



601 Carlson Parkway  
 Suite 450  
 Minnetonka, MN 55305  
 Phone: 763.235.6466  
 www.mcpr-cca.org

## MCPR DRUG AND ALCOHOL ENROLLMENT FORM

<b>Step 1:</b> Company Name:	
<b>Please indicate who should receive the test results. (This person(s) should be a supervisor(s) of employees subject to the drug testing procedures.)</b>	
Primary:	Alternate:
Address	Address
Phone	Phone
Email	Email
<b>Step 2:</b> Indicate your preferred Collection site. If you need help in locating a collection site please contact Forward Edge at 1.800.480.3723.	
Preferred Collection Site	Phone
Address	Fax
City, State, Postal Code	Email
<b>Step 3:</b> Attach the names of your drivers for the random pool testing and <b>include their social security numbers</b> . Part time and full-time drivers of commercial vehicles are required to be drug tested. For those with more than 1 location, please attach a list of drivers for EACH location.	
<b>Step 4:</b> Remit with payment to MCPR. There is a <b>\$50.00</b> one-time charge (per location) for MCPR members. Non-MCPR members will be charged <b>\$200.00</b> per year.	

### Method of Payment

Check Enclosed (Payable to MCPR) -or-  Credit Card (If paying by credit card, you will receive an invoice with a link to pay online)

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

\_\_\_\_\_  
 Phone Email

\_\_\_\_\_  
 Address City State Zip