



***Driving the Delivery of  
Excellent Patient Care***

**APPLICATION FOR MEMBERSHIP**

**GENERAL BUSINESS DEMOGRAPHICS**

Main Contact Name

Main Contact Phone #

Billing Address

City, State, Zip

Physical Business Address if different

Physical City, State, Zip

Business Main Phone #

Business Structure (sole-proprietor, LLC, Corp)

Years in Business      Company Website Address:

Business Insurance (include types and amounts or provide copies)

Additional people in your organization that you authorize to communicate with regarding your business status  
(Name, location if different than yours, phone & email required)

## SERVICE AREA

(Maps are accepted vs detailing below. Please submit to Linda via email)

Major Cities you service regularly

Rural areas you service regularly

Airports you service regularly

Major Cities you do service as-needed

Rural areas you do service as-needed

Airports you service as-needed

Locations (Major cities, Airports and Rural areas) you can or are willing to bid to service that do not fall into the above categories

### Type of SERVICE you currently provide

- |  |  |
|--|--|
| <input type="checkbox"/> Diagnostic/Reference Lab stats  | <input type="checkbox"/> Diagnostic/Reference Lab routes         |
| <input type="checkbox"/> Diagnostic/Reference Lab on-call  |  |
| <input type="checkbox"/> Blood Bank  | <input type="checkbox"/> Pathology/Tissue Lab                    |
| <input type="checkbox"/> Dental Lab  | <input type="checkbox"/> Eye Lab                                 |
| <input type="checkbox"/> LTC pharmaceutical  | <input type="checkbox"/> Home delivery durable medical equipment |
| <input type="checkbox"/> Home Infusion/Home Health Home delivery of consumer pharmaceuticals (eg. Walgreens) |  |
| <input type="checkbox"/> HazMat Certified Deliveries   | <input type="checkbox"/> Nuclear Med Certified deliveries        |
| <input type="checkbox"/> Organ Transplant  |  |
| <input type="checkbox"/> Packaging of specimens then delivered to Airport (IATA compliant)                   |  |

Delivery of pre-packaged specimens when IATA compliance falls on your client packaging specimens

Some cities/airports require all couriers who enter their freight terminals to have specific authorization or certification to enter airport terminals and/or provide freight delivery to the Airport. Please specify if your company has any special certifications.

Small Package (non-medical)

Freight (non-medical)

### DRIVER DETAILS

# of Employee drivers

# of IC companies or individual drivers you regularly utilize

Full uniforms (coat, shirt, pants)

Uniform shirts only

Company Hats

Dress-code (attach copy or detail)

No "Uniform" policy

ID Badges worn clearly visible outside of clothing and coats

ICE policy in place (in-case-of-emergency). If yes, please attach a copy for our review.

**Driver certification requirements** (*attach copies of each certification policy you have, details of your training program or if you do not use an outsourced trainer, who in your company provides the training and their credentials and level of expertise*)

DOT-CDL policies & procedures

IATA, TSA, or other Air Cargo

Specimen Integrity

OSHA-compliant/Best-Practice Exposure Control

HIPAA

Do you have a risk of exposure assessment and reporting policy & procedure? (attach a copy)

Pharmaceutical high-risk and Schedule IV and V narcotic delivery policies (sometimes referred to as Class C)  
<http://www.justice.gov/dea/druginfo/ds.shtml>

HazMat

Nuclear Med

Other (specify)

**Company certification and recertification policy:**

Upon Hire and then annually

Once per year

No specific retraining policy

**REFERENCES**

Provide 3 business references or letters from businesses you service or have serviced within the last three-years. Understand that these references will be contacted to verify. Please also list all business affiliations such as memberships with Chambers of Commerce, the Better Business Bureau, Associations, etc.

Reference 1: include name of company, type of courier service you provide, contact information

Reference 2:

Reference 3:

Memberships & Affiliations and the date they expire (if known):

**Additional details about your company that you would like us to consider**