

GENERAL RANDOM POOL SERVICE FEES

SEPTEMBER 2014

DOT/ PUC/ Drug Free	Regular	Affiliates	WSTA/PPP
	Annual	Annual	Annual
* 1-9 Per Driver/Employee (Includes set up fees)	\$119	\$99	\$85
* 10+ Per Driver/Employee (Includes set up fees)	\$99	\$95	\$75

*Contact AADT For Larger Fleet Pricing

(PPP) Preferred Program Provider - CMSA, CTTA

New enrolled WSTA/WTA member's paying annually receives (1) time (1) driver complementary enrollment.

TDLR Tow Trucks, Operators and Vehicle Storage Facilities	Regular	**Affiliates
Each Driver/Employee enrollment annually	\$55	\$50

*Enrollment fees are calculated per driver/employee. Discounted half year rates begin on the 7th month of enrollment.

** PROOF OF AFFILIATE MEMBERSHIP IS REQUIRED FOR AFFILIATE RATES.

NOTE: Affiliate Member fees are based on a full year membership. If a company drops from any other recognized affiliated organization before the enrollment year ends, you will be invoiced for the difference between regular and affiliate fees.

OTHER SERVICE FEES

ENROLLMENT EXTRAS

Driver or Employee Replacement Fee \$10

TRAINING

Supervisor Training Video Kit - *Client Price*..... \$99

Supervisor Training Video Kit \$120

Additional Test/Certification Packet \$20

MATERIALS

Company Compliance Package Include:

All Reports, Regulation/Information Updates,

Enrollment Certificate, Company Profile,

Employee Handbooks & ID Cards N/C

Compliance Package - *replacement*..... \$50ID card or Employee Handbook - *replacement* \$7Certificate - *replacement* \$10MIS Report - *Client Price*..... N/CMIS Report - *Non-Client* \$20

Past Due Late Fee \$15

DRUG & ALCOHOL TESTS

Random Drug & Alcohol Tests..... N/C

Non-Random Drug Tests (See 'service fees' below) \$65

Non-Random Alcohol Tests \$55

Split Specimen Drug Tests \$150

OTHER DRUG FREE POOL SERVICE

~ Average testing rates (Per Driver/Employee) \$55

For other rates, see prices above in *General Random Pool**Custom programs available, fees will be adjusted according to requirements.*~ **Contact AADT for larger company pricing****Employee Assistance Program (Substance Abuse)**

Return-to-duty & Follow-up Drug Tests \$70

Return-to-duty & Follow-up Alcohol Tests..... \$65

Contact AADT for EAP and SAP referral

N/C = No Charge

"AADT Reserves the Right to Modify Prices, Services and Programs Without Notice"

GENERAL POLICIES

SERVICE FEES: Non-random tests such as pre-employment, post-accident, reasonable suspicion, return-to-duty and follow-up are not included in the enrollment fee and are billed separately, this also applies to adulterated, dilute, shy bladder or cold specimens requiring re-collection. Clients are responsible for payments directly to the collection entities or MRO at the time of service for additional fees outside of the standard procedures such as observed collections, after hour collections, split specimen testing, etc.

MULTIPLE DISCOUNTS: Enrollment fees are based on the number of DOT/PUC/DF drivers/employees each company employs and are discounted after 7th month. Half year rates do not apply to TDLR or Drug Free average general pool.

COMPANY POLICIES: Each company must have a policy for controlled substance abuse & alcohol misuse implemented before initiating a testing program. The ultimate responsibility is on the employer to know the federal, state, county or city law requirements regarding employee testing. If reasonable suspicion testing will be a requirement, the company should have an individual trained in physical, behavioral, speech and performance indicators of probable alcohol misuse and use of a controlled substance. It is strongly recommended that you seek legal counsel or labor relations advise when drafting a policy and implementing a testing program.

PAYMENT: We accepts Checks, Money Orders, Visa, Master Card, Discover and American Express.

All NSF check returns are subject to a \$35 fee. Once enrolled, AADT will bill you for each new enrollment submitted (Discount will be calculated). Service is effective the day AADT receives a completed request to add or delete a new driver/employee or a completed enrollment/renewal packet and fees. Non-payment for any services or supplied materials noted above constitutes immediate suspension from AADT's programs.

Refer to your AADT Company Consortium Agreement and Company Compliance Manual for Additional Policy Information



American Alliance Drug Testing

AADT is a nationwide business specializing in providing employers and owner-operators convenient, cost effective support to facilitate drug and/or alcohol testing compliance.

We offer complete consortium/third party administration (C/TPA) services for companies regulated by Federal and State government or Drug Free Workplace Programs for non-regulated employees. We will help you implement a quality substance abuse prevention and testing program that will meet federal, state and industry standards.

