Name (last, first r	niddle):			
Date of Birth (mm-do	d-yyyy):			
Social Security N	lumber:			
Phon	e - cell:			
Phone - al	ternate:			
А	ddress:			
City, Sta	ate. Zip:			
Preferred Lo	_	OBillings	• Helena	
Availability (within next tw		_	by end of May	2019
Availability (Wallin Hext tw	o weeks).			
Purpose: OPre-F	Placement	Annual	Other	
Type: OEvalu	uation	Examination		ecify)
,,				
Components:	☐ Imm	unity Panel	☐ T-Spot TB Scr	eening
	☐ Urine	e Drug Screen		
		C		
Special Job Titles:	☐ Boile	er Plant Operator		
	☐ Firef	ighter	Police Officer	
	☐ Moto	or Vehicle Operator	& Incidental Driver	
Other:				
		0 11 0 1	Digitally signed by Cari	Paige 192665
Montana VA HCS Sig	gnature:	Cari L. Paige 19	92665 Digitally signed by Carl L. Date: 2019.03.04 15:37:2	7 -07'00'
Authoriz	ed Fee:	\$2112.00		
Date Request to COMS:		03-04-2019		

Name (last, firs	middle):			
Date of Birth (mm-	dd-yyyy):			
Social Security	Number:			
Pho	ne - cell:			
Phone - a	alternate:			
	Address:			
City, S	tate, Zip:			
Preferred	Location:	O Billings	Helena	
Availability (within next	two weeks):	Anytime		
Purpose: Pre	-Placemen	t OAnnual	Other	
Type: OEva	luation	Examinati	(specify)	
Components:	_	unity Panel e Drug Screen	☑ T-Spot TB Screening	
Special Job Titles:	☐ Boile	er Plant Operator		
	☐ Firef	ighter	☐ Police Officer	
	☐ Moto	or Vehicle Operator	& Incidental Driver	
Other:				
<u>Montana VA HCS</u> S	ignature:	Cari L. Paige 19	2665 Digitally signed by Carl L. Paige 192665 Date: 2019.03.05 15;56;45 -07'00'	
	zed Fee:	\$860.00		
Date Request to		03-05-2019		
- ALL LANGE OF A ANIMAL				

Name (last, first middle	<u> </u>
Date of Birth (mm-dd-yyyy	y):
Social Security Number	er:
Phone - ce	II:
Phone - alternat	e:
Addres	s:
City, State, Zi	p:
Preferred Locatio	n: O Billings
Availability (within next two weeks	Anytime Anytime
Purpose: OPre-Placen Type: OEvaluation	nent OAnnual Oother DEMPS (specify)
_	mmunity Panel
Special Job Titles:	soiler Plant Operator
□ F	irefighter
	lotor Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature	Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665 Date: 2019.03.05 15:56:45 -07'00'
Authorized Fee	s: \$1423.00
Date Request to COMS	9: 03-05-2019

Name (last, first mi	ddle):		
Date of Birth (mm-dd-	уууу):		
Social Security Nu	mber:		
Phone	- cell:		
Phone - alte	rnate:		
Ado	dress:		
City, State	. Zip:		
Preferred Loc		Billings	Helena
Availability (within next two v		Anytime	Tiolella
, wandemy (wanninext two v	veeks).		
Purpose: Pre-Pla	cemen	t OAnnual	Other
Type: OEvaluat	tion	Examination	(specify)
		0	
Components:	Imm	unity Panel	☑ T-Spot TB Screening
	Urine	e Drug Screen	
Special Job Titles:	Boile	er Plant Operator	
] Firef	ighter	☐ Police Officer
] Moto	or Vehicle Operator &	& Incidental Driver
Other:	J		
		Comit Daine 400	Digitally signed by Cari I Paige 192665
Montana VA HCS Signa	ature:		2665 Digitally signed by Carl L. Paige 192665 Date: 2019.03.07 11:23:08 -07'00'
Authorized Fee:		\$490.00	
Date Request to COMS:		03-07-2019	

