

## NOTIFICATION OF COMPANY'S INACTIVITY STATUS

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

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

Please be advised that the Company listed below is no longer active in the American Alliance Drug Testing (AADT) controlled substance and alcohol testing program.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 the Company may have become inactive with AADT, including a 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 CFR 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.

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

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

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Company Name: \_\_\_\_\_  
Company Owner or DER's 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: \_\_\_\_\_