



CORPORATE OFFICE
16903 RED OAK DR., STE 130
HOUSTON, TEXAS 77090
OFFICE: (281) 444-6600
FAX: (281) 444-1025
WWW.TEXASDRUGTEST.COM

MUST HAVE PHOTO ID

Authorization Form – ATN Acct #113652

Company Name: Stark Transportation Test Date: _____

Donor Name: _____ Time Sent: _____

Social Security # _____ Donor Telephone: _____

Authorized by: _____ Contact #: 281-357-0762
 (Please sign)

DER: Josh Kemery Fax #: 281-357-0763

Please Check (☒) Appropriate Space (s) Below

Type of Test

Reason for Test

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Non-DOT Urine Collection | <input type="checkbox"/> DOT FMCSA Urine Collection | <input type="checkbox"/> Pre-Employment | <input type="checkbox"/> Random |
| <input type="checkbox"/> Non-DOT Alcohol Test | <input type="checkbox"/> DOT FMCSA Alcohol Test | <input type="checkbox"/> Reasonable Suspicion | <input type="checkbox"/> Post Accident |
| <input type="checkbox"/> Non-DOT Physical | <input type="checkbox"/> DOT Physical | <input type="checkbox"/> Return to Duty | <input type="checkbox"/> Follow-Up |
| | | <input type="checkbox"/> Annual | |

Hours of Operation:
 Monday – Friday
 8:00 AM to 5:00 PM
 No Appointment
 Walk-ins Only

After Hours:
Toll Free: 877-403-6600