Name (last, first n	niddle):		
Date of Birth (mm-dd	І-уууу):		
Social Security N	umber:		
Phone	e - cell:		
Phone - alt	ernate:		
Ad	ddress:		
City, Sta	te, Zip:		
Preferred Lo		Billings	O Helena
Availability (within next two		Anytime	
Availability (within hext two	weeks).		
Purpose: Pre-P	lacement	Annual	Other
Type: OEvalu	ation	Examination	(specify)
Components:	☑ Imm	unity Panel	☑ T-Spot TB Screening
	☐ Urine	e Drug Screen	
		_	
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator &	& Incidental Driver
Other:			
		Caril Daiga 100	2665 Digitally signed by Carl L. Paige 192665 Date: 2019.03.11 14:57:24 -06'00'
Montana VA HCS Sig	nature:		Date: 2019.03.11 14:57:24 -06'00'
Authorize	ed Fee:	\$815.00	
Date Request to COMS:		03-11-2019	

Name (last, first	middle):		
Date of Birth (mm-d	ld-yyyy):		
Social Security I	Number:		
Pho	ne - cell:		
Phone - a	Iternate:		
A	Address:		
City. St	ate, Zip:		
Preferred L		Billings	O Helena
Availability (within next to		Anytime	Tiololia
Availability (within next to	wo weeks).		
Purpose: Pre-	Placemen ^a	t Annual	Other
Type: OEval	uation	Examination	(specify)
Components:	☑ Imm	unity Panel	☑ T-Spot TB Screening
		e Drug Screen	3
		3	
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator	& Incidental Driver
Other:			
			Digitally signed by Codd Deign 402005
Montana VA HCS Sig	gnature:		2665 Digitally signed by Cari L. Paige 192665 Date: 2019.03.11 14:57:24 -06'00'
Authorized Fee:		\$860.00	
Date Request to COMS:		03-11-2019	

Name (last, first r	niddle):		
Date of Birth (mm-do	d-yyyy):		
Social Security N	umber:		
Phon	e - cell:		
Phone - alt	ternate:		
А	ddress:		
City, Sta	ite. Zip:		
Preferred Lo		Billings	O Helena
Availability (within next tw		Anytime	
Availability (within next tw	o weeks).		
Purpose: Pre-F	Placement	Annual	Other
Type: Evalu	ıation	Examination	(specify)
7,1-4			
Components:	☑ Immi	unity Panel	☑ T-Spot TB Screening
		e Drug Screen	
	_ •		
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firefi	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator &	& Incidental Driver
Other:			
			D. W. H
Montana VA HCS Sig	ınature:	Cari L. Paige 192	2665 Digitally signed by Carl L. Paige 192665 Date: 2019.03.12 15:08:24 -06'00'
Authoriz	ed Fee:	\$477.63	
Date Request to COMS:		03-12-2019	

Name (last, first r	middle):		
Date of Birth (mm-de	d-yyyy):		
Social Security N	lumber:		
Phor	e - cell:		
Phone - al	ternate:		
Α	ddress:		
City, Sta	ate, Zip:		
Preferred Lo		Billings	Helena
Availability (within next tw	o weeks):	Anytime	
,			
Purpose:	Placement	Annual	Other
Type:	uation	Examinati	(specify)
Components:	☑ Imm	unity Panel	☑ T-Spot TB Screening
	☐ Urine	e Drug Screen	
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator	& Incidental Driver
Other:			
		Caril Daiga 10	Digitally signed by Carl L. Paige 192665
Montana VA HCS Sig	gnature:		2665 Date: 2019.03.12 15:08:24 -06'00'
Authorized Fee:		\$477.63	
Date Request to COMS:		03-12-2019	

Name (last, first m Date of Birth (mm-dd Social Security Nu	-уууу):		
	e - cell:		
Phone - alte Ad	ernate: dress:		
City, Stat Preferred Loc Availability (within next two	cation:	O Billings Anytime	Helena
Purpose: Pre-Pl	acement ation	Annual Examination	Other
oomponomo.		unity Panel Drug Screen	☑ T-Spot TB Screening
Special Job Titles:	☐ Firefi	r Plant Operator ghter r Vehicle Operator	Police Officer & Incidental Driver
Other:	□		
Montana VA HCS Signature: Authorized Fee:		Cari L. Paige 193 \$860.00 03-12-2019	2665 Digitally signed by Cari L. Paige 192665 Date: 2019.03.12 16:23:16 -06'00'
Date Request to COMS:		00-12-2019	

