

ATTACHMENT D
NOTIFICATION TO THE CENTRAL DRUG REGISTRY

Type or Print

AGENCY SUBMITTING						
AGENCY			PHONE			
ADDRESS		CITY	STATE	ZIP		
CONTACT PERSON		TITLE	PHONE			
PERSON TO BE ENTERED						
LAST NAME		FIRST NAME	INITIAL	GENDER	RACE	EYE COLOR
DOB	SSN		SBI NUMBER (IF KNOWN)			
THIS PERSON WAS: <input type="checkbox"/> APPLICANT <input type="checkbox"/> SWORN OFFICER - RANDOM <input type="checkbox"/> TRAINEE <input type="checkbox"/> SWORN OFFICER - REASONABLE SUSPICION						
ADDRESS						
CITY		STATE		ZIP		
REASON FOR NOTIFICATION						
THE PERSON LISTED ABOVE <input type="checkbox"/> TESTED POSITIVE FOR _____ (IDENTIFY SUBSTANCE) OR <input type="checkbox"/> REFUSED TO SUBMIT A URINE SAMPLE						
DATE OF THE DRUG TEST OR REFUSAL			DATE OF FINAL DISMISSAL OR SEPARATION FROM AGENCY			
CERTIFICATION <i>(Must be completed by Chief or Director. Must be notarized with raised seal)</i>						
I hereby affirm that the above information is true and correct to the best of my knowledge. _____						
<i>Print Name</i>		<i>Title</i>		<i>Signature</i>		
Sworn and subscribed before me this _____ day of _____, _____						
(Seal)		_____				

(6/01)

Mail to: Division of State Police
State Bureau of Identification
Central Drug Registry
P.O. Box 7068
West Trenton, New Jersey 08628-0068