Program applicable for these following commercial vehicles

Commercial motor vehicle means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the vehicle:

- (1) Has a gross combination weight rating of 11,794 or more kilograms (26,001 or more pounds) inclusive of a towed unit with a gross vehicle weight rating of more than 4,536 kilograms (10,000 pounds); or
- (2) Has a gross vehicle weight rating of 11,794 or more kilograms (26,001 or more pounds); or
- (3) Is designed to transport 16 or more passengers, including the driver; or
- (4) Is of any size and is used in the transportation of materials found to be hazardous for the purposes of the Hazardous Materials Transportation Act (49 U.S.C. 5103(b)) and which require the motor vehicle to be placarded under the Hazardous Materials Regulations (49 CFR part 172, subpart F).

Our program consists of all the following and more

- Company Compliance Manual
- Sample Company Policy
- Company Certificate of Enrollment
- Driver/Employee Information Handbooks
- Individual Employee ID Cards
- Nationwide Collection Sites
- Laboratory Testing at Department of Health and Human Service Labs (DHHS)
- Medical Review Officers (MRO)
- Complete Program Administration
- Prepaid Testing
- Online Account Access

TO ENROLL IN OUR PROGRAM, RETURN THE FOLLOWING FORMS

*All areas of these forms must be completed. Any incomplete forms will be returned and will delay your enrollment.
Also be sure to make copies for your records.*

For Program Pricing See FORM 103

- FORM 001 – Application for Enrollment
- FORM 002 – Additional Employee List
- FORM 003 – Service Agreement

PLEASE NOTE: According to DOT §382.301, which regulates pre-employment testing, if an applicant is new to the industry or has not participated in a random DOT Drug and Alcohol Testing Program within the past 30 days, he/she is required to perform a pre-test before performing safety sensitive duties or enrolling into a random testing program. If a driver has been in a program and has been tested within the past 6 months or enrolled in a program for the past 12 months with no violations, he/she may be exempt. **Please be aware there is an additional fee for pre-employment testing and all other non-random testing, refer to the AADT price list (Form 103) for pricing.**

Return Forms		
Mail	Email	Fax
334 N. Euclid Avenue Upland, CA 91786-6031	cs@aadrugtesting.com	(909) 608-2058

Questions & Answers	
Direct	Mon-Fri 8AM-5PM
(909) 982-8409	<i>Pacific Time</i>

DOT FMCSA CFR 49 Parts 40, 382, 655 & DRUG FREE WORKPLACE

Also Satisfies The Requirements Of The Texas Department Of Liscensing & Regulation (TDLR) 16 Texas Administration Code, Chapter 85 & 86
Public Utilities Commission Of The State Of California (PUC) Chapter 405 Statues Of 1995 (SB46) & California Highway Patrol Tow Rotation

AADT reserves the right to modify prices, services and programs without notice, for additional forms or updates visit us at AADrugTesting.com

PLEASE PRINT or TYPE LEGIBLY

POOL TYPE	OPERATION TYPE	ASSOCIATIONS	REFERRAL
<input type="checkbox"/> DOT <input type="checkbox"/> PUC - # Passengers: _____ <input type="checkbox"/> TDLR: <input type="checkbox"/> TOW <input type="checkbox"/> VSF <input type="checkbox"/> CHP TOW ROTATION <input type="checkbox"/> DRUG FREE	<input type="checkbox"/> Owner/Operator <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC	<input type="checkbox"/> WSTA <input type="checkbox"/> CCPA <input type="checkbox"/> CMSA <input type="checkbox"/> CTTA <input type="checkbox"/> STO <input type="checkbox"/> twoPartners <input type="checkbox"/> Other _____ <input type="checkbox"/> None	How Did You Hear About Us ? _____ _____ Referral Name: _____ _____

COMPANY INFORMATION

Company Name _____ ARE YOU A BROKER? Yes No

Owner Name (s) _____ STATUS PENDING DOT # _____

DER Name _____ CA # _____ PUC # _____

(DESIGNATED EMPLOYER REPRESENTATIVE(S) (DER) AUTHORIZED TO RECEIVE TEST NOTIFICATIONS)

Mailing Address _____ City _____ ST _____ Zip _____
(STREET ADDRESS IS REQUIRED FOR UPS SHIPPING PURPOSES)

Shipping Address _____ City _____ ST _____ Zip _____

(CHECK MARK IF SHIPPING ADDRESS IS SAME AS ABOVE)

CONTACT PHONE NUMBERS Secured Fax Yes No Fax () _____

Business () _____ Alt. Phone () _____

Cell () _____ Email _____
(IF DIFFERENT THEN BUSINESS NUMBER)

REPORT SELECTION

A Medical Review Officer (MRO) is responsible for reviewing and releasing the drug test result. AADT contracts with Central Drug System (CDS) as our MRO and for your convenience they offer four different reporting methods.

