

# INDUSTRIAL MEDICAL ASSOCIATES, P.C.

## 2011

### DOT DRUG & ALCOHOL TESTING PROGRAM IMA Consortium

COMPANY NAME \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_  
(if different)

E - MAIL ADDRESS \_\_\_\_\_

CONTACTS 1. \_\_\_\_\_ PHONE # \_\_\_\_\_

2. \_\_\_\_\_ PHONE # \_\_\_\_\_

COMPANY FAX # \_\_\_\_\_ FAX # Secured \_\_\_ Yes \_\_\_ No

NUMBER OF DRIVERS ENROLLED \_\_\_\_\_

Driver's Name

Social Security #

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	ima-roster-2011