

Random Drug & Alcohol Testing Consortium – Enrollment Application / Agreement

Print this page and fill out the information

(print name) I, _____ hereby apply for membership in **American Marine Training's Random Selection Drug & Alcohol Testing Consortium.**

Enclosed is \$45/person for the annual membership fee. I am also including one of the following:

- (A) I have not had a drug test within the past six months. I am including an additional \$80 for my pre-employment test (\$100 in Alaska) for a total of \$125 (\$145) with this application.
- (B) I have taken a drug test within the past six months so a pre-employment test is not needed. **I am including a copy of the test results signed by a Medical Review Officer (MRO).**
- (C) I was a member of another random drug testing program during the previous twelve months, but have not been selected for testing. A pre-employment test is not needed. I am **including proof of my membership in the former group with this application.**

I understand that by joining this consortium and not refusing to be tested when selected, I meet the necessary requirements as listed in 46 CFR Parts 4, 5, and 16, 49 CFR Part 40, & 14 CFR Part 120 for drug & alcohol testing for DHS, DOT, FMCSA & FAA. I further understand that my continuous membership will require payment of an annual fee in addition to the charge for testing and processing the sample whenever I am randomly selected.

If I change my mind about joining this consortium, I will receive my \$45 membership fee back if I request it within 30 days of the date of this application. I also understand that I may request removal of my name from membership for any reason, at any time, by notifying American Marine Training, or by not renewing my membership on any January 1st.

Signature _____ Date _____

Address _____ City, State, Zip _____

Social Security # _____ Day Phone _____ Evening or Cell Phone _____

CDL Driver USCG Captain's License Holder Member of Crew Other _____

All correspondence is to be sent to Above individual Company
For companies with more than one person enrolling, please use copies of this form or add a list with the information.

Company _____ Address _____

City, State, Zip _____ Company Phone # _____

Drug Testing Administrator _____ Company Email _____
(Yourself, if you have a one person company)

How did you hear about us? Google Yahoo Print Ad Other _____ Existing Member's Name _____

Send or Fax this application and (A), (B) or (C) above, along with your check, money order or credit card information to:
"American Marine Training" TO: American Marine Training, 6279 Main Street, Trumbull, CT 06611

For Credit Card payment, # _____ Expires _____ Visa or MasterCard only

Billing Name and Address on CC _____
If different from above applicant.

Phone & Fax 1-800-528-9075 Email: wmstone1@sbcglobal.net www.americanmarinetraining.com