



# DOT Safety Helpers, Inc.

1585 Ellinwood Ave Ste. 206 Des Plaines, IL 60016

Ph.: (773) 647 – 3100 ext. 101

Fax: (888) 368 - 2060

## Employer/Employee (Donor) Info

**Form #  
DART 04**

# Order Form

Date: \_\_\_\_\_

Company/Employer Name: \_\_\_\_\_

DER: \_\_\_\_\_

**Last, First and M.I. Name (Designated Employer Representative)**

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**MC #:** \_\_\_\_\_ **DOT #:** \_\_\_\_\_ **EIN #** \_\_\_\_\_

**Drug & Alcohol Testing Program with:**

**Random Services**

**Clearinghouse Setup with:**

**Out Queries**

**Queries**

**Clearinghouse Services with:**

**Out Queries**

**Queries**

**Driver Qualification Services**

**New Entry Audit**

**Audit**

	<b>Employee/ Donor Name (Last Name, First and Middle Initial)</b>	<b>Employee CDL #</b>	<b>State Issue</b>	<b>Hire Date</b>
1.				





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	<b>Employee/ Donor Name</b> <b>(Last Name, First and Middle Initial)</b>	<b>Employee CDL #</b>	<b>State Issue</b>	<b>Hire Date</b>
2.				
3.				
4.				
5.				

\_\_\_\_\_  
**Signature DER (Designated Employer Representative)**

\_\_\_\_\_  
**(Last, First and M.I. Name)**

