Blueline SERVICES

Interest Form

Company Name: _____

Company Address: _____

_____

Contact Name: _____

Contact Phone/Fax: _____

Contact Email: _____

# of Employees: _____

Business Locations: _____

SERVICES:

Non-DOT Drug Testing: ☐ Y ☐ N

DOT Drug Testing: ☐ Y ☐ N

Desired Testing Panels:
- ☐ 5 Panel (Amphetamines, Cocaine, PCP, THC, Opiates)
- ☐ 9 Panel (5 + Benzodiazepines, Barbiturates, Propoxyphene, Methadone)
- ☐ Other _____

Testing Specimen(s)
- ☐ Urine
- ☐ Hair
- ☐ Saliva

Background Screening: ☐ Y ☐ N

Desired Background Screening Services:
- ☐ Criminal Background
- ☐ Social Security / Identity Verification
- ☐ Motor Vehicle Records (MVR)
- ☐ Credit Checks
- ☐ Employment Verification
- ☐ Education / Professional License Verification

Please fax this form to Blueline at 801.595.8378

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