Name (last, first	middle):			
Date of Birth (mm-dd-yyyy):				
Social Security N	lumber:			
Phor	ne - cell:			
Phone - a	lternate:			
A	\ddress:			
City, St	ate, Zip:			
Preferred L		OBillings	• Helena	
Availability (within next to	vo weeks):	Anytime		
•				
Purpose: Pre-l	Placement	t OAnnual	Other	
Type: OEval	uation	Examinati		
Components:	✓ Imm	unity Panel	☑ T-Spot TB Screening	
	☐ Urine	e Drug Screen		
	_			
Special Job Titles:	☐ Boile	er Plant Operator	_	
	☐ Firef	ighter	☐ Police Officer	
	☐ Moto	or Vehicle Operator	& Incidental Driver	
Other:				
Montana VA HCS Si	gnature:	Cari L. Paige 19	92665 Digitally signed by Carl L. Paige 192665 Date: 2019.03.13 11:25:20 -06'00'	
	zed Fee:	\$815.00		
Date Request to		03-13-2019		
Para Hagagar to OCIMO.				

Name (last, first	middle):		
Date of Birth (mm-d	d-yyyy):		
Social Security N	Number:		
Phor	ne - cell:		
Phone - a	lternate:		
A	\ddress:		
City, St	ate, Zip:		
Preferred L	ocation:	Billings	Helena
Availability (within next to	vo weeks):	Anytime	
Purpose: Pre-l	Placement	t OAnnual	Other
Type: OEval	uation	Examination	(specify)
Components:	☑ Imm	unity Panel	☑ T-Spot TB Screening
	✓ Urine	e Drug Screen	
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ighter	Police Officer
	☐ Moto	or Vehicle Operator	& Incidental Driver
Other:			
Mantana VA HOO Ci		Cari L. Paige 19	2665 Digitally signed by Carl L. Paige 192665 Date: 2019.03.13 11:25:20 -06'00'
	gnature:	\$2112.00	Ø.
Authoriz		03-13-2019	
Date Request to COMS:			

Name (last, first	middle):	_	
Date of Birth (mm-	dd-yyyy):	_	
Social Security	Number:	-	
Pho	ne - cell:	-	
Phone - a	ılternate:	_	
	Address:		
City, St	ate, Zip:	-	
Preferred L	ocation:	Billings	O Helena
Availability (within next to	wo weeks):	Anytime	
Purpose:	Placemen	t OAnnual	Other
Type: OEval	uation	Examinat	(specify)
Components:		unity Panel e Drug Screen	☑ T-Spot TB Screening
Special Job Titles:	☐ Boile	er Plant Operator	
	_	ighter	Police Officer
	☐ Moto	or Vehicle Operator	& Incidental Driver
Other:			
<u>Montana VA HCS</u> Si	gnature:	Cari L. Paige 19	Digitally signed by Cari L. Paige 192665 Date: 2019.03.13 11:25:20 -06'00'
Authorized Fee:		\$2112.00	
Date Request to COMS:		03-13-2019	

Name (last, first middle):	
Date of Birth (mm-dd-yyyy):	
Social Security Number:	
Phone - cell:	
Phone - alternate:	
Address:	
City, State, Zip:	
Preferred Location:	Billings Helena
Availability (within next two weeks):	Anytime
Purpose:	Annual Other(specify) Examination
_	unity Panel
	r Plant Operator ghter
☐ Moto	r Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature:	Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665 Date: 2019.03.13 11:25:20 -06:00'
Authorized Fee:	\$860.00
Date Request to COMS:	03-13-2019

Name (last, fir	st middle):		
Date of Birth (mm	n-dd-yyyy):		
Social Securit	y Number:		
Ph	none - cell:		
Phone -	· alternate:		
	Address:		
City.	State, Zip:		
	Location:	Billings	• Helena
Availability (within nex			f by end of May 2019
, (t the weekey.	-	
Purpose: OPre	e-Placemen	t	Other
Type: OEv	aluation	Examinat	(specify)
Components:	☐ Imm	unity Panel	☐ T-Spot TB Screening
	☐ Urine	e Drug Screen	·
Special Job Titles:	☐ Boile	er Plant Operator	
	☑ Firef	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator	· & Incidental Driver
Other:			
		O 10	Digitally signed by Cari L. Pains 10365
Montana VA HCS	Signature:	_	92665 Digitally signed by Carl L. Paige 192665 Date: 2019.03.15 10:41:27 -06'00'
Authorized Fee:		\$1386.47	
Date Request to COMS:		03-15-2019	

