

**FTA**  
**CITY OF LOVELAND**  
**Alcohol and/or Drug Test Notification**

Name of driver/applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Last four digits of SS# followed by first initial of last name and first initial of first name: \_\_\_\_\_

Division/Department (circle one): TRANSIT VEHICLE MAINTENANCE

***Driver/Applicant – Make sure you have photo identification with you***

Driver/applicant is to undergo the following screen(s):

Five-panel drug screening testing for marijuana, cocaine, amphetamines and methamphetamines, opiates, and PCP  
 Breath alcohol performed by a certified Breath Alcohol Technician (BAT)

***Note: Only drug screen required for post-employment offer***

Name of Supervisor: \_\_\_\_\_ Phone No: \_\_\_\_\_  
(Please print)

Check reason for test:

Follow-up       Post-Accident       Post-Employment Offer  
 Random       Reasonable Suspicion       Return-to-duty

**Test is scheduled:** Date: \_\_\_\_\_

Time: \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

For questions regarding testing, please call Human Resources at 962-2363

***Driver/applicant must take this signed form to AccuTest (227-9583) at 2529 N. Lincoln #C in Loveland***