

# Drug testing registration of interest form



Work and Income  
Te Hiranga Tangata

A service of the Ministry of Social Development

This registration form sets out the information required from drug testing agencies who wish to register their interest in becoming a potential provider of drug tests for Work and Income beneficiaries who are required to pass a drug test.

Drug testing agencies that register their interest and undertake tests in accordance with the AS/NZS 4308-2008 standard will be asked to list and maintain local contact and pricing details on a directory to be made available to Work and Income beneficiaries.

The drug testing agency the beneficiary chooses to complete their drug test will be determined by the beneficiary. In general this decision is expected to be based on the fee and location of the testing agency. Work and Income does not guarantee a minimum level of referrals to any potential provider.

Once you have completed this form, you can return it to Work and Income in one of the following ways:

- **Scan and email:** Pre\_employment\_Drug\_Test\_Services\_ROI@msd.govt.nz
- **Post to:** Registration of Interest - Pre-employment Drug Testing  
Ministry of Social Development  
PO Box 1556  
Wellington 6140

## Agency details

1

**What is the legal name of your organisation?**

2

**What is the trading name of your organisation?**

3

**What is the street address?**

Number

Street name

Suburb

Town/City

4

**Is the mailing address different from the street address?**

No

Yes



**Tell us the mailing address**

5

**What are the contact person's details for this registration?**

Name	
Work phone number	(      )
Mobile phone number	(      )
Email address	

**Area your agency covers**

6

**What area can your testing agency cover?**

↓ Please tick all that apply

- |   |  |
|---|--|
| <input type="checkbox"/> Northland                            | <input type="checkbox"/> Central - Manawatu / Wairarapa    |
| <input type="checkbox"/> Auckland                             | <input type="checkbox"/> Wellington                        |
| <input type="checkbox"/> Bay of Plenty                        | <input type="checkbox"/> Nelson / Marlborough / West Coast |
| <input type="checkbox"/> Waikato                              | <input type="checkbox"/> Canterbury / South Canterbury     |
| <input type="checkbox"/> Taranaki / King Country / Rangitikei | <input type="checkbox"/> Southern - Otago / Southland      |
| <input type="checkbox"/> East Coast / Hawkes Bay              | <input type="checkbox"/> Nationwide                        |

**Signature**

I confirm that I understand and agree that in order to qualify for reimbursement, all drug tests will be undertaken in accordance with the New Zealand drug testing standard, AS/NZS 4308-2008: *Standard procedures for specimen collection and the detection and quantitation of drugs of abuse in urine.*

Name

Signature

Date  
 /  /   
Day      Month      Year