



REQUEST FOR SAP SERVICES

Employee Name: _____
First Middle Initial Last

Date of Use: _____ Testing Date: _____ Drivers Lic.#: _____

Tested Positive: Alcohol [] Level: _____ Drugs [] Substance: _____

Legal Charges: _____

Reason for Test:

- [] Pre-employment [] FAA (Federal Aviation Admin.)
[] Random [] FMCSA (Federal Motor Carrier Safety Admin.)
[] Reasonable suspicion [] FRA (Federal Railroad Admin)
[] Post-accident [] FTA (Federal Transit Admin.)
[] Return-to-duty [] PHMSA (Pipeline & Hazardous Materials Safety Admin.)
[] Follow-up [] RSPA (Research & Space Programs Admin.)
[] UMTA (Urban Mass Transportation Admin.)
[] USCG (United States Coast Guard)
[] OTHER (Non DOT)

Current Employment Status: [] Employed [] Unemployed [] Separated from Service

Employer/Referral: _____

Address: _____
Street City State Zip

Designated Employee Representative (DER) or Consortium /Third Party Admin. (CTPA):

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

(9.2015)