## ISP Driver Pre-qualification Drug Test and Physical Appointment Form

			Last Update: 27 September 201
			Date:
CSP Name:			CSP ID#: V
Candidate's Name:	31.5	* .	FedEx ID#:
Candidate Phone:	Station Alpha/number:		tion Alpha/number:
Billing Information	(Direct bill according to inst	ructions below):	
☐ ISP Employee	Driver Candidate		
Druc	Test Collection	*	Physical Exam Only
F	Bill:		Bill: FedEx Ground directly
, F	First Advantage Accounts Payable PO Box 467789 Atlanta, GA 31146		Domicile Station Address:
Relevant DOT Op	perating Administration: ☑ F	<b>ICSA</b>	
Type of Test Sch	eduled: 🗹 Pre-qualification		
Type of Test(s) Rec	quired		
DOT Drug Test	t (Split Specimen) - Driving Eq	uipment >26,001 lb	os. (Tractor Trailers)
☐ Non-DOT Drug	g Test (Split Specimen) – Drivin	g Equipment <26,0	001 lbs. (PD Vans)
Physical Exam	(Medical Examiner's Certificat	e - MCSA-5876)	
certificate issu	rating under the FedEx Ground led for INTERSTATE COMME! Operations is UNACCEPTABL	RCE. Any medical	ty must have the medical examiner's examiner's certificate marked as Valid for
Clinic name:			
Clinic address			
City:	*	State:	ZIP Code:
Clinic phone number:			

Notice to Individuals Subject To DOT-Testing: You are hereby notified that the above-described drug and/or alcohol test is required pursuant to the Department of Transportation testing regulations set forth in 4 9 CFR Part 38 2 (FMCSA). This notice is provided to you in accordance with the applicable regulations.