



Please complete this form and  
Fax to (805)349-0811 or email:  
[mayra@stardrugtesting.com](mailto:mayra@stardrugtesting.com)

## Company Information Sheet

Company Name:		
Address:		
City:	State:	Zip Code:
Billing Address (if different):		
City:	State:	Zip Code:
For <b>electronic invoicing</b> , please provide email address:		
Phone#: ( ) -	Fax: ( ) -	
<b>Designated Employer Representative-</b> (Contact for results reporting/questions of Drug & Alcohol Tests)		
#1—Name & Phone #	#2 Name & Phone # (optional)	#3 Name & Phone # (optional)
( ) -	( ) -	( ) -
Email:	Email:	Email:
<b>Random Pool Program Enrollment:</b> (Select applicable regulation(s) to enroll)		
<input type="checkbox"/> DOT (Department of Transportation) <input type="checkbox"/> PUC (Public Utility Commission) <input type="checkbox"/> NON-DOT (NON-Department of Transportation) _____		
Do you have a formal drug policy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have your supervisors undergone Reasonable Suspicion training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How would you like your results reported?		
<input type="checkbox"/> FAX - Is it a <b>Secure FAX Line?</b> <input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/> WEB/Email Option: requires your login to ( <a href="http://www.myescreen.com">www.myescreen.com</a> website)		
<input type="checkbox"/> Auto Voice Response (AVR) <input type="checkbox"/> Mail		
<b>List # of employees in each agency:</b>		
<input type="checkbox"/> FAA _____	<input type="checkbox"/> FMCSA _____	
<input type="checkbox"/> FRA _____	<input type="checkbox"/> FTA _____	
<input type="checkbox"/> NON-DOT _____	<input type="checkbox"/> PHMSA _____	
<input type="checkbox"/> PUC _____	<input type="checkbox"/> USCG _____	

### Star Drug Testing Use Only (enter "N/A" if not applicable)

SDT Contact (initials):	Account #:	Date D&A policy packet prepared/mailed:
Date Received:	Date email to RPP:	Other Information:



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## Random Pool Program

Welcome to Star Drug Testing! Our company is committed to helping your business comply with the Department of Transportation rules and regulations. Please review the random pool information and charges below.

<p>Enrollment fee \$110.00 + Annual fee per agency. (Annual fee will be evaluated every year)</p>	<p><b>Annual fees:</b> <input type="checkbox"/> Owner Operator \$129.00 <input type="checkbox"/> 0-5 employees \$149.00 <input type="checkbox"/> 6-20 employees \$169.00 <input type="checkbox"/> 21-40 employees \$219.00 <input type="checkbox"/> 41+ employees \$269.00</p>
Annual Random Pool Program Fee includes:  Annual/and or Quarterly MIS Report Inspection Assistance Compliance Letter Drug and Alcohol Screening Reports Clinic search and scheduling	
Your Annual Random fee will be due each fiscal year. Once the Enrollment fee and annual fee are received, you will receive from us:	
<ul style="list-style-type: none"><li>• A paid receipt</li><li>• Personnel report</li><li>• Certificate of Membership</li><li>• Company Policies and Procedures</li></ul>	
Our company will notify you of your random selections every quarter by mail/email. Once you notify the selected employees they must be tested immediately. Star Drug Testing must be notified immediately if any employee cannot be tested. <b><u>If the employee was notified and did not show for that test, it could result in being non-compliant with Federal, State and/or local regulations.</u></b>	
OFFICIAL COMPANY NAME:	
BILLING ADDRESS:	
#1 CONTACT NAME:	#2 CONTACT NAME:
PHONE NUMBER:	SECURE FAX LINE:
<b>* Follow-up tests as a result of positive drug tests are not included in this pricing.</b>	



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## Client Services Agreement

Star Drug Testing is pleased to offer in-office testing services at any of our facilities listed above. Be assured, all our technicians are fully trained and certified in all drug and alcohol testing protocols strictly adhering to DOT collection requirements. (Certifications are available upon request.) We also offer hair and DNA testing services. All specimens are promptly processed and dispatched daily to all laboratories via FedEx, when deemed necessary.

To ensure accurate specimen processing and billing for our services to your clients, please provide us the following information and fax the completed form to our Santa Maria billing office as soon as possible. We need your most current information in our data systems. Please direct questions or concerns, to the Billing Department at (805) 349-0558.

Thank you for your assistance!