Name (last, first middle):	
Date of Birth (mm-dd-yyyy):	
Social Security Number:	
Phone - cell:	
Phone - alternate:	
Address:	
City, State, Zip:	
Preferred Location:	O Billings
Availability (within next two weeks):	Need signoff by end of May 2019
Purpose: OPre-Placemen Type: OEvaluation	t
	unity Panel
	er Plant Operator fighter
☐ Moto	or Vehicle Operator & Incidental Driver
Other: \square	
Montana VA HCS Signature:	Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665 Date: 2019.03.15 10:41:27 -06'00'
Authorized Fee:	\$1386.47
Date Request to COMS:	03-15-2019

Name (last, first	middle):	-	
Date of Birth (mm-d	d-yyyy):	-	
Social Security N	Number:	_	
Phor	ne - cell:		
Phone - al	lternate:		
Δ	ddress:		
City, Sta		-	
Preferred L		Billings	Helena
Availability (within next tw		Anytime	Tiololia
Availability (within hext tw	o weeks).		
Purpose: OPre-F	Placemen	t Annual	Other DEMPS
Type: OEvalu	uation	Examination	(specify)
Components:	☑ Imm	unity Panel	☑ T-Spot TB Screening
•	_	e Drug Screen	g
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator 8	& Incidental Driver
Other:			
Montana VA HCS Sig	ınature:	-	2665 Digitally signed by Cari L. Paige 192665 Date: 2019.03.15 11:37:07 -06'00'
Authorized Fee:		\$1423.00	
Date Request to COMS:		03-15-2019	

Name (last, first middle):	
Date of Birth (mm-dd-yyyy):	
Social Security Number:	
Phone - cell:	
Phone - alternate:	
Address:	
City, State, Zip:	
Preferred Location:	Billings
Availability (within next two weeks):	Anytime
	t Annual Other
Special Job Titles:	er Plant Operator ighter
Other: \Box	
Montana VA HCS Signature:	Cari L. Paige 192665 Digitally signed by Cari L. Paige 192665 Date: 2019.03.15 11:37:07 -06'00'
Authorized Fee:	\$860.00
Date Request to COMS:	03-15-2019

Name (last, first middle)	
Date of Birth (mm-dd-yyyy)	
Social Security Number	:
Phone - cell	:
Phone - alternate	:
Address	:
City, State, Zip	:
Preferred Location	
Availability (within next two weeks)	N/A
Availability (within hext two weeks)	
Purpose: OPre-Placem	
Type: OEvaluation	(specify) Examination
Components:	nmunity Panel T-Spot TB Screening
	rine Drug Screen
	· ·
Special Job Titles:	oiler Plant Operator
□F	irefighter
Пи	lotor Vehicle Operator & Incidental Driver
Other:	
	O : L D : Digitally signed by Cari L. Paige 192665
Montana VA HCS Signature	
Authorized Fee	
Date Request to COMS	o3-15-2019

Name (last, first	middle):		
Date of Birth (mm-d	ld-yyyy):		
Social Security I	Number:		
Pho	ne - cell:		
Phone - a	lternate:		
A	\ddress:		
City, St	ate, Zip:		
Preferred L	.ocation:	Billings	O Helena
Availability (within next to	vo weeks):	Anytime	
Purpose: Pre-	Placemen	t OAnnual	Other(specify)
Type: OEval	uation	Examination	
Components:	☑ Imm	unity Panel	☑ T-Spot TB Screening
	☐ Urine	e Drug Screen	
	_		
Special Job Titles:	□ Boile	er Plant Operator	
	☐ Firef	ighter	Police Officer
	☐ Moto	or Vehicle Operator	& Incidental Driver
Other:			
		Cari L. Paige 19	2665 Digitally signed by Carl L. Paige 192665 Date: 2019.03.22 10:54:39 -06'00'
Montana VA HCS Signature	gnature:		Date: 2019.03.22 10:54:39 -06'00'
Authorized Fee:		\$490.00	
Date Request to COMS:		03-22-2019	

