

Fax completed forms to: 816-229-0518 or 816-867-2080

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
Request/Consent for Information from Previous Employer or Service Agent

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



CMCI

Your partner in mandatory drug and alcohol testing requirements

A division of Owner-Operator Independent Drivers Association Inc.

1 NW OOIDA Drive • P O Box 1000

Grain Valley, Missouri 64029

Tel: (800) 288-3784 • Fax: (816) 229-0518

e-mail: cmci@ooida.com • web site: 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 816-867-2080

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 _____

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 _____

Request/Consent for information from previous employer

Must complete one form for each employer for the last 3 years

Section 1: To be completed by driver

Driver Name: _____ SSN: _____ Date: _____

Previous Employer or Service Agent: _____

Address: _____ City/State/Zip _____

Phone # _____ Fax # _____

Employed from _____ to _____

I, _____ hereby authorize that the above company may release and forward information
(Applicant's signature)
requested by section 2 (below) of this document concerning my Alcohol and Controlled Substances Testing records to:

CMCI

Post Office Box 1000 • Grain Valley, MO 64029

Telephone (800) 288-3784 • Fax (816) 229-0518 or (816) 867-2080

I understand that the information to be released by my previous employer or service agent is limited to the DOT-regulated testing items listed in section 2 (below). This release is in accordance with DOT Regulation 49 CFR Part 40 and Part 391.

Have you had a drug testing program within the last three years? Yes No

Section 2: To be complete by previous Employer

Circle YES or NO

If driver was **NOT** subject to DOT testing requirements while employed by this employer, please check here

Employment Dates: _____ To _____

Has the driver ever refused a required drug or alcohol test? YES NO

Has the driver ever tested positive on a required controlled-substance test? YES NO

Has the driver ever tested at or above 0.02 on any required alcohol test? YES NO

Has the driver ever violated any other provisions of the DOT drug and alcohol testing regulations? YES NO

Have you received information from any previous employer that this individual violated DOT drug and alcohol regulations? YES NO

Section 2 completed by (Signature) _____ Date _____

Print Name _____ Title _____

Phone # (____) _____

Section 3: To be completed by CMCI

This form was (check one) Faxed to previous employer Mailed Date _____

Complete below when information is obtained:

Information received from: _____ Date _____

Recorded by: _____ Method: Fax Mail Phone Personal Interview