Name: _____ Phone _____
Fax _____

Reporting Method: ___ Telephone ___ E-mail ___ Fax ___ Mail
E-mail address _____

Collection Type:
On-Site: Yes _____ No _____
OR

Clinic Name: _____ Telephone: _____
Address: _____

A secure password is needed for verification, my password is: _____
_____. This is required for confidential purposes.

Accepted
By: _____ Date _____