CHECK ONE BOX ONLY

- Internet MRO Reporting Access** - Email (Required) _____
- Email Reporting** - Email (Required) _____
- Faxboard** - Secured Fax Number (Required) () _____ -- _____
- Automatic Mailing**

GENERAL DOT PROGRAM FEES

DOT & PUC RANDOM POOLS	REGULAR	AFFILIATED ASSOCIATIONS	WSTA/CMSA
CONTACT AADT FOR LARGER FLEET PRICING	ANNUAL	ANNUAL	ANNUAL
1-9 Per Driver/Employee (Includes set up fees)	\$119	\$99	\$85
10+ Per Driver/Employee (Includes set up fees)	\$99	\$95	\$75

*Refer to Price List Form 103 for all other fees or contact AADT at (909) 982-8409

DOT - Driver(s): _____ x \$ _____ = \$ _____
(NO. OF PERSONS) (FEE) (TOTAL AMOUNT)

***Non-DOT Employee(s)/Driver(s):** _____ x \$ _____ = \$ _____
(NO. OF PERSONS) (FEE) (TOTAL AMOUNT)

Grand Total \$ _____

PAYMENT

MasterCard Visa American Express Discover Cash Check/MO # _____

Card No. _____ - _____ - _____ Exp.Date ____/____/____ Security Code _____

**Card Holder Name: _____
(**THE NAME ON THE CARD MUST MATCH THE NAME AND SIGNATURE BELOW)

Signature: _____ Date _____

(WITH MY SIGNATURE I AM AUTHORIZING AADT TO CHARGE MY CREDIT CARD FOR ENROLLMENT FEES)

Note: All NSF check returns will be subject to the handling fee stated in the Service Agreement.

Return Forms

Mail
 334 N. Euclid Avenue
 Upland, CA 91786-6031

Email
 cs@aadrugtesting.com

Fax
 (909) 608-2058

CorporateOffice
 (909) 982-8409

Mon-Fri 8AM-5PM
 Pacific Time

AADT Company ID # _____ **Company Name** _____

PURPOSE: To add multiple employees use this form or provide a similar list with the same information. All information must be complete. Keep this form as a "MASTER" and make additional copies as needed.

PLEASE TYPE OR PRINT LEGIBLY

Name _____

Address _____

City _____ ST _____ Zip _____

Home () _____ Cell () _____

TYPE OF LICENSE: Commercial Drivers License Drivers License

License # _____

SSN _____ - _____ - _____ - _____ (MINIMUM LAST 4 DIGITS REQUIRED)

DATE OF BIRTH (DOB) _____ / _____ 19_____

EMPLOYEE HANDBOOK: English Spanish

NOTE: FOR ADDITIONS, A NEW EMPLOYEE ID CARD AND EMPLOYEE HANDBOOK WILL AUTOMATICALLY BE SENT, IF APPLICABLE.

POOL

DOT

PUC - NUMBER OF PASSENGERS: _____

TDLR

CHP TOW ROTATION

DRUG FREE WORKPLACE (NON-DOT)

DATE

HIRE DATE: _____

❖ IT IS REGULATORY REQUIREMENT THAT YOU OBTAIN PROOF OF PREVIOUS NEGATIVE TEST RESULTS OR PREVIOUS CONSORTIUM ENROLLMENT

Name _____

Address _____

City _____ ST _____ Zip _____

Home () _____ Cell () _____

TYPE OF LICENSE: Commercial Drivers License Drivers License

License # _____

SSN _____ - _____ - _____ - _____ (MINIMUM LAST 4 DIGITS REQUIRED)

DATE OF BIRTH (DOB) _____ / _____ 19_____

EMPLOYEE HANDBOOK: English Spanish

NOTE: FOR ADDITIONS, A NEW EMPLOYEE ID CARD AND EMPLOYEE HANDBOOK WILL AUTOMATICALLY BE SENT, IF APPLICABLE.

