SelectWell Consortium Application

Company Name:	
Address	
City	
State/Zip	
Phone Number	
Fax Number	
DER Name	
Email Address	

SelectWell Consortium Guidelines

1. Provide name and social security number for all employees enrolled in SelectWell random drug screen program
2. Provide WorkingWell with any updated employee list
3. Any drug screen performed at another collection site with a different MRO and not using a WorkingWEll chain of custody needs to be forwarded to WorkingWell for reporting purposes
4. All testing will be done in accordance with the DOT Regulations
5. Application may be terminated by giving written notice
6. This application will be reviewed and renewed at beginning of each year.

Driver's/Employee's Name	Driver's/Employee's Social Security Number
Please provide additonal sheet if needed	
Date:	Signature:
WorkingWELL 866-552-9355 Fax: 219-879-5567	www.workingwell.org

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