DRUG TESTING PROGRAM CREDIT - REQUEST FORM

AGREEMENT NUMBER: ______________________________________

MEMBER NAME: ______________________________________

This is to advise that the above member does have a drug-testing program in place and is requesting the application of the TBG Drug Testing Program Credit.

The Name of the Drug Testing Program Administration Company is: ________________________________

Effective Date of Enrollment in Program: ______________________________________

This member conducts the following categories of drug tests to all safety sensitive positions:

☐ Pre-Employment Testing

☐ Post Accident Testing

*Note: TBG does require that both pre-employment and post-accident testing is completed to receive the 3% credit.

This credit will not apply to member’s whose drug-testing program is limited to the drug testing mandates of governmental regulatory authorities (DOT).

_________________________________________   _______________________
Signature                                Date

Revised: November 2019