



1020 Innovation Lane
Mankato, MN 56001
Phone: 763.235.6466
www.mcpr-cca.org

MCPR DRUG AND ALCOHOL ENROLLMENT FORM

Step 1: Company Name:	
Please indicate who should receive the test results. (This person(s) should be a supervisor(s) of employees subject to the drug testing procedures.)	
Primary:	Alternate:
Address	Address
Phone	Phone
Email	Email
Step 2: Indicate your preferred Collection site. If you need help in locating a collection site, please note, and we will connect you with Forward Edge to help find a location near you.	
Preferred Collection Site	Phone
Address	Fax
City, State, Postal Code	Email
Step 3: Attach the names of your drivers for the random pool testing – DO NOT include SOCIAL SECURITY NUMBERS. Part time and full-time drivers of commercial vehicles are required to be drug tested. For those with more than 1 location, please attach a list of drivers for EACH location.	
Step 4: Remit with payment to MCPR. There is a \$50.00 one-time charge (per location) for signing up.	

Method of Payment

Check Enclosed (Payable to MCPR) -or- Credit Card (If paying by credit card, you will receive an invoice with a link to pay online)

Name Company

Phone Email

Address City State Zip