

GLOBAL INFORMATION NETWORK LLC

C/TPA SUB-ACCOUNT SET UP

One Form Is Required For Each Account

Company Name _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email: _____

Contact Person _____

Alternate Contact Person _____

LEAVE BLANK GLOBAL TO COMPLETE CLIENT REPORT RESULTS VIA:

Fax to # _____ Email to _____

Web Reporting 4 digit pin # _____

LEAVE BLANK GLOBAL TO COMPLETE Global Information Network C/C of all REPORT RESULTS VIA:

Fax to # _____ Email to _____

Web Reporting 4 digit pin # _____

THIS INFORMATION MUST BE PROVIDED IN ORDER FOR US TO SETUP YOUR ACCOUNT:

Type of testing being performed: DOT **MODE OF TRANSPORTATION:**

FMCSA FAA FRA FTA PHMSA USCG

NON-DOT 5 PANEL OR 9 PANEL

Lab Name: _____

Account #: _____

Special Instructions/Comments: _____

Authorized by: _____ Title: _____ Date _____