

**REVOCATION OF COMPANY'S
CONSENT TO RELEASE ACTIVITY STATUS**

I, (PRINT NAME) _____, as the undersigned Company Owner or Designated Employer Representative (DER), expressly revoke any and all previous agreements in which Company consented 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. Additionally, I withdraw Company's direction to AADT to notify Broker of Company's activity status in AADT's program. As such, I recognize that the Broker listed will no longer receive any notifications of Company's activity status in AADT's program.

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

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

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

*Please note that this document is provided as a courtesy from AADT. It is not the only method for written revocation, but it is the preferred method. You should complete a new Revocation document for each individual Broker with whom you desire to terminate the Notification of Company Inactivity practice. **Please return each Revocation document to AADT, who is authorized pursuant to this document to deliver a copy to each applicable Broker.***

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.