



# State of Alaska Authorization Form

## Employee Information DONOR MUST BRING VALID PHOTO ID

Employee Full Legal Name	Work Location
Job Title	Phone Number
Employee ID #	Date of Birth
Testing Site / Address	

## Reason for Test

Pre-Employment  Random  Reasonable Suspicion  Post-Accident  Return to Duty  Follow-Up  Other

## Direct Observation

Yes  No

## Drug Collection Only Drug Test: Yes No | DOT Non-DOT

Department of Corrections:	<input type="checkbox"/> State of AK DOT FMCSA (PA63989) <input type="checkbox"/> State of AK Non-DOT (PA63991)
Department of Education and Early Development:	<input type="checkbox"/> State of AK DOT FMCSA (PA63992) <input type="checkbox"/> State of AK Non-DOT (PA63993)
Department of Fish and Game:	<input type="checkbox"/> State of AK DOT FMCSA (PA63985) <input type="checkbox"/> State of AK Non-DOT (PA63986)
Department of Labor and Workforce Development:	<input type="checkbox"/> State of AK DOT FMCSA (PA63994) <input type="checkbox"/> State of AK Non-DOT (PA63995)
Department of Military and Veterans Affairs:	<input type="checkbox"/> State of AK DOT FMCSA (PA63987) <input type="checkbox"/> State of AK Non-DOT (PA63988)
Department of Natural Resources:	<input type="checkbox"/> State of AK DOT FMCSA (PA63983) <input type="checkbox"/> State of AK Non-DOT (PA63984)
<b>Department of Transportation and Public Facilities:</b>	
Central Region:	<input type="checkbox"/> State of AK DOT FMCSA (PA63849) <input type="checkbox"/> State of AK Non-DOT (PA63848)
Northern Region:	<input type="checkbox"/> State of AK DOT FMCSA (PA63851) <input type="checkbox"/> State of AK Non-DOT (PA63850)
Southeast (Southcoast) Region:	<input type="checkbox"/> State of AK DOT FMCSA (PA63847) <input type="checkbox"/> State of AK Non-DOT (PA63846)

## Breath Alcohol Testing Drug Test: Yes No | DOT Non-DOT

Department:

## Requester

Supervisor Name	Phone	Date
DER Name	Phone	Date

## Reporting Methods Billing

All Exam clearances to:	<b>ARCpoint Occupational Solutions</b> <b>ATTN: Chanda McAbee</b> <b>220 North Main Street</b> <b>Suite 325</b> <b>Greenville, SC 29601</b> <b>Email: cmcabee@arcpointlabs.com</b> <b>Phone: 864-271-3210 Ext. 103</b> <b>Fax: 864-271-5810</b>
Email results upon completion of appointment to: <a href="mailto:results@arcpointos.com">results@arcpointos.com</a> Fax: 919-328-3177	
<b>All MRO copies and BATs need to be faxed or emailed to the MRO immediately following the collection</b>	
Fax: 855-253-5666      Email: <a href="mailto:mro@i3screen.com">mro@i3screen.com</a>	
Call <b>ARCpoint Occupational Services/ARCpoint Labs</b> with any questions related to testing.	
<b>Asheley Lawson</b> 864-561-0760	
<b>Laura Kerr</b> 864-483-5256	
<b>Cassandra Micklich</b> 864-380-0471	
<b>Courtney Parrett</b> 864-884-5591	