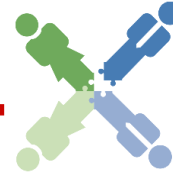


**PLEASE COMPLETE THE FOLLOWING TO SETUP A NEW ACCOUNT AND RETURN TO DRUGTEST@APPLICANTINFO.COM.**

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? _____		DOT # _____																													
Applicant Information 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. <b>PLEASE SELECT HOW YOU WOULD LIKE TO RECEIVE CORRESPONDENCE?</b> <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> USPS (**PLEASE CHOOSE ONE METHOD**)																																	
<b>Type of Business:</b> _____ (i.e. trucking, construction, etc.) Owner Operator? <input type="checkbox"/> Yes <input type="checkbox"/> No																																	
Are you a seasonal company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list your seasonal dates _____																																	
<b>Employee Name &amp; Tel #</b>		<b>Driver License # &amp; DOB</b>		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 _____ <b>If FMCSA, are you registered in the FMCSA Clearinghouse?</b> ___Yes ___No  <b>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.</b>																													
1. _____		_____																															
2. _____		_____																															
3. _____		_____																															
4. _____		_____																															
Please use additional sheet for additional employees. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Consortium Membership Fee</td> <td style="width:10%;">\$150</td> <td style="width:10%;">\$ _____</td> <td style="width:60%;">Fees are prorated when registration occurs. See fee schedule.</td> </tr> <tr> <td>Single Driver/Owner Operator</td> <td>\$210</td> <td>\$ _____</td> <td>Fees are prorated when registration occurs. See fee schedule.</td> </tr> <tr> <td>Pre-Employment DOT Drug Test</td> <td></td> <td>\$ _____</td> <td>Required if <b>NOT</b> currently enrolled in consortium</td> </tr> <tr> <td>Clearinghouse Registration Fee</td> <td>\$25</td> <td>\$ _____</td> <td>Applicant Information will register you in the FMCSA Clearinghouse</td> </tr> <tr> <td>Supervisor Training-</td> <td>\$75</td> <td>\$ _____</td> <td>Required All DOT Companies Except For Owner Operators</td> </tr> <tr> <td>Reinstatement Fee</td> <td>\$50</td> <td>\$ _____</td> <td>*DOT Drug Test Is Required for Reinstatement</td> </tr> <tr> <td style="text-align: right;"><b>Total Due</b></td> <td></td> <td>\$ _____</td> <td></td> </tr> </table>						Consortium Membership Fee	\$150	\$ _____	Fees are prorated when registration occurs. See fee schedule.	Single Driver/Owner Operator	\$210	\$ _____	Fees are prorated when registration occurs. See fee schedule.	Pre-Employment DOT Drug Test		\$ _____	Required if <b>NOT</b> currently enrolled in consortium	Clearinghouse Registration Fee	\$25	\$ _____	Applicant Information will register you in the FMCSA Clearinghouse	Supervisor Training-	\$75	\$ _____	Required All DOT Companies Except For Owner Operators	Reinstatement Fee	\$50	\$ _____	*DOT Drug Test Is Required for Reinstatement	<b>Total Due</b>		\$ _____	
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<b>Total Due</b>		\$ _____																															
Payment Method: <input type="checkbox"/> Check Enclosed <input type="checkbox"/> VISA/Mastercard invoice will be sent with secure payment link, enrolling for future charges paid automatically.																																	
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</i> 's rules and regulations.																																	
Authorization Signature: _____				Dated _____																													
DRUGFREEUSA CONSORTIUM from Applicant Information, 7612 Taylor AVE Fort Smith, AR 72916																																	



DOT Compliant Drug and Alcohol Testing

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)
• 10,000+ Drug & Alcohol Collection Sites nationwide
• 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 MRO Reporting of results
• On Going Consultation

FEE SCHEDULE

Company Annual Membership Fee 1-50 employees per company fee, multi-company consortium

Owner Operator/Single Driver Fee

Includes all randomly selected drug & alcohol testing costs at in-network locations

Table with 6 columns: Program enrollment, Before start of the year, During Q1, During Q2, During Q3, During Q4. Rows include Company consortium and Owner Operator consortium.

Supervisor Training \$75 online version
FMCSA Clearinghouse Registration Fee \$25
FMCSA Clearinghouse Query Program \$10 per driver, per year
Per Drug Test \$62 Fees may vary depending on clinics used.
Per Alcohol Test \$35 Fees may vary depending on clinics used.

Testing Fee Includes: 5 panel regulated urine drug screen, collection of specimens, sample shipping, SAMSHA laboratory testing with confirmation (if needed), MRO review, MIS reports when required and/or requested, quarterly random selections.

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.

## **Applicant Information's DrugfreeUSA consortium Service Agreement**

Applicant Information's *DrugfreeUSA consortium* abides by all current Department of Transportation (DOT) Regulations regarding 49 CFR Part 40 and the regulations of all DOT agencies. The goal of *Applicant Information* 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. Applicant Information 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 \$50 processing fee.

### **Services Offered:**

**Computer Generated Random Selections  
DOT Breathalyzer Alcohol Testing  
Certified MRO  
48 hours result notification  
Contracted Collection Sites**

**DOT & Non-DOT Drug Testing  
Substance Abuse Professional Referral  
Supervisor Training & Education  
Statistical Reporting Upon Request  
SAMSHA Certified Laboratories**

### **DrugfreeUSA Consortium Policies:**

1. Information provided must be complete and accurate on the application. No false data may be knowingly submitted to Applicant Information.
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 Applicant Information.
4. Only employee regulated by a Federal Agency may be enrolled in a regulated testing program.
5. Non-regulated employees that they have determined to be legally eligible for a random testing program may be enrolled in non-regulated 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 Applicant Information. A finance charge of 1.5% per month will be assessed for amounts 30 days past 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. Regulated Employees who test positive or refuse to test on any test authorized by Applicant Information will be removed from the Regulated testing pool until evaluated by a Substance Abuse

Professional as indicated in the Federal Agency Regulations. If a DOT Regulated Employee 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 Applicant Information'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 Applicant Information by email or fax along with your application form.

Company Name: \_\_\_\_\_

Company Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company Representative's Printed name: \_\_\_\_\_ Title: \_\_\_\_\_

*With my signature, I hereby agree to participate in Applicant Information's DrugfreeUSA consortium, and I understand and will abide by its policies and procedures.*