## **DER Affidavit**

Company Name:				
DOT #:				
DER Name: (Designated employer Representative)				
DER Phone:				
DER e-mail:				
Donor Name				
CDL # with State of Issue				
Date of Test:				
Reason for Test:				
	Reason	for Refusal		
Fail to remain at the unine conection site  Fail to provide a urine specimen  Fail to permit a monitored or observed urine collection  Fail or decline to take an additional drug test the employer or collector has directed  Fail to cooperate with any part of the urine collection process  For an observed collection, fail to follow the instructions to raise and lower clething and two ground.			having adulterated or substituted the specimen whol test when directed to report	
DER Remarks:				
Additional Documentation Attached			CCF Attached	
DER Signature:				
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Donor Signature			
Donor refused t	o sign	Donor not available to sign	
Donor provided	this notice	Donor not available to receive notice	