

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 #

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2.	
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10.	ima-roster-2011