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 www.mcpr-cca.org

## MCPR DRUG AND ALCOHOL ENROLLMENT FORM

**Step 1:** Fill out contact information for your company:

**Please indicate who should receive the test results. (This person(s) should be a supervisor(s) of employees subject to the drug testing procedures.)**

Primary:

Alternate:

Company

Phone

Address

Fax

City, State, Postal Code

Email

**Step 2:** Indicate your preferred Collection site. If you need help in locating a collection site please contact Victoria at Forward Edge at 1.800.480.3723.

Preferred Collection Site

Phone

Address

Fax

City, State, Postal Code

Email

**Step 3:** Attach the names of your drivers for the random pool testing and **include their social security numbers**. 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.

**Step 4:** Remit with payment to MCPR. There is a **\$50.00** one-time charge (per location) for MCPR members. Non-MCPR members will be charged **\$200.00** per year.

### Payment Information

*Checks must be in U.S. dollars and drawn on a U.S. bank and made payable to the MCPR.*

Check

Credit Card Type:

Discover

Master Card

Visa

Total

Card Number

Expiration Date

**Remit with payment to  
MCPR**

Cardholder Billing Address

Card Code

City, State, Postal Code