**Notification to Report Immediately for DOT Random Testing Form**

**Employer’s Name:**

**Designated Employer Representative’s (DER’s) Name & Telephone Number:**

**DER’s Name Telephone Number**

**Employee’s Name: ID Number:**

**Type of DOT Random Selection (Circle One):**

**DRUG or ALCOHOL or DRUG & ALCOHOL**

**Collection Site Location:**

**Name & Signature of Person Conducting the Notification (if not the DER listed above):**

**Printed Name Signature**

**Time & Date of Notification:**

**Employee’s Acknowledgement of Notification**

**I understand that I have been notified to report for the above referenced test(s) and I must report immediately to the location specified above. I understand that if I do not report for testing or leave the collection site without performing all required tests, it may be considered a refusal[[1]](#footnote-1) to test.**

**Employee’s Signature Time & Date**

1. A refusal to test is a violation of the DOT and FAA regulations and will be handled accordingly. [↑](#footnote-ref-1)