


PLEASE COMPLETE THE FOLLOWING TO SETUP A NEW ACCOUNT AND FAX TO 530-832-4111.

Date: _____		Company Name: _____		<input type="checkbox"/> New														
				<input type="checkbox"/> Reinstatement														
Contact or Designated Employer Representative (DER): _____			Billing Contact: <input type="checkbox"/> same															
Mailing Address: _____ _____ City State Zip		Physical Address: <input type="checkbox"/> same _____ City State Zip		Billing Address: <input type="checkbox"/> same _____ City State Zip														
Main Phone #: () _____		Alt Phone #: () _____		Fax #: () _____ Secure Fax? <input type="checkbox"/> Yes <input type="checkbox"/> No														
Email: _____		How did you hear about DrugfreeUSA? _____		# Of Employees: _____														
DrugfreeUSA will act as an intermediary in transmitting the information from other service agents to the DER of the Employer per Appendix F of the 49CFR Part 40 procedures. PLEASE SELECT HOW YOU WOULD LIKE TO RECEIVE CORRESPONDENCE? <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> USPS (Please choose only one method)																		
Type of Business: _____ (i.e. trucking, construction, etc.)																		
Are you a seasonal company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your seasonal dates _____																		
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Employee Name</th> <th style="width:30%;">Social Security Or Employee ID #</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>_____</td></tr> <tr><td>2. _____</td><td>_____</td></tr> <tr><td>3. _____</td><td>_____</td></tr> <tr><td>4. _____</td><td>_____</td></tr> <tr><td>5. _____</td><td>_____</td></tr> <tr><td>6. _____</td><td>_____</td></tr> </tbody> </table>		Employee Name	Social Security Or Employee ID #	1. _____	_____	2. _____	_____	3. _____	_____	4. _____	_____	5. _____	_____	6. _____	_____	Are you currently enrolled in a Random Drug Testing Program? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Consortium Name: _____ Type of testing your company requires: DOT <input type="checkbox"/> Non-Dot <input type="checkbox"/> PUC <input type="checkbox"/> DOT Agency _____ Please Note: All DOT Employees Must Provide Proof Of a Negative Drug Test, or Previous Consortium Enrollment, Before They Will Be Enrolled In The Consortium Program. To Use A Previous Drug Test, It Must Have Been Taken Within 30 Days Prior To Joining The Consortium.		
Employee Name	Social Security Or Employee ID #																	
1. _____	_____																	
2. _____	_____																	
3. _____	_____																	
4. _____	_____																	
5. _____	_____																	
6. _____	_____																	
Please use additional sheet for additional employees.																		
Owner Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Consortium Membership Fee \$135 \$_____ Fees are prorated when registration occurs. See fee schedule. Single Driver/Owner Operator \$195 \$_____ Fees are prorated when registration occurs. See fee schedule. Pre-Employment DOT Drug Test \$62 \$_____ Required If Not Currently Enrolled In Consortium Supervisor Training- \$75 \$_____ Required All DOT Companies Except For Owner Operators Reinstatement Fee \$50 \$_____ *DOT Drug Test Is Required for Reinstatement Total Due \$_____																		
Payment Method: <input type="checkbox"/> Check Enclosed <input type="checkbox"/> VISA/Mastercard # _____ Exp Date _____ CV _____																		
With my signature, I hereby agree to participate in the <i>DrugfreeUSA</i> consortium and further agree to abide by its rules, policies and procedures. Upon receipt of my signed application and payment, <i>DrugfreeUSA</i> will forward me a complete membership package, which will include proof of membership and <i>DrugfreeUSA's</i> rules and regulations.																		
Authorization Signature: _____				Dated _____														
 OCCUPATIONAL TESTING AND CONSORTIUM SERVICES, 7854 BUCK BRUSH DRIVE, PORTOLA, CA 96122																		

Drugfreeusa

OCCUPATIONAL TESTING AND CONSORTIUM SERVICES

530-832-4100

Fax 530-832-4111

www.drugfreeusa.com

DOT RANDOM DRUG & ALCOHOL CONSORTIUM PROGRAM

DOT CONSORTIUM PACKAGE INCLUDES

- Membership in DOT Random Testing Consortium or Individual Selections
- Random Selections and Notifications Quarterly
- Consultation and Administrative Support
- Employee Education Handbook and Supervisor Training Materials (additional fee)
- Local & Out-Of-Area Drug & Alcohol Collection Sites
- Referrals to Substance Abuse Professional
- Resource Center For Current Regulations & Agency Inspection Required Reports
- DOT Alcohol And Drug Testing Employee Handbook
- Drug Testing to Include Specimen Collection, Initial Lab Test and GC/MS Confirmation
- Certified, Full Time, MRO Reporting of Results via phone, email or fax.
- On Going Consultation

FEE SCHEDULE

Consortium Annual Membership Fee \$135*- 1-50 DOT Employees Per Company Fee, Multi-Company Pool

* Fees are prorated based on time of year registration occurs.
Jan-Mar. \$135, Apr-Jun \$105, Jul.-Sep \$80, Oct-Dec-Call for fee

Owner Operator/Single Driver Annual Fee \$195* – Includes Random Testing, No Matter How Many Times Drawn Within The Year!

