



## AUTHORIZATION FORM

DATE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

REASON FOR TEST:

PRE EMPLOYMENT       RANDOM       REAS. SUSPICION  
 POST ACCIDENT       RETURN TO DUTY       FOLLOW UP  
 OTHER (PLEASE SPECIFY) \_\_\_\_\_

TYPE OF TESTING:

NON DOT DRUG TEST  
 DOT DRUG TEST  
 RAPID DRUG TEST  
 BREATH ALCOHOL  
 NASAP DRUG & ALCOHOL (RANDOM, REAS. SUSP., POST ACC., FOLLOW UP)  
(Please indicate reason of testing)  
 PRE EMPLOYMENT NASAP DRUG & ALCOHOL & RAPID TEST

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