



DENISE DENICOLO, M.S.
 SUBSTANCE ABUSE PROFESSIONAL

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REQUEST FOR SAP SERVICES

EMPLOYEE INFORMATION

Employee: _____ Social Security #: _____

DOB: _____

CDL# _____ State: _____ Exp: _____

Address: _____

Phone #: _____

VIOLATION INFORMATION

What was the violation? _____

Date of Incident: _____

TESTED POSITIVE FOR: (check appropriate response)

<input type="checkbox"/>	Alcohol	Testing level of:
<input type="checkbox"/>	Drugs	Specify:

REASON FOR SAP SERVICES

<input type="checkbox"/>	Pre-employment	FMCSA (Federal Motor Carrier Safety Administration)
<input type="checkbox"/>	Post Accident	FRA (Federal Railroad Administration)
<input type="checkbox"/>	Random	FTA (Federal Transit Administration)
<input type="checkbox"/>	Reasonable Suspicion	FAA (Federal Aviation Administration)
<input type="checkbox"/>	Return To Duty	RSPA (Research & Special Programs)
<input type="checkbox"/>	Follow-Up	USCG (United States Coast Guard)

EMPLOYER INFORMATION

Current employment status: _____

Employer: _____

Employer Address: _____

DER Name & Title: _____

DER Phone: _____

DER Fax: _____