	first middle):		
Date of Birth (n	nm-dd-yyyy):		
Social Secu	rity Number:		
	Phone - cell:		
Phone	e - alternate:		
	Address:		
City	, State, Zip:		
Preferr	ed Location:	OBillings	Helena
Availability (within r	next two weeks):	N/A	
Purpose:	Pre-Placemen	t OAnnual	Other Review
Type:	Evaluation	Examina	(specify) tion
Components:	_	unity Panel e Drug Screen	☐ T-Spot TB Screening
Special Job Titles:	☐ Boile	er Plant Operator	
	_	ighter	☐ Police Officer
	_		r & Incidental Driver
Othe		The second secon	
Montana VA HCS	Signature:	Cari L. Paige 19	92665 Digitally signed by Cari L. Paige 192665 Date: 2019.03.25 08:57:26 -06'00'
Auth	orized Fee:	\$325.00	
Date Request to COMS:		03-25-2019	

Name (last, first r	niddle):		
Date of Birth (mm-do	d-yyyy):		
Social Security N	lumber:		
Phon	e - cell:		
Phone - al	ternate:		
А	ddress:		
City, Sta	ate. Zip:		
Preferred Lo		Billings	Helena
Availability (within next tw		Anytime	O Holonia
Availability (within next tw	o weeks).		
Purpose: Pre-F	Placement	Annual	Other
Type: OEvalu	uation	Examination	(specify)
Components:	☑ Immi	unity Panel	☑ T-Spot TB Screening
•		e Drug Screen	
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator	& Incidental Driver
Other:			
			Digitally signed by Cod Deiro 100665
Montana VA HCS Sig	nature:	Cari L. Paige 19	2665 Digitally signed by Carl L. Paige 192665 Date: 2019.03.25 12:03:58 -06'00'
Authorized Fee:		\$860.00	
Date Request to COMS:		03-25-2019	

Name (last, first	middle):		
Date of Birth (mm-	dd-yyyy):		
Social Security	Number:		
Pho	ne - cell:		
Phone - a	alternate:		
,	Address:		
City, S	tate, Zip:		
Preferred l	ocation:	Billings	O Helena
Availability (within next t	wo weeks):	Anytime	
Purpose: Pre-	Placemen	t OAnnual	Other
Type: OEva	luation	Examinat	, ,
Components:	✓ Imm	unity Panel	T-Spot TB Screening
	✓ Urine	e Drug Screen	
Special Job Titles:	□ Boile	er Plant Operator	
	☐ Firef	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator	& Incidental Driver
Other:			
		Cari I Paige 10	92665 Digitally signed by Cari L. Paige 192665 Date: 2019.03.25 12:03:58 -06'00'
Montana VA HCS Si	gnature:		Date: 2019.03.25 12:03:58 -06'00'
Authorized Fee:		\$860.00	
Date Request to COMS:		03-25-2019	

Name (last, first r	niddle):			
Date of Birth (mm-de	d-yyyy):			
Social Security N	lumber:			
Phon	e - cell:			
Phone - al	ternate:			
А	ddress:			
City, Sta	ite. Zip:			
Preferred Lo		Billings	0+	lelena
Availability (within next tw		Anytime		ICICIIA
/ Wallability (Willin Hext tw	o weeks).			
Purpose: Pre-F	Placemen ^a	t OAnnual	Other _	
Type: OEvalu	ation	Examination	on —	(specify)
,				
Components:	☑ Imm	unity Panel	☑ T-Spot T	B Screening
		e Drug Screen	•	J
		•		
Special Job Titles:	☐ Boile	er Plant Operator		
	☐ Firef	ighter	☐ Police O	fficer
	☐ Moto	or Vehicle Operator &	& Incidental Dr	iver
Other:				
		O-vil D-in 400	Digitally signed	by Cari I Paine 192665
Montana VA HCS Sig	nature:	Cari L. Paige 192	2019.03.2	5 12:03:58 -06'00'
Authorized Fee:		\$815.00		
Date Request to COMS:		03-25-2019		

