

AADT CONSENT TO RELEASE COMPANY'S ACTIVITY STATUS

I, (PRINT NAME) _____, as the undersigned Company Owner or Designated Employer Representative (DER), expressly consent to share with the third party Overlying Carrier/Broker (Broker) listed below a notification of Company's 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 Company is a participant. I expressly direct AADT to notify Broker of Company's activity status in AADT's program, unless Broker should decline further receipt of Company's activity status at any time.

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

Please be advised that Company listed below is no longer active in the American Alliance Drug Testing (AADT) controlled substance and alcohol testing program.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 Company may have become inactive with AADT, including any breach of the consortium agreement which may include, *but are not limited to*, non-payment for services rendered, falsification of company or company driver information, failure to provide current company or company driver information, failure to comply with the U.S. Department of Transportation (DOT) 49 CFR 40 & 382 requirements such as failure to randomly test company drivers when selected, failure to notify AADT and remove a company driver that has a positive test result, or failure to comply with the return to duty process including an Employee Assistance Program. Additionally, the Company 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.

***Optional:** AADT offers the option to authorize Broker permission to view a list of driver names only that are currently enrolled in Company's random controlled substance and alcohol testing program through AADT. The name of the driver is the only information that will be provided, AADT will not release any other driver information including, *but not limited to*, CDL#, SS#, phone #, address, enrollment dates or drug and alcohol testing information. I understand this is an additional option and is only available with my consent.

This authorization is valid until withdrawn by me, the Company Owner or DER, and until AADT and the listed Broker have received a written notice of revocation from me, the Company Owner or DER.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

Company Name: _____
Address: _____
City/State/Zip: _____
Contact Phone Number(s): _____
CA Number: _____ AADT I.D. Number: _____
Company Owner or DER's Name: _____ Title: _____
Signature: _____ Date: _____

***Yes, I authorize the Broker permission to view a list of driver names only that are currently enrolled in Company's random controlled substance and alcohol testing program through AADT.** _____ (Company Owner or DER initials required)

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.