



Code No. 403.7E8

RANDOM TESTING DRIVER CHANGE LIST FORM IOWA DRUG AND ALCOHOL TESTING PROGRAM

School District Contact Person: _____ Date: _____

School District: Phone: _____

Address: _____

Social Security Number _____ and Name _____
Example 111-22-3333, John Doe. (first and last).

Additions Deletions SSN Name SSN Name

| ADDITONS: | | DELETIONS: | |
|-----------|------|------------|------|
| SSN | NAME | SSN | NAME |
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Please list all qualified drivers who must be tested under the federal regulations. Make copies of this form if you need additional space. Changes must be made in writing. Telephone changes cannot be accepted. Changes must be received the last business day of the prior quarter to be effective on the quarter. Random selection list updates cannot be data entered for a new month if this form is received on or after the first of the new quarter.

IDAPT participants please fax or mail to: Medical Enterprises 200 Essex Ct. Omaha, NE 68144 FAX: (402) 393-8946