### COMPANY/Client – General Information

Company Name:		
Billing Address:		
City:	State:	Zip Code:
For electronic invoicing, please provide email address:		

### Star Drug Testing In-Office Fees

Custom Panel #:	Fee:	Observed Test additional: <b>\$10.00</b>
DOT/PUC/DOT-Mirror: Urine drug test -Includes MRO Services: <b>\$75.00 / Out of town \$85.00</b>		<b>In-house</b> (NON/DOT/PUC) Refusal to test: <b>\$30.00</b>
Oral Fluid Test: In-house <b>\$65.00</b> Out of town <b>\$85.00</b>		
Out of town-NON-DOT 5panel- Urine drug test -Includes MRO svc. <b>\$69.50</b>		<b>Out of Town</b> (DOT/NON/PUC) Refusal to test: <b>\$85.00</b>
5panel NON-DOT- Includes MRO Services- <b>\$50.00</b>	Out of town-EBT/BAT Screen: <b>\$50.00</b> Confirmation: <b>\$35.00</b>	
5panel/Hair Follicle Test- <b>\$135.00 (addt'l. \$30.00 for Ext. OPI)</b>		EBT/BAT Screen: <b>\$45.00</b> Confirmation: <b>\$25.00</b>
Request for split collection retest -Includes MRO svc. <b>\$160.00</b>		Overtime (After hour) fee: <b>\$35.00 per 1/4 hour</b>
Reasonable suspicion training per supervisor: <b>\$70.00</b>		Returned Check fee: <b>\$35.00</b>
<b>Records Research:</b>		
Extensive research of records/tests (billed at consortium discretion) <b>\$25.00 per hour</b> (minimum 1hr)		
<b>Onsite collection:</b> \$200 plus mileage if applicable		

By your signature, you agree to our drug testing service fees at the rates listed above, and we agree to invoice accordingly. Rates stay in effect for a minimum of twelve (12) months from the date of execution and thereafter, until such time as Star Drug Testing's billing Coordinator provides written notification of any proposed change. Page 2 is also part of this agreement.

**Collection Expense:** In the event Star Drug Testing, Inc. refers Customer's account to a collection agency or attorney due to a non-payment, Customer will be liable for all of Star Drug Testing Inc.'s reasonable costs and expenses incurred in connection with Customer's non-payment, including, without limitation, court costs and reasonable attorneys' fees up to 25% of the amount of the unpaid account balance (plus interest accrued thereon).



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This agreement is between Star Drug Testing, 222 W. Carmen Lane., Ste 101, Santa Maria, CA 93458, and  
("Company"):

Star Drug Testing agrees that all Department of Transportation (DOT) regulated urine drug collections and breath alcohol testing will be performed in accordance with procedures outlined in 49CFR Part 40 (Part 40) of the regulations issued by the DOT, and any applicable Modal Regulations, and will be performed only by Collectors and Certified Breath Alcohol and Screening Test Technicians trained in accordance with Part 40, and who possess a valid current certificate of training.

Star Drug Testing agrees to perform all non-DOT tests as required by Company, following the same protocols in DOT testing.

Star Drug Testing agrees to immediately notify Company if it receives a Notice of Proposed Exclusion (NOPE) or Public Interest Exclusion (PIE) from the DOT. Star Drug Testing affirms to Company that it is not currently subject to a NOPE or PIE.

COMPANY agrees to pay Star Drug Testing for specimen collection services at the rates listed above. These rates stay in effect for a minimum of twelve (12) months from the date of execution and thereafter, until such time as Star Drug Testing's Billing Department Coordinator provides COMPANY with written notification of any proposed change.

Star Drug Testing's invoices will contain the donor's name, social security number, and date of service.

Indemnification – Each party will mutually indemnify the other from any and all liability, attorney fees, judgments, fines and costs associated with claims, lawsuits, DOT or other regulatory fines, or causes of action of any nature arising from the services performed under this agreement.

Insurance –Star Drug Testing agrees to maintain adequate insurance to cover its activities and provide COMPANY with proof of insurance if so requested.

Drug Free Workplace –Star Drug Testing agrees to maintain a drug free workplace program for all employees utilized to perform collection services for COMPANY and its employees. Additionally, Star Drug Testing agrees to utilize employees over the age of eighteen (18) to perform the collection services.

Confidentiality –Star Drug Testing agrees to handle all drug collection services in a confidential manner and further agrees to maintain and handle all required records in a confidential manner. This refers to, but is not limited to handling, storing, transporting, or transmitting confidential records, results, or materials. This requirement extends to COMPANY and its employees, for which collection services are being provided.

Complete Agreement – The above is the complete agreement between the parties and shall be governed by California laws.

Star Drug Testing's Mailing Address

Star Drug Testing – 222 West Carmen Lane, Suite 101 – Santa Maria, CA 93458  
Phone: (805) 349-0558 Fax: (805) 349-0811 Email: [mayra@stardrugtesting.com](mailto:mayra@stardrugtesting.com)

**Customer:**

**Star Drug Testing:**

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Print name & Title:** \_\_\_\_\_

**Print name & Title:** \_\_\_\_\_



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Date:

**Date:**

## Personnel list

In order, to organize your random pool program(s), please provide us with a list of employees you want to enroll and their applicable agency (FAA, FMCSA, FRA, FTA, NON-DOT, PHMSA, PUC) Insert an additional sheet if necessary.