

**BROKER'S TERMINATION OF  
OWNER-OPERATOR ACTIVITY STATUS PRACTICE**

I, (PRINT NAME) \_\_\_\_\_, as the undersigned Overlying Carrier/Broker (Broker), expressly decline to further receive any and all future notifications of the activity status in the American Alliance Drug Testing (AADT), a subsidiary of California Drug & Alcohol Testing Alliance (C-DATA), controlled substance and alcohol testing program for the listed Independent Contractor Owner-Operator (Owner-Operator).

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: \_\_\_\_\_  
CA Number: \_\_\_\_\_ AADT I.D. Number (if applicable): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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

*Please note that this document is provided as a courtesy from AADT. It is not the only method to provide a written declaration declining further receipt of an Owner-Operator's activity status, but it is the preferred method. You should complete a new document for each individual Owner-Operator with whom you desire to terminate the Notification of Owner-Operator Inactivity practice. **Please return each document to AADT, who is authorized pursuant to this document to notify each applicable Owner-Operator.***

*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.*