POOL

DOT

PUC - NUMBER OF PASSENGERS: _____

TDLR

CHP TOW ROTATION

DRUG FREE WORKPLACE (NON-DOT)

DATE

HIRE DATE: _____

❖ IT IS REGULATORY REQUIREMENT THAT YOU OBTAIN PROOF OF PREVIOUS NEGATIVE TEST RESULTS OR PREVIOUS CONSORTIUM ENROLLMENT

Name _____

Address _____

City _____ ST _____ Zip _____

Home () _____ Cell () _____

TYPE OF LICENSE: Commercial Drivers License Drivers License

License # _____

SSN _____ - _____ - _____ - _____ (MINIMUM LAST 4 DIGITS REQUIRED)

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POOL

DOT

PUC - NUMBER OF PASSENGERS: _____

TDLR

CHP TOW ROTATION

DRUG FREE WORKPLACE (NON-DOT)

DATE

HIRE DATE: _____

❖ IT IS REGULATORY REQUIREMENT THAT YOU OBTAIN PROOF OF PREVIOUS NEGATIVE TEST RESULTS OR PREVIOUS CONSORTIUM ENROLLMENT

Authorized Contact/Designated Employer Representative (DER) Name _____

Authorized Contact/DER Signature **X** _____ Date _____

AA DT SERVICE AGREEMENT

Part - 3 Fees for Services:

- R** **SIRPDERISSREODRIG** **DIRI**
SIDDOSDIDFERGRSF
EGORSRDPDIRIROOPR
DO
- &DEODR** **SGRIDDOISDGO** \$30 administration
fee and any additional fees for services rendered, **OOEPDG**
ITGE
GDIRPDOROO PGDEOGDODG all
DDDDDD
DDDD
DDDD
DDDD
- The Business shall pay AADT separately for all non-random
drug and/or alcohol tests, conducted at AADT's authorized
sites, including pre-employment, post-accident, reasonable
suspicion and including random tests requiring re-collection
due to adulterated, dilute, insufficient volume, temperature out
of range or re-tests due to Business, driver or employee error.
SGGRDODISSOIRIROORSIDGR
RSSSE/RIPRSE
- SS** **DIDDOEFOSRDP** or **DSDRRISRDP**
RPDERRDOOSDSSDDOIRDOO
SDGRPGDGRSOFERROEREGEGDSSDRG
GSGRDEGROOPRSR
- SREORISDSSGEOIR**
DGORISDPDDP PDGE
DGGPSOR
- SDP** **IRSOSEPIDOOEPDGE**
QPSORDG052DPR
ERRISOSEPRSSREO
- SREOIRSDPGEOEREROEREROER**
IDEOIRDIHGGEROERDDREOGG
DGDGDGRPEROOERSREGREGEROER
RDIR

- ROG** **DIRID** not **DvODG**
SSRDGRPGDGD OFERROS RDP
DRGEROOEREDIRDSRDFEG
REODRRSDERRIDOOIDRFDG
EROERDGR
SOOIFENDOEERDDGO
- DRSRPSOSDDOORERFOOEEERD**
EGROGDGSDOODIRDEFESPRGD
DSSFOOGIDFEROEPDGE
DIGDRIRSDPDGIRPDROE
RDEROOERDEIRSDPDEPI
SREOIRDOOEROOERIDSSOGFEROERDE
DGODOIEG
- Credit Card Charges by Internet & Phone:3DPROD**
ESREGEDGPEDEESGEBOD
RREGSIDRIDGOFDRSSRGE
REDEEGIROOPGSGR
FEDOOEGRSSGSPDOIRPSRDPDG
PPGDOREROOERIGSRROGR
DIDERRIERSD

Part - 4 Indemnification Obligations of Business:

- MOOROG** **DEO** **SSIDG** **DEG** **ODERDR**
PGEDORVE052REROOERSRGER
SDRSPIRPEODEPORODEO
GDPDGPBREODRDIRPDEDRD
OOTOPERGERROE

Part - 5 Relationships of the Parties and Terms & Conditions:

- SIDRIRSRERSRDRDG** **SPICRR**
EDDODRSIRIDODPSORSDSIR
RDREDREDPSSIDE
IROPGSSRIRISIRPGEDE
RSSREODRGSPSPDOO
ERGDOOSEEDODISSOEDEOESR
SEEDOOSPSGEIGDOODR

As the designated Representative of the Business, I hereby agree to the terms of this Agreement and further acknowledge that I/we must participate with every aspect of this Agreement. I/we do recognize that AADT has the right to terminate our enrollment as a participant should I/we fail to abide by the terms set forth in this Agreement, including those terms outlined on the random test **RDRZDUPDOOEDRPDDOOIRUPRUPORUSUD**

AADT written notice of your desire to terminate this agreement, or this agreement is cancelled for any reason by AADT.

DO NOT ALTER, CHANGE OR CUT THIS AGREEMENT. MAKE SURE ALL BLANK AREAS ARE PROPERLY FILLED OUT.

_____ Company Name	_____ AADT Company ID # (if applicable)
_____ Print Name	<div style="text-align: center;"> X _____ *Signature of Company Owner or Designated Employer Representative </div> <div style="text-align: right; padding-right: 20px;"> _____ Date </div>