

Fax completed forms to: 816-229-0518 or email to: [cmci@ooida.com](mailto:cmci@ooida.com)

CMCI offers the small business truckers an answer to the hassle and confusion of mandatory drug & alcohol testing. We hope the information enclosed in this packet will be helpful. If you have any further questions regarding drug and alcohol testing, please call our office at **1-800-288-3784**

## Introduction Packet Includes

Registration Form

## Program Cost

\$100 annually per applicant for OOIDA members \*\*

*Your OOIDA membership fee must be enclosed with your Registration Form if you are not already an OOIDA member.*

If you are already a member of OOIDA, please enter your OOIDA membership number in the space provided on the Registration Form.

## Program Benefits

- Up to four random drug tests (selected under this program)\*
- Up to two random alcohol tests (selected under this program)\*
- Up to three reasonable cause drug/alcohol tests\*
- National collection test network (additional site charges may apply depending on location of test)
- Medical Review Officer (MRO) services
- Complete record keeping
- A company drug and alcohol testing policy
- 120-minute educational training for supervisor, individual and company personnel education requirements
- Post-accident, pre-employment, return-to-duty or follow-up drug screens for only \$50 more
- Post-accident, return-to-duty or follow-up alcohol test for only \$30 more. Confirmation testing of alcohol = actual cost of test
- Semi-annual summaries provided, if criteria is met
- Annual MIS Report provided
- Driver Handbook

\* Only tests arranged through CMCI will be paid for under this program

\*\* One packet per applicant must be completed to register

NOTE: If you are leased to a carrier, make sure they will accept this program



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e-mail: [cmci@ooida.com](mailto:cmci@ooida.com) • web site: [www.ooida.com](http://www.ooida.com)

Dear Prospective Consortium Participant:

Thank you for your interest in CMCI's Drug and Alcohol Testing Program. With CMCI, you can comply with federal regulations through the most complete and cost-effective program in the industry.

Here's the way it works. Included in this brochure are all the registration forms, paperwork and information needed to enroll in CMCI's Drug and Alcohol Testing Program. Once you have enrolled you will receive a compliance certification card from us. You will also be provided with two audio compact discs that your supervisor(s) will need to comply with the educational portion of the Federal Motor Carrier Safety Administration drug and alcohol requirements. Each supervisor that listens to the CDs will need to sign and date the form that will accompany them saying they have listened to the CDs.

As part of your participation in the program you will need to read and complete the Motor Carrier Drug and Alcohol Testing Policy. This would then be filed in your driver safety file. After the drug and/or alcohol test has been performed and analyzed, you will be provided with the results. These results will also be filed with your driver records. You will also be provided with a wallet-sized card certifying your negative test results.

Whenever you need a drug and/or alcohol test, call (800) 288-3784 and CMCI will assign the most convenient collection site from our nationwide network. The plan also includes services of a Medical Review Officer (MRO) and a HHS certified lab. CMCI has everything you need to comply with the federal drug and alcohol testing regulations. The program is simple and the price is low.

If you have any questions or need further information or assistance, please don't hesitate to contact CMCI. By filling out the enclosed forms and returning them as soon as possible, we will be able to start your participation in CMCI's Drug and Alcohol Testing Program and keep you compliant with federal regulations.

**CMCI Registration Form** Fax forms to 816-229-0518 or Email to: cmci@ooida.com

Please contact CMCI at 800-288-3784 to insure we received your enrollment forms.

Motor Carrier Information

Company Name \_\_\_\_\_ Membership # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Applicant Information

Applicant Name \_\_\_\_\_ Membership # \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ e-mail \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile # (\_\_\_\_) \_\_\_\_\_

Social Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you hold a CDL license?  Yes  No

Applicant Is:  Owner-Operator  Leased Operator  Hired driver

How many trucks do you own? \_\_\_\_\_ Do you own your own trailer? \_\_\_\_\_

In signing this form, I hereby certify that I have never tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which I have applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past two years. I also agree to comply with the drug and alcohol testing requirements of 49 CFR Part 40 and 49 CFR Part 382.

I UNDERSTAND that a urine sample will be collected and tested for certain controlled substances at the time and in the manner required by the regulations.

I UNDERSTAND that an alcohol test will be conducted at the time and in the manner required by the regulations.

Applicant's Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Designated Employer Representative Information (DER)

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Fax # (\_\_\_\_) \_\_\_\_\_ Mobile # (\_\_\_\_) \_\_\_\_\_

Pre-Employment, In accordance with §382.301, Please check the box that applies:

1.  I will be calling CMCI to set up the Pre-employment test before driver begins safety sensitive functions.
2.  I will set up the test on my own and send CMCI the results.
3.  I have received verification from my driver's company and they have met one of the two pre-employment exceptions and does not need a pre-employment test at this time.

In signing this form, I authorize CMCI to act as intermediary for the purpose of transmitting all drug and alcohol testing information under the circumstances contained in 49 CFR §40.345 and as allowed under the provisions of Appendix F to 49 CFR Part 40.

DER Name \_\_\_\_\_

DER Signature \_\_\_\_\_ Date \_\_\_\_\_