



**STATE OF ARKANSAS  
FACILITY MEMBERSHIP APPLICATION FOR  
MULTI-STATE DRUG TESTING KIT(S)  
CONTRACT NUMBER: SP-07-0437R**

The completed form must be returned to the Arkansas Office of State Procurement for authorization. This form should be faxed to (501) 324-9311 or e-mailed within five (5) days after signing to:

[Judy.shirley@dfa.state.ar.us](mailto:Judy.shirley@dfa.state.ar.us)

1. State of: \_\_\_\_\_
2. Facility Name: \_\_\_\_\_  
Purchasing Contact Person (On-Site): \_\_\_\_\_  
Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Street Address (Include P. O. Box if Applicable): \_\_\_\_\_
3. Average dollar amount of Drug Testing Kit(s) purchased per month: \_\_\_\_\_
4. Circle which best describes your facility setting:
  - (a) Public Health Laboratory
  - (b) Environment Quality Testing Facility
  - (c) Student Health Laboratory
  - (d) Correctional Facility
  - (e) Community Health Facility
  - (f) Hospital/Clinic
  - (g) Criminal Laboratory
  - (h) Nursing Home
  - (i) Acute Care Hospital
  - (k) Other (Please indicate): \_\_\_\_\_
5. Approximate number of personnel in your facility: \_\_\_\_\_

The above information is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorized Personnel