

## NOTIFICATION OF OWNER-OPERATOR INACTIVITY

Date: \_\_\_\_\_

Dear: \_\_\_\_\_

Please be advised that the Independent Contractor Owner-Operator (Owner-Operator) listed below is no longer active in the American Alliance Drug Testing (AADT) controlled substance and alcohol testing program.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.

If further information is necessary for your compliance with federal and California controlled substance and alcohol testing requirements, it is recommended you contact the Owner-Operator directly. To terminate this Notification of Owner-Operator Inactivity, either an Owner-Operator must provide written revocation of his or her consent to AADT (please use the *Revocation of Owner-Operator's AADT Consent to Release Activity Status* form), or a Broker must provide a written declaration declining further receipt of an Owner-Operator's activity status (please use the *Broker's Termination of Owner-Operator Activity Status* form).

Should you have questions, please contact the AADT Representative listed below.

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Independent Contractor Owner-Operator's Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
CA Number: \_\_\_\_\_ AADT I.D. Number: \_\_\_\_\_

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Overlying Carrier/Broker D&A Supervisor: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Secured Fax Number: \_\_\_\_\_

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AADT Representative & Title: \_\_\_\_\_  
Signature: \_\_\_\_\_