



**NEW COMPANY INFORMATION**

DOT-FMCSA \_\_\_\_\_ DOT-PHMSA \_\_\_\_\_ NON-DOT \_\_\_\_\_ EnCana \_\_\_\_\_  
(Federal Motor Carrier Safety Adm.) (Pipeline Hazardous Material Safety Adm.)

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

Address: \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

FAX Number: (\_\_\_\_\_) \_\_\_\_\_ Is this a secured FAX#? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Is this a secure email? \_\_\_\_\_

Designated Employer Representative (DER) (person(s) to receive results)

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

\_\_\_\_\_ Last (4) digits of S/S#

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

\_\_\_\_\_ Last (4) digits of S/S#

Preferred method of reporting results: WEB\_x\_Email \_\_\_ Fax \_\_\_ Phone \_\_\_

Preferred method of receiving Random Selection Notifications: Email \_\_\_ Fax \_\_\_ Phone \_\_\_

**I Certify that we have on record a copy of a Certificate of Reasonable Suspicion Training.**  
Yes \_\_\_ No \_\_\_

**I Certify that the company has a Drug and Alcohol Abuse Policy.** Yes \_\_\_ No \_\_\_

**I Certify that we have record of each DOT employee's prior Drug and Alcohol History information.** Yes \_\_\_ No \_\_\_

Date: \_\_\_\_\_ Contact Signature \_\_\_\_\_