



The One Number for injuries and information: 434-544-9549

Please complete the following information and fax to 434-237-7764 to join our group.

Company Name: _____

Company Address: _____

Company Phone: _____

Company Fax: _____

Contact Person: _____

Contact Email: _____

Hours Available: _____

After Hours Contact Person and Number:

Please check which services you require:

- DOT/NonDOT urine drug screen
- DOT/NonDOT breath alcohol testing
- DOT/NonDOT physical exams
- Workers' Comp. post accident
drug screening/breath alcohol

Will you be providing the chain of custodies and kits for the drug screen and
breath alcohol testing or should we use ours? _____ Yours _____ Ours

Thank you for choosing **WorkersChoice™**.