



Occupational Medicine Associates



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## Random Program Additions/Subtractions

Company Name: \_\_\_\_\_

Name of Employee's	SS or ID#	Add/Subtract	CDL or Non-CDL

**Please note:**

- DOT mandates that the employer is responsible for notifying Occupational Medicine Associates of any employee changes.
- If your company is on monthly "randoms", fax this back by the 20<sup>th</sup> of every month.
- If your company is on quarterly "randoms", fax this form by the 20<sup>th</sup> of December, March, June, and September.
- If you do not have any changes please indicate that and fax back.
- Please be sure to include employee's Social Security number or identification number.
- Questions? Contact Jenni at 509-455-5555 x224

**FAX NUMBER 509-456-2851**

**THANK YOU!**