

PSATS CDL Program
Form to Change CDL Contact Person

New CDL Contact Person: Please note that this new “CDL Contact Person” will be directly notified by email when any of your CDL (and/or non-CDL, if appropriate) employees have been selected for a random drug and/or alcohol test. They also will be directly notified by email when any test result is available. This “CDL Contact Person” cannot be a CDL employee. This contact person will also be responsible for managing this employer’s Myescreen.com and FMCSA Clearinghouse accounts. Additional login information and usage instructions about these accounts will be emailed by the PSATS CDL Program to this contact person that will require their immediate attention and action.

Return this completed form to the PSATS CDL Program (as needed) by mail to 4855 Woodland Drive, Enola, PA, by fax to (717) 730-0209, or by email to cdl@psats.org.

New CDL Contact Name: _____

Employer: _____

Email address

This contact person must have an email address to receive necessary emails:

New CDL Contact email: _____

Confidentiality

By signing below, I agree to keep any employee information I receive from the Program and all other information, data, statistics, and facts obtained in connection with the Program strictly confidential unless such information is to be released as required by law.

CDL Contact Person’s Signature

Witness’s Signature

Date

Print Witness’s Name