

***Town of Liberty***  
***P.O. Box 1006***  
***Liberty, North Carolina 27298***  
***336-622-4276 (Telephone)***  
***336-622-1890 (FAX)***

**AUTHORIZATION FOR DRUG/ALCOHOL TEST**

**COMPANY: Town of Liberty**

Employee Name: \_\_\_\_\_ SS# XXX-XX- \_\_\_\_\_

Please Check : NON-DOT \_\_\_\_\_

Reason for Test: \_\_\_\_\_ Pre-Employment  
\_\_\_\_\_ Random  
\_\_\_\_\_ Post Accident  
\_\_\_\_\_ Return to Duty  
\_\_\_\_\_ Cause/Reasonable Suspicion  
\_\_\_\_\_ Other Explain \_\_\_\_\_

**Drug Screens**

\_\_\_\_\_ NON DOT Drug Test 7-Panel

**ALCOHOL TEST**

\_\_\_\_\_ Alcohol Test

**BILLING**

\_\_\_\_\_ Town of Liberty  
P.O. Box 1006  
Liberty, North Carolina 27298

NOTIFICATION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

AUTHORIZED BY (Supervisor Signs): \_\_\_\_\_

Phone#: \_\_\_\_\_

Test Date: \_\_\_\_\_