



**Federal  
Drug/Alcohol Test  
Authorization Form**  
Central Drug System, Inc. (800) 310-0036

This form is provided by the Central Drug System, Inc. to the Designated Employer Representative for completion and authorization in the use of specimen collection/alcohol testing and must accompany each employee to the designated collection site. Any questions concerning the use of this form or collection procedures, please call:  
Central Drug System, Inc. (800) 310-0036

Please use tab key to move from each field; use the mouse to check boxes.

**Social Security Number**

Employee's Name: \_\_\_\_\_

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

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

Testing Authority: (Circle one):

FMCSA FAA FRA FTA PHMSA USCG

Telephone: \_\_\_\_\_

DER after hours No.: \_\_\_\_\_

***Employee MUST Report to the Following Collection Site***

Name of Collection Site: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**\*EMPLOYEE MUST BRING PHOTO I.D.\***

The employee from the above company is required to submit to the following DOT test(s):

PLEASE CHECK THE APPROPRIATE TEST:

Please use the mouse to check box below.

DOT DRUG TEST

DOT ALCOHOL BREATH TEST

Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**REASON FOR DOT TEST**

Use the mouse to check REASON for Test.

PLEASE CHECK ONE:

PRE-EMPLOYMENT

POST-ACCIDENT

RANDOM

REASONABLE SUSPICION

RETURN-TO-DUTY (directly observed)

FOLLOW-UP (directly observed)

After checking reason, save the file and print.

**ALL TESTS PERFORMED SHOULD BE FEDERAL (DOT) TESTS**

The following form(s) must be forwarded to CDS – MRO Department: Fax: (714) 418-0136

1. The Drug Test Federal Custody & Control Form, Copy #2
2. The U.S. Department of Transportation (DOT) Alcohol Testing Form marked "EMPLOYER COPY"

All requested drug and alcohol test form(s) must be received by Central Drug System – MRO Dept. within 24 hours or during the next business day after the collection date.

Central Drug System, Inc.

Attn: MRO Department

16560 Harbor Blvd., Suite A

Fountain Valley, CA 92708

Central Drug System, Inc. Assumes Financial Responsibility  
**RETAIN IN EMPLOYEE'S CONFIDENTIAL FILE**

EMPLOYER USE ONLY

COLLECTION SITE USE ONLY