

**DOT TEST NOTIFICATION ONLY
EMPLOYER'S AUTHORIZATION FOR TREATMENT**

Company: AIM NationalLease ATN account 125899

Employee/Applicant: _____

Clinic Name/Location: _____

Phone/Fax No. _____

Appointment Date: _____

Testing Authority: DOT FMCSA

Type of Service: Controlled Substance (5-panel) **Collection Only**
 Breath Alcohol
 DOT Physical

Custody & Control Form Federal Drug Testing

Reason for Service: _____ Pre-employment
_____ Random
_____ Post-accident or post-injury
_____ Reasonable Cause
_____ Other (company policy)
_____ Recertification physical

Special Instructions: _____

Authorized by: _____

Title: _____

Approval Date: _____

Lab: ATN (phone 888-222-4

MRO: Vincent Marino D.O. Inc.(fax 330-953-3446)

TPA: DDTA Services, Inc. (fax 330-426-6727; ph 330-426-1941)

DER Bob Thibodeau - Corporate Office (x155 or cell 330-518-8715)

AIM Contact: Cathy Jones - Corporate Office (phone 800-873-5059, ext. 134)