

AADT CONSENT TO RELEASE ACTIVITY STATUS

I, (PRINT NAME) _____, as the undersigned Independent Contractor Owner-Operator (Owner-Operator), expressly consent to share with the third party Overlying Carrier/Broker (Broker) listed below a notification of my activity or inactivity in the American Alliance Drug Testing (AADT), a subsidiary of California Drug & Alcohol Testing Alliance (C-DATA), controlled substance and alcohol testing program, of which I am a participant. I expressly direct AADT to notify Broker of my activity status in AADT's program, unless Broker should decline further receipt of my activity status at any time.

I understand that the only information that will be supplied to Broker by AADT should I become inactive is a notification of my inactivity in the AADT controlled substance and alcohol testing program. No specific reason will be given to Broker for my inactivity in AADT's program, only the following explanation will be provided:

Please be advised that the Independent Contractor Owner-Operator (Owner-Operator) listed below is no longer active in the American Alliance Drug Testing (AADT) controlled substance and alcohol testing program. Please note that there are many reasons as to why the Owner-Operator may have become inactive with AADT. Reasons include, *but are not limited to*, non-payment for services rendered, incorrect company/driver information, a positive controlled substance or breath alcohol test result, or failure to comply with the U.S. Department of Transportation (DOT) requirements of a return to duty process including an Employee Assistance Program. Additionally, the Owner-Operator may have also requested to be inactivated for reasons including, *but not limited to*, illness or disability, temporarily out of service, permanently ceased operations, or elected another consortium.

This authorization is valid until withdrawn by me, the Owner-Operator, and until AADT and the listed Broker have received a written notice of revocation from me. AADT will notify me should Broker decline to further receive my activity status in AADT's program.

Independent Contractor Owner-Operator's Name: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Contact Phone Number: _____
CA Number: _____ AADT I.D. Number: _____
Commercial Driver License Number (CDL): _____ Birth Date (optional) _____
Signature: _____
Date: _____

Overlying Carrier/Broker D&A Supervisor: _____
Company Name: _____
Address: _____
City/State/Zip: _____
Contact Phone Number: _____
Secured Fax Number: _____
CA Number: _____ AADT I.D. Number (if applicable): _____
Signature: _____
Date: _____

AADT Representative & Title: _____
Signature: _____
Date: _____

This Agreement contains the entire agreement of the parties with respect to the subject matter of this Agreement, and supersedes all prior negotiations, agreements and understandings with respect thereto.