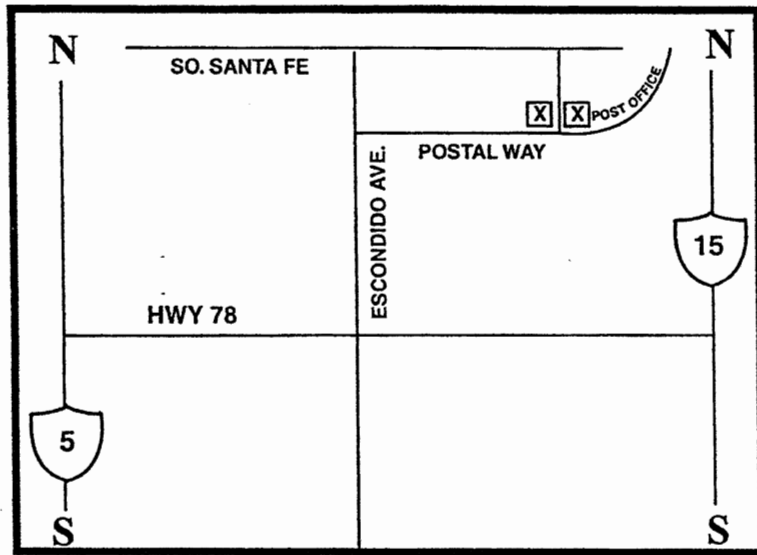


Directions to DTN



Company Name _____ COC Attached

Employee _____

Type of Test: Drug Breath Alcohol Both

Dot Non-Dot PUC

Pre-Employ Random Post Accident/Incident Follow-up

Reasonable Cause Return to Duty

958 Postal Way, Suite 6-B
Vista, CA 92083
(760) 940-2015 (800) 989-1206 Fax (760) 940-0345
e-mail: dtm-inc@pacbell.net
www.drugtestingnetwork.com