* Fees are prorated based on time of year registration occurs.
Jan-Mar. \$195, Apr-Jun \$165, Jul.-Sept \$140
Oct-Dec Call for fee.

Supervisor Training	\$75- Online Version
Per Drug Test	\$62
Per Alcohol Test	\$35

Testing Fee Includes: 5 Panel DOT Drug Screen, Collection Of Specimen, Lab Testing With Confirmation, MRO Reporting, MIS Reports When Required and/or Requested, Certified Random Selections-all DOT Approved.

These random drug testing services will keep you in compliance with the DOT drug and alcohol testing regulations-49 CFR Part 40 and the regulations of your operating administration.

DrugfreeUSA **Service Agreement**

DrugfreeUSA abides by all current Department of Transportation (DOT) Regulations regarding 49 CFR Part 40 and the regulations of all DOT agencies. The goal of *DrugfreeUSA* is to provide dependable administrative service. The employer, however, is ultimately responsible for staying in compliance with the Department of Transportation regulations.

Membership fees include all random draws and all administration fees. Separate fees are required for supervisor training, SAP programs, follow-up testing and its administration. *DrugfreeUSA* will act as an intermediary in transmitting the information from other service agents to the DER of the Employer per Appendix F of the 49CFR Part 40 procedures. We will retain all associated DOT required records during the service period and will provide these records upon request at no charge upon membership termination. Required records not received by this consortium will be the responsibility of the member (e.g. MRO records sent to the enrolled not forwarded to us). Members who cancel within 30 days of enrollment or renewal are entitled to a refund, less test fees and a \$25 processing fee.

Services Offered:	DOT & Non-DOT Drug Testing DOT Breathalyzer Alcohol Testing Certified MRO Contracted Collection Sites SAMSHA/NIDA Certified Lab	Computer Generated Random Selections Substance Abuse Professional Referral 48 hours result notification Supervisor Training & Education Statistical Reporting Upon Request
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***DrugfreeUSA* Policies:**

1. Information provided must be complete and accurate on the application. No false data may be knowingly submitted to *DrugfreeUSA*.
2. The Employer must implement a Substance Abuse Policy and instruct their employees according to the procedures in the Employee Handbook provided in the new member package.
3. The Employer understands that they are ultimately responsible for the validation, implementation and the consequences of their drug and alcohol testing program. The Employer further agrees that they understand the methods and policies used by *DrugfreeUSA*.
4. DOT Main Program may only enroll drivers operating under the Department of Transportation Federal Regulations.
5. Non-DOT Employers may only enroll employees that they have determined to be legally eligible for such a program. Employers in the State of California have been given the disclosure regarding the Supreme Court Ruling.
6. Your company must remain current regarding amounts owed to *DrugfreeUSA*. A finance charge of 1.5% per month will be assessed for amounts 30 days passed due. Employers will be notified in writing with sufficient time as indicated on the notice. Failure to pay the indicated amount will result in termination.
7. "Insufficient Funds" returned checks will be subject to a \$15 handling charge.
8. All random notifications must be responded to within the allotted time period. If we do not receive a response after a reasonable number of attempts have been made we will report the result as "Failure to Test" per DOT instructions.
9. DOT drivers who show positive on any test authorized by *DrugfreeUSA* will be removed from the DOT pool until evaluated by a Substance Abuse Professional as indicated in the DOT Regulations. If the driver requests that the split specimen be tested, the employer is responsible for payment as indicated in the DOT regulations. Any additional costs incurred for processing positive test results are also the responsibility of the employer.
10. Any company found to violate *DrugfreeUSA*'s policies or Department of Transportation (DOT) Regulations 49 CFR Part 40 and any additional agency regulations, will be terminated without refund.

Please sign and date this agreement below and return it to *DrugfreeUSA* by fax or mail along with your application form.

Company Name: _____

Company Representative's Signature: _____ Date: _____

With my signature, I hereby agree to participate in the DrugfreeUSA consortium and I understand and will abide by its policies and procedures.