

Fax completed forms to: 816-229-0518 or email to: [cmci@ooida.com](mailto:cmci@ooida.com)

CMCI offers the small business truckers an answer to the hassle and confusion of mandatory drug & alcohol testing. We hope the information enclosed in this packet will be helpful. If you have any further questions regarding drug and alcohol testing, please call our office at **1-800-288-3784**

## Introduction Packet Includes

Registration Form

## Program Cost

\$100 annually per applicant for OOIDA members \*\*

*Your OOIDA membership fee must be enclosed with your Registration Form if you are not already an OOIDA member.*

If you are already a member of OOIDA, please enter your OOIDA membership number in the space provided on the Registration Form.

## Program Benefits

- Up to four random drug tests (selected under this program)\*
- Up to two random alcohol tests (selected under this program)\*
- Up to three reasonable cause drug/alcohol tests\*
- National collection test network (additional site charges may apply depending on location of test)
- Medical Review Officer (MRO) services
- Complete record keeping
- A company drug and alcohol testing policy
- 120-minute educational training for supervisor, individual and company personnel education requirements
- Post-accident, pre-employment, return-to-duty or follow-up drug screens for only \$50 more
- Post-accident, return-to-duty or follow-up alcohol test for only \$30 more. Confirmation testing of alcohol = actual cost of test
- Semi-annual summaries provided, if criteria is met
- Annual MIS Report provided
- Driver Handbook

\* Only tests arranged through CMCI will be paid for under this program

\*\* One packet per applicant must be completed to register

NOTE: If you are leased to a carrier, make sure they will accept this program

**CMCI****Your partner in mandatory drug and alcohol testing requirements***A division of Owner-Operator Independent Drivers Association Inc.*

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Dear Prospective Consortium Participant:

Thank you for your interest in CMCI's Drug and Alcohol Testing Program. With CMCI, you can comply with federal regulations through the most complete and cost-effective program in the industry.

Here's the way it works. Included in this brochure are all the registration forms, paperwork and information needed to enroll in CMCI's Drug and Alcohol Testing Program. Once you have enrolled you will receive a compliance certification card from us. You will also be provided with two audio compact discs that your supervisor(s) will need to comply with the educational portion of the Federal Motor Carrier Safety Administration drug and alcohol requirements. Each supervisor that listens to the CDs will need to sign and date the form that will accompany them saying they have listened to the CDs.

As part of your participation in the program you will need to read and complete the Motor Carrier Drug and Alcohol Testing Policy. This would then be filed in your driver safety file. After the drug and/or alcohol test has been performed and analyzed, you will be provided with the results. These results will also be filed with your driver records. You will also be provided with a wallet-sized card certifying your negative test results.

Whenever you need a drug and/or alcohol test, call (800) 288-3784 and CMCI will assign the most convenient collection site from our nationwide network. The plan also includes services of a Medical Review Officer (MRO) and a HHS certified lab. CMCI has everything you need to comply with the federal drug and alcohol testing regulations. The program is simple and the price is low.

If you have any questions or need further information or assistance, please don't hesitate to contact CMCI. By filling out the enclosed forms and returning them as soon as possible, we will be able to start your participation in CMCI's Drug and Alcohol Testing Program and keep you compliant with federal regulations.

# CMCI REGISTRATION FORM

Fax to 816-229-0518 or email to CMCI@OUIDA.COM

Call 800-288-3784 to ensure that the registration form has been received.

**MUST BE LEGIBLE & FILLED OUT ENTIRELY TO BE PROCESSED. USE BLACK INK.**

<b>Company Info</b>	<b>Motor Carrier Information:</b>	Membership # _____
	Company Name _____	
	Company Address _____	
	City _____ State _____ Zip _____	
	Phone # _____ Cell Phone # _____	
	Email _____ FAX # _____	

<b>Driver Info</b>	<b>Driver Information:</b>	Membership # _____
	Driver Name _____	
	Mailing Address _____	
	City _____ State _____ Zip _____ Email _____	
	Home phone# _____ Cell Phone # _____	
	Social Security # _____ Date of Birth _____	
	Does this driver hold a CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	This driver is an : <input type="checkbox"/> Owner-Operator <input type="checkbox"/> Leased Owner-Operator <input type="checkbox"/> Hired Driver/Contract	
	If Owner Operator/Leased Driver. # Trucks owned? _____ Own Trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Has driver ever tested positive OR refused a controlled substance screen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, did driver complete Return to Duty Process? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES. can driver provide SAP/Return to Duty information to the Motor Carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>By signing this form, I certify that I have never tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which I have applied for, but was not hired during the previous two years. Or, if I have tested positive or refused, I have provided documentation to the motor carrier showing I am eligible to drive. I also agree to comply with the drug and alcohol testing requirements of 49 CFR Part 40 and 49 CFR Part 382. I also understand that a drug and or alcohol test will be performed at any time and manner required by the regulations and company policy.</p>		
Drivers Signature _____		
Drivers Printed Name _____		Date: _____

<b>DER</b>	<b>Designated Employer Representative Information (DER)</b>	
	The DER will receive correspondence from CMCI regarding drug and/or alcohol testing, selection notices, results and has the authority to remove a driver from safety sensitive functions if the driver tests positive or refuses drug and or alcohol testing	
	<b>Address where CMCI information is to be sent, if different from the Motor Carrier address:</b>	
	Mailing Address _____	
	City _____ State _____ Zip _____ Fax _____	
<p>By signing this form, I authorize CMCI to act as the intermediary for the purpose of transmitting all drug and alcohol testing information under the circumstances contained in 49 CFR §40.345 and as allowed under the provisions of Appendix F to 49 CFR Part 40.</p>		
DER Signature _____		Phone # _____
Printed Name of DER _____		Date _____

<b>Pre-Employment Testing</b>	<b>Pre-employment drug test. In accordance with §382.301, Check the one box that applies:</b>	
	1. <input type="checkbox"/> I would like CMCI to set up the pre-employment drug test. Pre-employment drug testing is an additional fee and is not included in the \$100 CMCI yearly random testing fee. Results will be provided directly to the DER. You <b>must</b> receive negative results before the driver performs safety sensitive functions. <b>Payment for the test will be collected by CMCI at the time test is scheduled.</b>	
	2. <input type="checkbox"/> I will set up the test on my own and send CMCI the results. The DER or Company will set up and pay for the pre-employment drug screening at a facility of their choice that performs DOT regulated drug screenings. You <b>must</b> receive negative results before the driver performs safety sensitive functions. <b>Payment will be collected by the facility.</b>	
	3. <input type="checkbox"/> I have received written verification from my driver's previous company and he/she qualifies for the pre-employment exceptions and does not need a pre-employment test at this time. Examples of written proof include verification from driver's previous employer that the driver has not been out of a random program for more than 30 days (from date of employment application) <b>AND</b> was drug tested within the previous 6 months <b>OR</b> was continuously enrolled in a random program for the previous 12 months.	
	***Additional fees may apply for any test with a POSITIVE result.***	