Name (last, firs	t middle):		<u></u>
Date of Birth (mm	-dd-yyyy):		
Social Security	Number:		
Ph	one - cell:		
Phone -	alternate:		
	Address:		
City, S	State, Zip:		
Preferred	Location:	OBillings	Helena
Availability (within next	two weeks):	N/A	
Purpose: OPre	-Placemen	t OAnnual	•Other Review
Type: OEva	aluation	Examination	(specify)
Components:		unity Panel e Drug Screen	☐ T-Spot TB Screening
Special Job Titles:	☐ Boile	er Plant Operator	
	_	ighter	☐ Police Officer
	☐ Moto	or Vehicle Operator	& Incidental Driver
Other:		1	
<u>Montana VA HCS</u> S	ignature:	Cari L. Paige 19	2665 Digitally signed by Cari L. Paige 192665 Date: 2019.03.25 08:57:26 -06'00'
Authorized Fee:		\$325.00	
Date Request to COMS:		03-25-2019	

Name (last, first middle):	
Date of Birth (mm-dd-yyyy):	
Social Security Number:	
Phone - cell:	
Phone - alternate:	
Address:	
City, State, Zip:	
Preferred Location:	O Billings
Availability (within next two weeks):	Anytime
Purpose:	Annual Other(specify) Examination
_	unity Panel
Special Job Titles:	r Plant Operator
☐ Firefi	ghter
☐ Moto	r Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.03.28 13:29:54 -06'00'
Authorized Fee:	\$815.00
Date Request to COMS:	03-28-2019

Name (last, firs	t middle):		
Date of Birth (mm-			
Social Security			
Pho	one - cell:		
Phone -	alternate:		
	Address:		_
City, S	state, Zip:		
Preferred Location:		O Billings	Helena
Availability (within next	two weeks):	N/A	
Purpose: OPre	-Placemen	t OAnnual	Other Review
Type:	luation	Examinati	(specify)
Components:	☐ Imm	unity Panel	☐ T-Spot TB Screening
	☐ Urin	e Drug Screen	
Special Job Titles:	☐ Boile	er Plant Operator	
	☐ Firef	ïghter	☐ Police Officer
	☐ Moto	or Vehicle Operator	& Incidental Driver
Other:			
Montana VA HCS S	ignature:	Cari L. Paige 19	2665 Digitally signed by Carl L. Paige 192665 Date: 2019.03.28 10:59:55 -06'00'
Authorized Fee:		\$100.00	
Date Request to COMS:		03-28-2019	

Name (last, first middle):	
Date of Birth (mm-dd-yyyy):	
Social Security Number:	
Phone - cell:	
Phone - alternate:	
Address:	
City, State, Zip:	
Preferred Location:	O Billings
Availability (within next two weeks):	Anytime
,	
Purpose: Pre-Placemen	<u> </u>
Type:	(specify)
	_
Components: Imm	unity Panel
☐ Urin	e Drug Screen
Special Job Titles:	er Plant Operator
☐ Firef	ighter
☐ Moto	or Vehicle Operator & Incidental Driver
Other:	
Montana VA HCS Signature:	Mishanda D. Wojciechowski Digitally signed by Mishanda D. Wojciechowski 1706839 Date: 2019.03.29 10:26:05 -06'00'
Authorized Fee:	\$477.63
Date Request to COMS:	03-29-2019

Name (last, firs	t middle):		
Date of Birth (mm-	dd-yyyy):		
Social Security	Number:		
Pho	one - cell:		
Phone -	alternate:		
	Address:		
City, S	tate, Zip:		
Preferred	Location:	Billings	Helena
Availability (within next	two weeks):	Anytime	
Purpose: Pre-	-Placemen	t Annual	Other
Type: OEva	luation	Examina	(specify)
Components:	☑ Imm	unity Panel	☑ T-Spot TB Screening
	✓ Urine	e Drug Screen	
0			
Special Job Titles:		er Plant Operator	r
	☐ Firef	ighter	☑ Police Officer
	☐ Moto	r Vehicle Operato	r & Incidental Driver
Other:			
<u>Montana VA HCS</u> Si	gnature:	Cari L. Paige 19	92665 Digitally signed by Carl L. Paige 192665 Date: 2019.03.26 08:51:49 -06'00'
Authorized Fee:		\$2309.00	
Date Request to COMS:		03-26-2019	