Pinnacle Services, LLC
6002 Diamond Ruby 125 Christiansted, St. Croix VI 00820
Medical Unit Phone #: 340-692-3935 Fax #: 340-692-3942

EMPLOYER CONFIDENTIAL INFORMATION SHEET

EMPLOYER INFORMATION

Name: _____

Address: _____
Street City State Zip

Mailing Address: _____
(If different)
Street City State Zip

Estimated number of employees who will be enrolled in this program: _____

Primary DER: Mr./Ms. _____
Last First M.I.

Date of Birth (mm/dd/yyyy): _____

Mother's Maiden Name: _____

Title: ☐ Program Administrator ☐ Other _____

Tel. #: _____ Secure Fax #: _____
(Confidential information will be transmitted to the Secure Fax #)

Secure E-mail: _____

Please indicate how the randoms are to be transmitted: ☐ Via Secure Fax ☐ Via Secure E-mail

Receipt of random notices/results via fax or email to backup DER? ☐ Yes ☐ No

Secondary DER: _____

Date of Birth (mm/dd/yyyy): _____

Mother's Maiden Name: _____

Title: _____

Secure Email/Fax: _____

BILLING INFORMATION (Please indicate how billing invoices are to be transmitted: ☐ Email ☐ Regular Mail

INVOICE ATTN: _____

BILLING TEL. #: _____

BILLING ADDRESS: _____

BILLING SECURE FAX #: _____

City, State, Zip: _____

Email Address: _____

Do you require DOT collections? Yes / No _____

Random Selection Annual Percentages Substance % _____ Alcohol % _____ No. Randoms ____

CONTRACTOR REPRESENTATIVE (DER) SIGNATURE

_____ _____ _____
Employer Representative Signature Date Print Name of Representative

Comments/Special Instructions: _____

_____

_____

_____

_____

_____

OFFICE USE ONLY: Program Start Date: _____

EMPLOYER ID#: _____

Account Sign-up Fee: _____

Alcohol Administration Fee: _____

General Administration Fee: _____