



# THE MARITIME CONSORTIUM, INC.

P.O. Box 4070, Annapolis, MD 21403-6070

Toll Free Telephone: 1-800-775-6985

Toll Free Fax: 1-800-764-2350

Website: [www.drugfreevessel.com](http://www.drugfreevessel.com)

[info@drugfreevessel.com](mailto:info@drugfreevessel.com)

## Drug Test Request

### Information:

Name \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Fax \_\_\_\_\_

### Order Information:

Qty:	Periodic Tests:	\$70 per test
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Testing Total:

Shipping: (check one)

<input type="checkbox"/>	Regular US Mail	No Charge
<input type="checkbox"/>	FedEx Overnight Mon-Fri Delivery**	\$ 55
<input type="checkbox"/>	FedEx Overnight Sat Delivery**	\$ 65

+

Shipping Total:

=

Grand Total:

\*\*You must list a street address. Request and  
Payment must be received before 3PM.

### Payment Information: Check or Credit Card Accepted!

Please complete all of this section. Your request cannot be processed without all payment information. Failure to provide information will result in a delay of receiving your testing materials.

Check Enclosed     Credit card information below

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Card #:	Expires:	
Name on Card:		
Signature:		

#### Request By:

Toll-Free Fax :  
Fax to 1-800-764-2350 (24 hrs)

Mail:  
The Maritime Consortium  
PO Box 4070  
Annapolis, MD 21403-6070

For More Information, please visit us online!  
[www.drugfreevessel.com](http://www.drugfreevessel.com)

#### For Maritime Use Only:

Lookup Code

Processing: Date \_\_\_\_\_ Amount \_\_\_\_\_ Auth # \_\_\_\_\_

Site Assignment: \_\_\_\_\_

TMCI  
30000



Providing over 9,000 members of the maritime industry, comprehensive compliance with the DOT and USCG regulations 49 CFR 40 and 46 CFR parts 4, 5 and 16, since 1989

Nationally accredited for the administration of drug and alcohol programs

